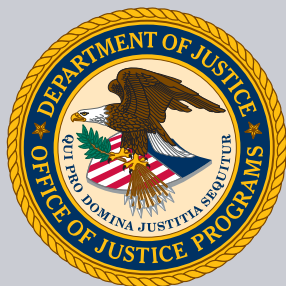


Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence

*Hearing #1: December 9, 2013 - Bismarck, North Dakota
Theme: American Indian Children Exposed to Violence in the Home*

Bismarck Ramkota Best Western



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Table of Contents

Agenda	1
Opening Presentation: <i>Intersection of Domestic Violence and Child Physical and Sexual Abuse in Indian Country</i>	11
Witness Biographies.....	12
Potential Questions for Panelists.....	13
Written Testimony.....	15
Further Reading.....	57
Panel 1: <i>Child Sexual Abuse in Indian Country</i>	59
Witness Biographies.....	60
Potential Questions for Panelists.....	62
Written Testimony.....	65
Further Reading.....	95
Panel 2: <i>American Indian Children Exposed to Violence in the Home</i>	96
Witness Biographies.....	97
Potential Questions for Panelists.....	99
Written Testimony.....	101
Further Reading.....	113
Panel 3: <i>Multi-Disciplinary Teams Addressing Children Exposed to Violence</i>	114
Witness Biographies.....	115
Potential Questions for Panelists.....	117
Written Testimony.....	119
Further Reading.....	131
Panel 4: <i>Healing from Trauma and Programs for Children Exposed to Violence in Indian Country and Urban Communities</i>	132
Witness Biographies.....	133
Potential Questions for Panelists.....	135
Written Testimony.....	137
Further Reading.....	149
Public Testimony	150
Guide for Managing Public Testimony.....	151
Written Public Testimony.....	152

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Hearing #1: December 9, 2013 - Bismarck, North Dakota

Theme: American Indian Children Exposed to Violence in the Home

Bismarck Ramkota Best Western - Lamborn Room

Agenda

- 8:00AM - 8:15AM *Advisory Committee photo opportunity with Tony West, Associate Attorney General of the United States in the Patterson Room*
- 8:30AM - 9:00AM **Invocation, Welcome and Introductions**
- *Senator Byron Dorgan, Chairman of the Board of Advisors, Center for Native American Youth*
 - *Invocation: James Clairmont, (Citizen of Rosebud Sioux Tribe, Sicangu Oyate), Spiritual Leader*
 - *Video Welcome: Eric H. Holder Jr., Attorney General of the United States*
 - *Special Remarks from Senator Heidi Heitkamp (D-ND)*
 - *Opening Remarks: Tony West, Associate Attorney General of the United States*
- 9:00AM - 9:15AM **Comments from Attorney General's Advisory Committee Co-Chairs**
- *Senator Byron Dorgan, Chairman of the Board of Advisors, Center for Native American Youth*
 - *Joanne Shenandoah, (Iroquois), Composer and Singer*
- 9:15AM – 10:15AM **Intersection of Domestic Violence and Child Physical and Sexual Abuse in Indian Country**
- Outcome:** *Provide a general overview of current research on American Indian children exposed to violence in the home, including exposure to domestic violence and child maltreatment, and the intersection of domestic violence and child maltreatment. Highlight common systemic challenges in Indian country and offer recommendations to address them. Provide strategies and programs that are effective in tribal communities.*
- *Lonna Hunter, (Tlingit and Sisseton Wahpeton Oyate), Project Coordinator, Council on Crime and Justice*
- Lonna Hunter is a member of the Tlingit and Sisseton Wahpeton Oyate Nations. As a passionate advocate for Native children, she has worked for systemic change for child witnesses of violence while providing safety for the nonoffending parent. She has also advocated for policy and effective responses to child sexual abuse in institutions. She believes in utilizing cultural ways to bring about social change to hold perpetrators accountable

and safety for tribal communities. Lonna brings extensive experience in tribal, state, and federal policy creation and lobbying for women and children. Lonna has worked in the state and federal systems and was the Director of the Sheila Wellstone Institute. Lonna most recently was Technical Assistance Training Coordinator for the Minnesota Indian Women's Sexual Assault Coalition. Lonna is working as the Program Coordinator for the federal Office of Victims of Crime project, the Minnesota Network Legal Services for Victims of Crime at the Council on Crime and Justice.

- Sarah Hicks Kastelic, (*Alutiiq*), Deputy Director, National Indian Welfare Association (NICWA)

In January 2011, Dr. Sarah Kastelic joined the National Indian Child Welfare Association—the most comprehensive source of information on American Indian child welfare and the only national American Indian organization focused specifically on the tribal capacity to prevent and respond to child abuse and neglect and related issues—to serve as Chief of Staff. In November 2012, she became the Deputy Director. Sarah is Alutiiq, an enrolled member of the Native Village of Ouzinkie. She is an integral part of the executive transition plan for founding Executive Director, Terry Cross. From 1998 to 2010, Sarah served the National Congress of American Indians (NCAI). In 1998, she began her NCAI career in the welfare reform program. In 2003, Sarah became the founding director of NCAI's Policy Research Center. After receiving a bachelor's degree in sociology from Goucher College in 1996, Sarah earned a master's degree (1997) and PhD (2008) from the George Warren Brown School of Social Work at Washington University in St. Louis.

(40 minute presentation – 20 minute question period)

10:15AM – 11:15AM **Panel 1: Child Sexual Abuse in Indian Country**

Outcome: *Understand the trauma of sexual abuse of American Indian children. Recommend improvements that could be made in systems or programs to increase and improve the identification, assessment and treatment of sexually abused American Indian children.*

- Lenny Hayes, (*Dakota*), Mental Health Therapist, Shakopee Mdewakanton Sioux Community; and Psychotherapist, Tate Topa Consulting, LLC

Lenny Hayes is a member of the Sisseton-Wahpeton Oyate of the northeast corner of South Dakota and identifies as an open Two-Spirit individual. Lenny is a mental health therapist for the Shakopee Mdewakanton Sioux Community and is also founder and owner of Tate Topa Consulting, LLC. Lenny is a survivor of the court and foster care system in South Dakota who

enjoys bringing awareness about the effects of Native American historical and intergenerational trauma, and who also enjoys presenting and bringing awareness about Two-Spirit/LGBTQ mental health issues. Lenny is a council member of the Minnesota Two-Spirit Society, which is a place for Two-Spirit individuals to come together for support in an alcohol- and drug-free environment. Lenny just returned to graduate school to work on a licensed alcohol and drug counselor degree with the Adler Graduate School, Richfield, Minnesota.

- Barbara Bettelyoun, *Ph D, (Sicangu Lakota, Rosebud Sioux Tribe), Psychologist*

Tawanciotawin, Dr. Barbara Graham Bettelyoun, is an enrolled member of the Rosebud Sioux Tribe and holds a bachelor's degree in psychology from the University of Michigan, and a master's degree and a dual doctorate degree from the University of Minnesota in child development and child clinical psychology. She serves as President of Buffalo Star People, a South Dakota-based, Native-owned organization specializing in delivering sustainable transformational education and transformational healing to Native communities. Dr. Bettelyoun and her husband, Francis, founded Buffalo Star People Nonprofit to help build the capacity of tribal communities to understand and heal long-lasting effects of historical and childhood traumas that are endangering our relationships, economies, and tribal sovereignty. As a result of the Bettelyoun's work in their community, the leadership of the Tulalip Tribes of Washington recently passed a resolution to adopt Buffalo Star People's curriculum community-wide to address the underlying causes of the epidemic of widespread chemical addiction and suicide that is plaguing their nation.

- Lisa Thompson-Heth, *(Lower Brule Lakota), Executive Director, Wiconi Wawokiya, Inc.*

Ms. Lisa Thompson-Heth is a member of the Lower Brule Lakota Tribe. She has worked in the fields of domestic violence, sexual assault, and child abuse for more than twenty-two years; has been a strong advocate for women and children on the Crow Creek and Lower Brule Reservations in South Dakota; and is the Executive Director for Wiconi Wawokiya (Helping Families), which operates two domestic violence shelters, one on the Crow Creek Reservation and the other one located in Sioux Falls, South Dakota. Ms Thompson-Heth was appointed in 2002 (to 2012) by the governor of South Dakota to the South Dakota Court Appointed Special Advocates and served as the Cochair of the South Dakota Coalition Ending Domestic and Sexual Violence from 1999 to 2001, 2010 to 2011, and 2013. She served as the Chair for the Native Women's Society of The Great Plains from 2011 to 2013 and is one of the cofounding members of the Native American Children Alliance and former Chair. Ms. Thompson-Heth is married to

Robert Heth who is a member of the Crow Creek Dakota Tribe. She has three children, two stepchildren, and seven grandchildren.

(Each panelist provides a 10 minute presentation (a total of 30 minutes) followed by 30 minutes of questioning by the Advisory Committee.)

11:15AM – 11:30AM **Break**

11:30AM – 12:30PM **Panel 2: American Indian Children Exposed to Violence in the Home**

Outcome: *Understand how American Indian children exposed to violence are identified, screened, assessed and treated. Explain issues and obstacles and provide recommendations on systemic and programmatic changes that should be made by the federal, state and/or tribal government to better protect, identify and treat American Indian children who are exposed to violence in their home.*

- Linda Thompson, *(Bois Forte Ojibwe), Executive Director, First Nation's Women's Alliance: Tribal Domestic Violence and Sexual Assault Coalition*

Linda Thompson has extensive training in the area of domestic violence advocacy including children's advocacy. She moved to North Dakota in 1995 and is the founding director of the Spirit Lake Tribe Victim Assistance Program (established in 1997). In 2007, Linda and the other program directors of tribally based victim service programs founded a Tribal Domestic Violence/Sexual Assault Coalition, whose members include representation from the Turtle Mountains Ojibwe, Spirit Lake Dakota, Fort Berthold-Three Affiliated Tribes, Standing Rock Tribe, Trenton Indian Service Area, and the Native Urban population in Bismarck. They are one of twenty-three tribal coalitions across the nation. The Tribal Domestic Violence/Sexual Assault Coalition is a 501(c)3 nonprofit organization, with the mission of addressing domestic violence and sexual assault in Indian country. Linda was hired to serve as Executive Director of First Nations Women's Alliance.

- Leander "Russ" McDonald, PhD, *(Spirit Lake Nation), Chairman, Spirit Lake Nation*

Dr. Leander (Russ) McDonald is the Chairman of the Spirit Lake Nation located in northeastern North Dakota. Dr. McDonald previously served as Vice President of Academic Affairs at Cankdeska Cikana Community College, in Fort Totten, North Dakota, from 2009 until his current position as Chairman. From 2003 until 2008, he worked as an Assistant Professor at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences where he conducted research focused primarily on Native elders, long-term care, and American Indian veterans. Most notably, he assisted 330 tribes in conducting needs assessments

regarding the health needs of their local Native elder populations. He received his bachelor's and master's degrees in sociology in 1998 and 2000 and a PhD in educational foundations and research in 2003, all from the University of North Dakota. Russ is a veteran of the U.S. Army serving from 1981 to 1984.

- Sarah Deer, (*Mvskoke*), Assistant Professor, William Mitchell College of Law

Professor Deer is a committed activist in the movement to end violence against Native women. In 2009, she was hired as an Assistant Professor at William Mitchell College of Law, becoming the eighth woman tenure-track law professor in the United States who is also a member of a federally recognized Indian tribe. She is an online instructor of tribal legal studies at UCLA Extension and former lecturer at UCLA Law School. From 1999 to 2002, Deer was employed by the U.S. Department of Justice in the Office on Violence Against Women. She first worked to address violence against women beginning as an undergraduate in 1993. She volunteered as a rape-crisis advocate at Douglas County Rape-Survivor Service while working toward her bachelor's degree in women's studies and philosophy from the University of Kansas. She later attended law school and received her JD with a Tribal Lawyer Certificate from the University of Kansas School of Law. In 2005 and 2006, Deer assisted Amnesty International USA in developing research strategies and outreach for the "Maze of Injustice" report.

(Each panelist provides a 10 minute presentation (a total of 30 minutes) followed by 30 minutes of questioning by the Advisory Committee.)

12:30PM – 2:00PM **Lunch** (*will be served in the Governor's Room*)

Group photo: *The Advisory Committee members will convene in the Governor's Room for a group photo and individual photos.*

2:00PM – 3:00PM **Panel 3: Multi-Disciplinary Teams Addressing Children Exposed to Violence**

Outcome: *Analyze how American Indian children exposed to violence in the home are identified, screened, assessed and helped in/by: schools, law enforcement agencies, child protection agencies. Identify best practices in dealing with the intersection of domestic violence and child maltreatment and recommend improvements that could be made in utilizing the multidisciplinary approach to ensure more effective collaboration and improved outcomes. Identify issues in dealing with non-Indian perpetrators.*

- Michelle Rivard Parks, Assistant Director, Tribal Judicial Institute, Former Tribal Prosecutor

Mrs. Parks is a licensed attorney in the state of Illinois and in the U.S. District Court for the District of North Dakota and is an appointed member of the North Dakota Supreme Court State and Tribal Court Committee. In January 2011 Mrs. Parks was appointed by U.S. Attorney Eric Holder to serve on the U.S. Department of Justice Violence Against Women Federal and Tribal Prosecution Task Force. She served as the Chief Prosecutor for the Spirit Lake Nation for approximately four years and served the tribe as Tribal Attorney until the fall of 2012. In 2008 Mrs. Parks was appointed as a Special Judge in the Turtle Mountain Band of Chippewa jurisdiction. In the fall of 2003, Mrs. Parks joined the staff at the University of North Dakota School of Law as an Adjunct Professor and has since taught courses on federal Indian law, tribal economic development and the law, and tribal law. In 2003, Mrs. Parks was hired to serve as a Tribal Justice Specialist for the Tribal Judicial Institute to provide technical assistance to tribal courts in conjunction with a grant from the Bureau of Justice Assistance. In 2005 Mrs. Parks became the Associate Director of the Tribal Judicial Institute at University of North Dakota School of Law.

- Edward Reina, (*Salt River – Pima Maricopa Indian Community*), *Retired Chief of Police*

Edward Reina is a member of the Salt River Pima-Maricopa Indian Community (Akimel O’odham) and is a retired Chief Police Executive, who worked for five tribal governments: as Chief of Police for four (the Salt River Pima-Maricopa Indian Community, Fort McDowell Yavapai Nation, Reno-Sparks Indian Colony, and Yavapai Prescott Indian Tribe) and as Director of Public Safety for the Tohono O’odham Nation. He served on GLOBAL, a Federal Advisory Committee dealing with criminal justice information sharing, is a board member of the Tribal Law and Policy Institute, is a lifetime member of the Indian Country Law Enforcement Section of the International Association of Chiefs of Police, was the first Tribal Police Chief to serve as President of the Arizona Association of Chiefs of Police and on the Executive Committee of the International Association of Chiefs of Police, served as chairman of the Indian Country Law Enforcement Section (Arizona Tribal Police Chiefs), and served as a member of National Task Force on Juvenile Justice for Native American and Alaska Native.

- Leila Kavar Goldsmith, *Child Advocacy Coordinator, Tulalip Tribes of Washington*

Leila is Child Advocacy Coordinator with the Tulalip Tribes of Washington. She was born in Saudi Arabia and raised in Amman, Jordan, in a bilingual and bicultural home. After receiving her bachelor’s degree from Westmont College in Santa Barbara, California, she did a post baccalaureate year at the

University of California at Irvine where she received her teaching credential. In California, Leila taught in public schools and in a hospital-affiliated speech and language clinic with children who had learning disabilities and severe emotional disturbances. Teacher training for mandated reporters of child abuse inspired her to attend law school with the goal of advocating for children in the criminal justice system. At Santa Clara University School of Law she was a public interest scholar focusing on children's issues. She has been a Court Appointed Special Advocate, an Attorney Guardian Ad Litem, and a Family Law Guardian Ad Litem. She developed the comprehensive Advocacy Center for children on the Tulalip Indian Reservation. Most significantly, she is the mother of three children, who inspire her, challenge her to grow, and teach her every single day.

(Each panelist provides a 10 minute presentation (a total of 30 minutes), followed by 30 minutes of questioning by the Advisory Committee.

3:00PM – 4:00PM

Panel 4: Healing from Trauma and Programs for Children Exposed to Violence in Indian Country and Urban Communities

Outcome: *Identify the services available in tribal communities that keep children in their homes with their non-offending family members. Identify key obstacles/barriers in the systems/institutions that prevent or impede American Indian children exposed to violence from being helped. Identify and understand culturally sensitive and evidence based treatment, programs and trauma-informed services available in rural/urban communities to treat American Indian children.*

- Terri Yellowhammer, *(Standing Rock Lakota), Technical Assistant Specialist, Native Streams Institute, Education Development Center*
Terri Yellowhammer is an enrolled member of the Standing Rock Lakota Tribe and has an extensive background in human services, having practiced as an Assistant Attorney General for the Office of the Minnesota Attorney General and as a Legal Aid Attorney for the Indian Child Welfare Law Center. She gained invaluable experience working across tribal and state governments in her position with the Minnesota Department of Human Services where she was the state's policy consultant on the Indian Child Welfare Act. She also held a state-level position in administrative law for the Minnesota Department of Human Services' Division of Licensing. She is an Indian Child Welfare consultant to the Minnesota Guardian Ad Litem Board and is an Appellate Judge with the White Earth Band of Ojibwe. Ms. Yellowhammer holds an undergraduate degree from St. Catherine University and a JD degree from the University of Minnesota Law School.
- Deborah Painte, *(Arikara), Director, Native American Training Institute*

Deborah Painte is a member of the Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes) of the Fort Berthold Indian Reservation in North Dakota. She is the director of the Native American Training Institute (NATI) in Bismarck, North Dakota. NATI is an intertribal child welfare training organization created and governed by the four North Dakota Tribal Child Welfare agencies serving the Mandan, Hidatsa, and Arikara Nation; Turtle Mountain Band of Chippewa; Spirit Lake Tribe; and the Standing Rock Sioux Tribe. NATI is a partner with the National Resource Center for Tribes lead by the Tribal Law and Policy Institute in conjunction with the Indian Child and Family Resource Center and University of Denver, Butler Institute for Families. Ms. Painte has more than thirty years of experience working in or with tribal communities in the areas of strategic and program planning, community development, financing strategies, program evaluation, and research in tribal communities.

- Cecilia Firethunder, (*Oglala Lakota*), *President, Oglala Lakota Nation Education Coalition; Member, Board of Directors for Little Wound School and Tasunke Wakan Okolakiciye; and Former Tribal President, Oglala Sioux Nation*

Cecilia Fire Thunder (Oglala Sioux) left the reservation when she was fifteen years old but returned home in 1987. South Dakota born, she was given the Lakota name of Good Hearted Woman. She is a retired licensed nurse, widely known as an advocate for wellness and women's issues, and for her unique way of reaching the hearts of communities and people. Cecelia has co-written several healing and wellness curricula including the Gathering of Native Americans for SCAP. She has presented at more than fifty national conferences in the United States and Canada. She currently represents the Oglala Lakota Nation Education Coalition, Little Wound School, and Tasunke Wakan Okolakiciye. Her skills include superior translation of English into Lakota, and she is recognized internationally for her traditional doll making. Cecelia's humor, tears, hugs, hope, encouragement, and care have helped others begin their journey to wellness and balance.

- Darla Thiele, (*Spirit Lake Nation*), *Director, Sunka Wakan Ah Ku Program*
Darla Thiele is currently the Director of the Sunka Wakan Ah Ku project, a diversionary project within the Spirit Lake Juvenile Court system. The main goal of the program is to reduce juvenile delinquency and the likelihood of repeat offenders through the caring for horses. The program developed as a diversion tool for the Spirit Lake Tribal Court and has expanded to an Equine Assisted Learning (EAL) model. The EAL model correlates with the spiritual and cultural history of the Spirit Lake tribe, and engages the youth to empower them. The program utilizes guided interaction with horses to develop participant's coping skills and establishes trust, respect, and

responsibility. Other goals are to promote healthy living, self-identity, to promote unity and sacredness, suicide prevention, and family togetherness. Darla chose to work with the youth of the Spirit Lake reservation because, “they are our future, they will be our leaders one day, and they need to know that they can be anything they want to be.”

(Each panelist provides a 10 minute presentation (a total of 40 minutes) followed by 20 minutes of questioning by the Advisory Committee.)

4:00PM – 4:15PM

Break

4:15PM - 5:55PM

Public Testimony

Presenters must register with TLPI prior to December 9th and are limited to 5-7 minutes of testimony.

5:55PM – 6:00PM

Closing Remarks

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Opening Presentation:
Intersection of Domestic Violence and Child
Physical and Sexual Abuse in Indian Country

Opening Presentation:
**Intersection of Domestic Violence and Child Physical and
Sexual Abuse in Indian Country**

Introduction: This presentation provides an overview of all of the topics presented in today's hearing related to children exposed to violence in the home. Presenters provide a general overview of current research on American Indian children exposed to violence in the home, including exposure to domestic violence and child maltreatment. They discuss the intersection of domestic violence and child maltreatment, which is a frequent occurrence. Presenters highlight common systemic challenges in Indian country and offer recommendations to address them, as well as provide strategies and programs that are effective in tribal communities.

Presenters:

Lonna Hunter (*Tlingit and Sisseton Wahpeton Oyate*), Project Coordinator, Council on Crime and Justice, Minnesota

Lonna Hunter is a member of the Tlingit and Sisseton Wahpeton Oyate Nations. As a passionate advocate for Native children, she has worked for systemic change for child witnesses of violence while providing safety for the nonoffending parent. She has also advocated for policy and effective responses to child sexual abuse in institutions. She believes in utilizing cultural ways to bring about social change to hold perpetrators accountable and safety for tribal communities. Lonna brings extensive experience in tribal, state, and federal policy creation and lobbying for women and children. Lonna has worked in the state and federal systems and was the Director of the Sheila Wellstone Institute. Lonna most recently was Technical Assistance Training Coordinator for the Minnesota Indian Women's Sexual Assault Coalition. Lonna is working as the Program Coordinator for the federal Office of Victims of Crime project, the Minnesota Network Legal Services for Victims of Crime at the Council on Crime and Justice.

Sarah Hicks Kastelic (*Alutiiq*), Deputy Director, National Indian Child Welfare Association

In January 2011, Dr. Sarah Kastelic joined the National Indian Child Welfare Association—the most comprehensive source of information on American Indian child welfare and the only national American Indian organization focused specifically on the tribal capacity to prevent and respond to child abuse and neglect and related issues—to serve as Chief of Staff. In November 2012, she became the Deputy Director. Sarah is Alutiiq, an enrolled member of the Native Village of Ouzinkie. She is an integral part of the executive transition plan for founding Executive Director, Terry Cross. From 1998 to 2010, Sarah served the National Congress of American Indians (NCAI). In 1998, she began her NCAI career in the welfare reform program. In 2003, Sarah became the founding director of NCAI's Policy Research Center. After receiving a bachelor's degree in sociology from Goucher College in 1996, Sarah earned a master's degree (1997) and PhD (2008) from the George Warren Brown School of Social Work at Washington University in St. Louis.

POTENTIAL QUESTIONS FOR PANELISTS

Introductory Panel: Intersection of Domestic Violence and Child Physical and Sexual Abuse in Indian Country Questions separated by Panelists

Lonna Hunter

1. For those of us who might not really understand what “failure to protect” means and why child protection cases should not be opened against a mother in these situations, could you explain how “failure to protect” is interpreted by child protective services and why that is not a positive action for children living in a home where there is intimate partner violence? Also, talk about positive actions that could be taken by social services.
2. What services need to be available for children staying in domestic violence shelters? Are they generally available for Indian children?
3. In your experience, should domestic violence programs be a part of the tribal social service department? Why or why not?

Sarah Hicks Kastelic

1. What services are needed in the Indian community to help serve and treat children who have been neglected, physically or sexually abused? What services are needed to keep the children with their family – non-offending parent?
2. In your experience, do most tribal social services identify and assess children exposed to domestic violence?
3. What support services do most tribal social services have to keep children in their homes with the non-offending parent? What obstacles do many social service agencies face in attempting to meet this goal?

Possible Questions for Both Panelists

1. Could you describe the relationship between alcohol and drug abuse and child maltreatment and domestic violence?
2. Do you have ideas on how we can overcome the frequent antagonism between child protection services and domestic violence programs?
3. In what manner are the children exposed to violence in the home identified, screened and assessed in your community? (schools, child protection, mental health, health care professional, domestic violence programs)
4. What are the key obstacles that prevent children exposed to violence in the home from getting the help they need?
5. Describe what if any challenges we face regarding accurate data on the intersection of child maltreatment and domestic violence in Indian Country.
6. Describe what if any challenges we face regarding accurate data on the intersection of child maltreatment and domestic violence of American Indian children in urban or rural communities.
7. What is the purpose/scope of a multi-disciplinary team?
8. Are schools, law enforcement, advocacy agencies, medical and wellness centers identifying children who have been sexual abused? What tools or training is needed to increased identification, screening, assessment and treatment of children who have been sexual abused? Have those tools been adjusted to be effective in Indian Country or for AI/AN children?

Written Testimony for Lonna Hunter

Lonna Hunter (*Tlingit and Sisseton Wahpeton Oyate*), Project Coordinator, Council on Crime and Justice, Minnesota

Lonna Hunter is a member of the Tlingit and Sisseton Wahpeton Oyate Nations. As a passionate advocate for Native children, she has worked for systemic change for child witnesses of violence while providing safety for the nonoffending parent. She has also advocated for policy and effective responses to child sexual abuse in institutions. She believes in utilizing cultural ways to bring about social change to hold perpetrators accountable and safety for tribal communities. Lonna brings extensive experience in tribal, state, and federal policy creation and lobbying for women and children. Lonna has worked in the state and federal systems and was the Director of the Sheila Wellstone Institute. Lonna most recently was Technical Assistance Training Coordinator for the Minnesota Indian Women's Sexual Assault Coalition. Lonna is working as the Program Coordinator for the federal Office of Victims of Crime project, the Minnesota Network Legal Services for Victims of Crime at the Council on Crime and Justice.

My deep conviction and passion comes from being a childhood survivor of witnessing violence in my home and a survivor of child sexual abuse. I hope to speak for many survivors today whose voices have been silent due to murder, mental health challenges, drug/alcohol addiction, institutionalization in prisons, or from a deep pain and grief buried in graves across Indian Country and missionary schools marked unknown. The issue of co-occurrence of domestic violence and child maltreatment has been studied in mainstream since the early 80's to recently; however, in Indian Country we are only beginning to understand the magnitude of this issue. The co-occurrence between domestic violence and child maltreatment is extraordinary, occurring at rates from 50 - 70% (Bancroft, 2001). The rate of violence against American Indian/Alaska Native women by an intimate partner is 37.5% (TJaden, 2000) and is higher than any other race. Together, these two statistics suggests the co-occurrence and of domestic violence and child maltreatment are at a critical rate for women and children in Indian Country.

For example, on the Rosebud reservation, it is believed that every child has witnessed violence. There were 25,000 calls to law enforcement and at least two children a day are victims of crime (Mato Standing-High, 2011 and 2012). Data from the Wind River Reservation estimates that at least 66% percent of families have history of domestic violence and at least 20% have been sexually abused (Carole Justice, 2012).

Co-occurrence is not just about maltreatment on children. The connection between child maltreatment and domestic violence includes child sexual abuse. The rate of child sexual abuse by a batterer is 4 - 6 times higher than a non-batterer (Bancroft, 2001). When we look at the high rate of child sexual abuse in Indian Country and violence against Native women it suggests the rates could be even higher due to the correlation of violence against American Indian/Alaska Native women. This is echoed in testimony by Elsie Boudreau, a Yup'ik survivor and child advocate. Boudreau says that in 2010, 40% of children seen at Child Advocacy Centers were Alaska Native even though Alaska Natives represent only 15% of the population (Boudreau, 2012).

However, what we need to keep in mind that any statistic, whether from mainstream or Indian county, is most likely "low" due to under-reporting. This under-reporting adds to the sense of crisis.

To understand co-occurrence demands us to also understand the internal dynamics of the batterer – that this is about ultimate power and control.

To understand the dynamic of battering we must challenge stereotypes embedded deeply in our society. Challenging these stereotypes is often called misandry – or the hatred of men. We need to move beyond that and create the framework around the systemic oppression of women and children and the dominance of patriarchy, based on gender and privilege.

So to understand this issue, we cannot take away the analysis of gender roles, nor can we remove the systemic and social structures of colonization on Indian families. Again, to understand this issue we must understand the complex and compounding issue of oppression in all its forms. Oppression as gender, political, colonization, and historical trauma – to realize the full frontal crisis we find ourselves in Indian Country with our women and children.

It is imperative to understand the context of historical colonization, patriarchy, battering, dominance and oppression in our villages, communities, and tribal nations in Indian country. It is imperative because it removes the lens of “victim blaming” and replaces it with analysis on systemic and social change. The issues of domestic violence, child sexual abuse, and child maltreatment must be addressed through understanding of the complexity of historical and intergenerational trauma. We must understand the direct impact of co-occurrence when Native children experience trauma at a rate of 2.5 times than their peers (Bigfoot, 2008) and when the rate of PTSD of Native juveniles is three times higher than that of their peers (Seelu, 2012).

The co-occurrence of violence against Native women and maltreatment rates of our Native children are unknown because we lack research on the issue of co-occurrence in Indian country. At best, our body of research in Indian country is relatively small compared to mainstream research. Lack of research has directly delayed our response to the crisis in Indian country.

For example, in the 1990’s and early 2000’s, mainstream advocates challenged and helped organize repealing poor policies such as the “failure to protect” laws. In their place, they opted to implement assessment tools for the level of maltreatment and lethality of the batterer. Additionally, the movement to end violence against women encouraged the preservation of the child and mother, viewing the role of mom as a protective factor, except in cases where there was substantiated child abuse/child sexual abuse. The same poor policies were not repealed for Indian country.

In fact in a recent 2011 report by the Tribal Law and Policy Institute is a good example of this “delayed” response by Indian country compared to that of mainstream advocacy groups. The report *Responses to the Co-occurrence of Child Maltreatment and Domestic Violence in Indian Country: Repairing the Harm and Protecting Children and Mothers* states that in some Native jurisdictions, children were being removed from the family citing “failure to protect” (p. 21) opening a case against the mother and not the perpetrator. What research has demonstrated is that the most critical factor for healing trauma is for the child to remain with the non-offending parent (Bancroft, 2002). The assessment of risk is much more complex than I am presenting here today and would need extensive research in developing culturally specific assessment for the level of lethality, the level of maltreatment, and the ability for the mother to remain the primary caregiver, risk factors and protective factors.

In addition, the complexity of domestic violence speaks volumes when a child protection policy focuses on leaving the batterer or obtaining an order for protection, what we know as domestic violence advocates is that is the most lethal and vulnerable time for women and children and are at the greatest risk of harm.

This is a very complex issue but at the very core is safety. There are complexities that you will hear from today but to keep in mind trauma, healing, domestic violence, child maltreatment, batterers, child

advocacy centers, suicide, and powerful healing methods from our people working on the front line of domestic and sexual assault advocacy, child welfare, child advocates, and prosecution.

We as Indian people hold the healing ability to heal our communities, through our cultural ways of knowing, stories, language, elders and accountability for wrongs done to our people historically.

We need vital resources that allow us to be at the forefront, some of those remedies could include:

- Special demonstration funding that addresses the co-occurrence of domestic violence and child maltreatment, batterers intervention programming.
- Community-based research to address the rates that this is occurring in Indian Country.
- Cross-training on domestic violence, co-occurrence, and effective interventions for safety and accountability of the batterer's violence.
- Development of tribal codes that reflect the cultural values and safety of mother and child and accountability of batterer.
- Funding for civil legal services for issues arising out of victimization: housing, child welfare, orders for protection, child support, marital support and other issues to allow for economic justice and protection.

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Written Testimony for Sarah Hicks Kastelic

Sarah Hicks Kastelic (*Alutiiq*), Deputy Director, National Indian Child Welfare Association

In January 2011, Dr. Sarah Kastelic joined the National Indian Child Welfare Association—the most comprehensive source of information on American Indian child welfare and the only national American Indian organization focused specifically on the tribal capacity to prevent and respond to child abuse and neglect and related issues—to serve as Chief of Staff. In November 2012, she became the Deputy Director. Sarah is Alutiiq, an enrolled member of the Native Village of Ouzinkie. She is an integral part of the executive transition plan for founding Executive Director, Terry Cross. From 1998 to 2010, Sarah served the National Congress of American Indians (NCAI). In 1998, she began her NCAI career in the welfare reform program. In 2003, Sarah became the founding director of NCAI's Policy Research Center. After receiving a bachelor's degree in sociology from Goucher College in 1996, Sarah earned a master's degree (1997) and PhD (2008) from the George Warren Brown School of Social Work at Washington University in St. Louis.

I would like to start by thanking the Attorney Generals Task Force on Violence against Children. It is because of their important recommendation that this Task Force on American Indian and Alaska Native Children Exposed to Violence has been convened. It was their final report which stated:

“1.2 Appoint a federal task force or commission to examine the needs of American Indian/Alaska Native children exposed to violence.

A federal task force or commission should be developed to examine the specific needs of American Indian/Alaska Native (AI/AN) children exposed to violence and recommend actions to protect AI/AN children from abuse and neglect and reduce violence. The management of this task force or commission, and the selection of its members, should be carried out through an equal collaboration between the Attorney General and the Secretary of the Interior” (pg. 9).

This Task Force has been convened, as recommended above, to address this important issue: American Indian Children Exposed to Violence in the Home, a topic essential to improving the well-being of our AI/AN children who face violence in their homes, schools, and communities at alarmingly high rates. For this reason I would like to thank this Task Force and its chairs, Sen. Byron Dorgan and Joanne Shenandoah, for the commitment they have made to better understand these issues at the practice, program, and policy level, and to provide recommendations to ensure that the violence AI/AN children face is first and foremost prevented and, if these efforts fail, that the violence is adequately addressed and the trauma it creates is appropriately treated.

The focus of today's hearing is American Indian Children Exposed to Violence in the Home. Violence in the home includes both intimate partner violence as well as child maltreatment. At the National Indian Child Welfare Association (NICWA), we understand that the intersection of these two issues cannot be ignored. Partners who engage in violence are more likely to perpetrate violence against their children, children who witness or live in a home where intimate partner violence is present face the long-term effects of trauma, and children who are maltreated are more likely to later perpetrate violence against others, including intimate partners. Recognizing these important relationships and NICWA's expertise, this testimony will focus predominately on child maltreatment- or the physical and sexual abuse and neglect of children in the home at the hands of their caregivers and family members.

This testimony will present:

- the historical context of, and past government responses to, child maltreatment in tribal communities;
- the current research available on the risk factors for, and rates of, AI/AN child maltreatment;
- the challenges and barriers to the current legal and programmatic framework designed to address
- AI/AN child maltreatment;
- the collaborative responses, including multi-disciplinary teams and child protective teams, to child maltreatment; and
- what solutions are working tribal and urban AI/AN communities.

We also want to note that child maltreatment comes in a variety of forms, including sexual abuse, physical abuse and neglect among others. Among these different forms of child maltreatment neglect is the most frequent occurring within AI/AN families. While the focus of this testimony and hearing will highlight abuse that is considered to be more violent in nature, such as physical and sexual abuse, neglect can have serious effects upon children's self-esteem and outlook for the future; some that are longer lasting and more profound than abuse by itself (Ney et.al., 1993). Neglect can also increase a child's vulnerability to becoming a victim of abuse and, when abuse follows neglect, children are more deeply traumatized.

It is my intent to highlight the common, systemic challenges in Indian Country and urban areas, to provide examples of strategies and programs that are effective, then then to offer recommendations to improve the prevention, intervention, and treatment of AI/AN children who face violence at the hands of their caregiver at the practice, program, and policy level.

The National Indian Child Welfare Association (NICWA) is a national American Indian/Alaska Native (AI/AN) non-profit organization located in Portland, Oregon. NICWA has over 24 years of experience providing technical assistance and training to tribes, states, and federal agencies on issues that impact Indian child welfare and children's mental health. NICWA provides leadership in the development of public policy that supports tribal self-determination in child welfare and children's mental health systems as well as compliance with the Indian Child Welfare Act. NICWA also engages in research that supports and informs improved services for AI/AN children and families. NICWA is the nation's most comprehensive source of information on AI/AN child maltreatment, child welfare, and children's mental health issues.

Understanding Child Maltreatment in Indian Country

"The diversity of American Indian and Alaska Native tribes and villages cannot be overemphasized when thinking about child maltreatment in Indian Country. Tribes, villages, reservations, and urban Indian communities have vastly different resources, social and economic conditions, and cultural and traditional practices. These differing conditions affect child abuse and neglect and mean that no statements about child maltreatment can apply to all tribes, villages, and urban communities across the country," (Crofoot, 2005).

The Historic Context

To understand the context of child maltreatment for AI/AN children it is essential to understand that AI/AN communities are at high risk for child maltreatment because of disparate treatment of AI/AN families and communities by federal and state governments. It is equally as important to understand the lingering effects of historical governmental policies and practices—including the removal of tribes to

reservations, the relocation of AI/AN peoples to major cities, and specific attempts to assimilate AI/AN children—on AI/AN children and families.

Prior to contact with European immigrants, tribal child-rearing practices and beliefs allowed a natural system of child protection to flourish. Traditional Indian spiritual beliefs reinforced that all things had a spiritual nature that demanded respect, including children (Cross, Earle and Simmons, 2000). Not only were children respected, but they were also taught to respect others. Extraordinary patience and tolerance marked the methods that were used to teach Indian children self-discipline (Cross, Earle and Simmons, 2000). Behavior management or obedience was obtained through the fear and respect of something greater than the punishment of a parent (Cross, Earle and Simmons, 2000).

At the heart of this natural system were beliefs, traditions, and customs involving extended family with clearly delineated roles and responsibilities. Child-rearing responsibilities were often divided between extended family and community members (Cross, Earle and Simmons, 2000). In this way, the protection of children in the tribe was the responsibility of all people in the community. Child abuse and neglect were rarely a problem in traditional tribal settings because of these traditional beliefs and natural safety net (Cross, Earle and Simmons, 2000).

As European migration to the United State increased, traditional tribal practices in child rearing were often lost as federal programs sought to systemically assimilate AI/AN people. Efforts to “civilize” the Native population were almost always focused on Indian children. It began as early as 1609, when the Virginia Company, in a written document, authorized the kidnapping of Indian children for the purpose of civilizing local Indian populations through the use of Christianity (Cross, Earle and Simmons, 2000). The “Civilization Fund Act” passed by Congress in 1819, authorized grants to private agencies, primarily churches, to establish programs in tribal communities designed to “civilize the Indian” (Cross, Earle and Simmons, 2000).

From the 1860s to 1970s the federal government and private agencies established large boarding schools, far from reservations, where Indian children were placed involuntarily (Crofoot, 2005; Cross, Earle and Simmons, 2000). Indian agents had the authority to withhold food and clothing from parents who resisted sending their children away (Crofoot, 2005; Cross, Earle and Simmons, 2000). The boarding schools operated under harsh conditions: children were not able to use their Native languages or traditional customs; were required to wear uniforms; and cut their hair, and were subjected to military discipline and standards (Crofoot, 2005).

In the 1960-1970s the child welfare system became another avenue that state and federal governments used to force the assimilation of AI/AN children. It was during this era that the Child Welfare League of American and the Children’s Bureau, a federal government agency, sponsored the Indian Adoption Project, which removed hundreds of Indian children from their homes and communities out west and placed them in non-Indian homes on the east coast (Cross, Earle and Simmons, 2000). At the same time, AI/AN children were unofficially being removed from their homes and placed in non-Native homes in large numbers. The Association on American Indian Affairs conducted a study in the 1970s that found between 25% and 35% of all Indian children had been separated from their families (Jones, Tilden, and Gaines- Stoner, 2008). This study also found that 90% of the removed Indian children were placed in non-Indian homes (Jones, Tilden, and Gaines-Stoner, 2008).

The outcome of these assimilation efforts is heightened risk factors for child maltreatment in AI/AN communities. These policies left generations of parents and grandparents who were subjected to prolonged institutionalization and who do not have positive models of family life and family discipline

(Crofoot, 2005). These individuals, many of them current parents and grandparents of AI/AN children, may subject their own or relative children to the harsh discipline and sexual abuse they endured in boarding school. Further, boarding schools and relocation efforts have resulted in the destruction of kinship networks and traditional understandings of child rearing and protection, damaging the natural safety net that was in place traditionally (Crofoot, 2005). Further it was not until 1978, with the passage of the Indian Child Welfare Act (P.L. 95-608), that the federal government acknowledged the inherent sovereign right of tribal governments and the critical role that they play in protecting their children and maintaining their families—meaning that for two centuries the United States usurped tribe’s rights to care for their families, further eroding the traditional and natural child protection systems of tribal communities.

Other federal policies including the removal of tribal populations and creation of reservations as well as the relocation program have had major effects on AI/AN communities and increased the risk for child maltreatment. Removing and relocating American Indian people onto reservations, between 1830 and 1871, forced tribes to leave behind customs tied to their traditional lands, adjust their economies, and change their way of life without the support promised by the federal government (Crofoot, 2005).

As the federal government began to recognize how the removal and reservation of tribal communities was hurting AI/AN people, they instituted the Indian Relocation Act of 1956. This Act offered to pay moving expenses and provide vocational training to AI/AN individuals willing to move from the reservations to certain government-designated cities (Pevar, 2012). This program not only broke down family systems but also left families and individuals stranded away from their communities and natural support systems in unfamiliar environments. Similarly AI/AN individuals who moved to urban areas were far from traditional support networks and faced difficulty; economically succeeding while adjusting to the high price of living and Western value system of cities, meaning that many urban AI/AN communities and families were also at an increased risk for child maltreatment. Nearly one third of all relocated AI/AN people eventually returned home because of these problems (Pevar, 2012).

The effects of these programs are long standing. Challenges in AI/AN communities today, including poverty, mental and physical health problems, poor housing, and violence are directly related to reservation and relocation policies. Socially and economically isolated reservations and urban Indian communities are fraught with disadvantage, including heightened risk for child maltreatment (Crofoot, 2005).

The pattern of mistreatment of AI/AN people and communities over the course of the centuries, as described above, has had an additional effect on AI/AN families that creates a heightened risk for child maltreatment: historical trauma. The concept of historical trauma in AI/AN people and communities originates from studies that examined the lingering effects that the German holocaust had on the children and grandchildren of families affected (Yellow Horse Brave Heart and DeBruyn, 1998). Researchers and experts believe that the shared experience by AI/AN people of historic traumatic events such as displacement, forced assimilation, suppression of language and culture, and boarding schools creates a legacy of unresolved grief that, when left untreated, is passed down through generations (Cross, 2006; Yellow Horse Brave Heart and DeBruyn, 1998), and experienced in ways that reflect reactions to trauma—increased mental health disorders, substance abuse, stress, and social isolation—all risk factors for child maltreatment. In a review of the literature on risk factors specific to AI/AN maltreatment, authors speculated about the influence of boarding schools, cultural identification, and extended family supports, as described in the section above which details governmental policy and practices, which has had a direct effect on AI/AN families (Landsman, Cross, and Tyler, 1994; Cross, 1986; Hull, 1982).

effect on AI/AN families (Landsman, Cross, and Tyler, 1994; Cross, 1986; Hull, 1982).

Risk Factors for Child Maltreatment

There is little information on the risk factors for child maltreatment in AI/AN families specifically (Bigfoot, 2005). This is problematic because national policy and child welfare practice focus on the prevention of child maltreatment, and successful prevention programming requires an understanding of the culturally-specific risk factors. Collectively, the scientific and child welfare practice communities recognize a series of child, parent, family, and community risk factors that are associated with an increased incidence of child abuse and neglect that include:

Parental Risk Factors

Family Risk Factors

<ul style="list-style-type: none"> • Young age of parent • Low educational attainment by parent • Single parenthood • Low- or poverty-line family income • Parental history of child maltreatment in family of origin • Substance abuse and/or mental health issues in the family • <i>Child Characteristic Risk Factors</i> • • Children younger than four years of age • Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illnesses) 	<ul style="list-style-type: none"> • Social isolation • Family violence, including intimate partner violence • “Disorganized” families • Parental stress <p><i>Community and Structural Risk Factors</i></p> <ul style="list-style-type: none"> • Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, high rates of community violence)
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(Centers for Disease Control, 2012; Children’s Bureau, 2011; Administration of Children, 2003)

Without an accurate, nuanced understanding of the complex interaction of risk factors for child maltreatment in AI/AN families, prevention, identification, and intervention may be ineffective. For instance, although mainstream research points to “disorganized” families as a potential risk factor for abuse and neglect, AI/AN families often thrive and are most healthy when they take the form of codependent kinship networks. These co-dependent networks may be seen by a mainstream case manager as “disorganized” and thus a risk factor—when it is actually a protective factor and its disruption could only further hurt the family in question.

Although not ideal, mainstream child maltreatment risk factors can be used to provide a general

Parental Risk Factors

- AI/AN children are more likely to live in households that are below the poverty line. 34.0% of AI/AN children live in households with incomes below the poverty line as compared to 20.7% of children nationwide (Maternal and Child Health Bureau, 2012).
- AI/AN parents are more likely to struggle with substance abuse. 18.0% of AI/AN adults needed treatment for an alcohol or illicit drug use problem in the past year compared to the national average of 9.6% (SAMHSA, 2009).
- AI/AN parents are more likely to struggle with mental health issues and distress related to unresolved trauma. Among U.S. adults ages 18 and over who reported only one race, AI/ANs had the highest rate of a serious psychological distress within the last year (25.9%), and the highest rate of a major depressive episode within the last year (12.1%) (Urban Indian Health Institute, 2012).
- AI/AN children are more likely to live in families where no parent had full-time year-round employment than the national average. 49% of AI/AN children are in homes where no parent has full-time year-round employment compared to 25% of White homes (Annie E. Casey, 2012).
- AI/AN mothers are likely to be a young age at the birth of their children. AI/AN women on average have their first child at age 21.9, an age younger than all other races and ethnicities; the average age of first birth for the U.S. population is 25.0 years (Mathews and Hamilton, 2011).
- AI/AN parents are less likely to have high educational attainment. In 2007, 20% of AI/AN adults over 25 had not completed their high school diploma; 36% of AI/AN adults over 25 had completed high school but did not continue on to postsecondary school (DeVoe and Darling-Churchill, 2008). In 2006, 74.7% of AI/AN graduation aged students compared to 87.8% of the general population received their high school diploma (DeVoe and Darling-Churchill, 2008).
- AI/AN families are more likely to be single-parent than the average family. 52% of AI/AN children are raised in single parent households, where nationally only 34% of children are raised in single parent households (Annie E. Casey, 2012).

Child Characteristic Risk Factors

- AI/AN children are more likely to have special needs than the average child. AI/AN children are served by the Individuals with Disabilities Education Act (IDEA) at a higher percentage than any other group of children; 14% of AI/AN children received services under the Disabilities Education Act (IDEA) compared to 9% of the general student population (DeVoe and Darling-Churchill, 2008).

Family Risk Factors

- Many AI/AN families are socially isolated. Reservation communities are located in remote and sparsely populated areas, and often the housing within those communities is spread out over a large area. Because of this, the health care community has recognized that a major barrier to quality medical care for AI/AN individuals is social isolation, including the cultural barriers, geographic isolation, and low income common in reservation communities (Office of Minority Health, 2012).
- AI/AN women are more likely than any other single racial group to experience intimate partner violence (IPV, also known as domestic violence; 39% of AI/AN women report having experienced IPV at some point in their lives (Black and Breiding, 2008).

Community and Structural Risk Factors

- AI/AN individuals are more likely to live in communities where they will experience high rates of criminal victimization and where there is *under-policing* of the community (Wells and Falcone,

2008; Wakeling, Jorgensen, Michaelson, and Begay, 2001).

- AI/AN families are more likely to live in communities where there is a high level of unemployment.
- The rate of joblessness on or near reservation communities is 49% (BIA, 2005).
- AI/AN families are more likely to live in areas of high poverty than the average family; 24% of
- AI/AN children live in areas of highly concentrated poverty compared to the national average of 11% (Annie E. Casey, 2012).
- AI/AN individuals are less likely than the average American to own their home; one guarantee of housing stability. Only 56% of AI/AN households were homeowners, compared with 66% of total households (Ogunwole, 2006).

The Prevalence of Child Abuse and Neglect in AI/AN Families

National data on AI/AN children who experience child abuse and neglect are limited. National Child Abuse and Neglect Data System (NCANDS) collects comprehensive data on the rates and characteristics of child abuse and neglect in all families. The data input into this system, though, is only for families who interface with *state* and *county* child welfare systems. However, tribal programs, Bureau of Indian Affairs (BIA) or Indian Health Services (IHS) programs, or tribal consortia are often the primary service providers for AI/AN children and families. Yet, NCANDS does not include AI/AN children who come to the attention of and are served by tribal child welfare systems.

Research has shown that state and county workers are only involved in approximately 61% of all tribal abuse and neglect cases (Earle, 2000). These findings would lead to the conclusion that abuse and neglect of AI/AN children are under reported (Fox, 2003). Other issues, however, such as the definition of child abuse and neglect, the process for counting incidents of abuse and neglect in NCANDS, or the fact that reporting is primarily based on non-Native perceptions and substantiation of maltreatment would lead to the opposite conclusion—that numbers of AI/AN abuse and neglect cases in the NCANDS are artificially high (Bigfoot et. al, 2005).

It is also important to note that national research studies of the child welfare system have found biased treatment of AI/AN families in the state system. Although these studies tend to focus on out-of-home placement, one recent study found that, due in part to systematic bias, where abuse has been reported, AI/AN children are two times more likely to be investigated, and two times more likely to have allegations of abuse substantiated (Hill, 2007). This, too, affects the data presented in national data systems like NCANDS.

Furthermore, tribes are underrepresented in many major data collection efforts and statistical analyses (National Congress of American Indians, 2009). For example, the 2010 National Incidence Study of Child Abuse and Neglect 4 (NIS-4) stated that 'other' race categories "had too few sample children to support independent estimates for those groups (i.e., American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and mixed race), so analyses excluded those" (Sedlak, 2010).

Although there may be methodological adjustments necessary to work with smaller data sets, the knowledge and information that a report like the NIS-4 provides should not be denied to stakeholders for convenience reasons (Sahota, 2011). Studies and reports, like the NIS-4, where AI/AN data are collected (NIS-4 does not use a national data set but engages in independent data collection) but are not analyzed for use by the public, policy makers, and practitioners are problematic and paint an incomplete national picture.

Nonetheless, the limited data that are available do provide some basic understanding of the prevalence of child maltreatment in AI/AN families and communities:

- AI/AN children are 1.1% of all child maltreatment victims reported to state and county child welfare agencies (Children's Bureau, 2012).
- AI/AN children experienced a rate of child abuse and neglect of 11.4 per 1,000 AI/AN children.
- This rate compares to the national rates of victimization of 9.1 per 1,000 nationally (Children's Bureau, 2012).
- AI/AN children are more likely than children of other races/ethnicities to be confirmed as victims of neglect (59.7%) and are least likely to be confirmed as victims of physical abuse (6.4) (Children's Bureau, 2008), which suggests a causal link between leading risk factors and incidences of maltreatment.

Although NCANDS is the primary source of data on the abuse and neglect of children, there are a few other sources of data for AI/AN children, such as select BIA regional offices, IHS, and other agencies concerned with this information, who may collect data on the prevalence of child maltreatment in the tribal communities with which they work (Bigfoot et al., 2005; Earle, 2000). This data however is not kept consistently or nationally.

Effects of Child Maltreatment

Facing trauma in the form of child maltreatment has long-term effects on the well-being of AI/AN children, particularly when it goes undetected and untreated. Studies have shown that children who have been abused or neglected have higher rates of mental health and substance abuse disorders, are more likely to be involved in the juvenile justice system, have worse educational outcomes (truancy and grade repetition), and are more likely to have early pregnancies (Office of Planning, Research, and Evaluation, 2012). It is also important to understand that individuals who experience abuse and neglect are more likely to be perpetrators of intimate partner violence and child maltreatment, creating a cycle of violence that is difficult to break (Child Welfare Information Gateway, 2013). In addition, child abuse and neglect can have a long-term effect on physical health. One study has shown that at up to three years following a maltreatment investigation, 28% of children were diagnosed with a chronic long-term health condition (Office of Planning, Research and Evaluation, 2007).

Child maltreatment does not just have long-term effects on the victims; it also comes at a great cost to society and the communities it touches. According to the Centers for Disease Control, to manage all of the services associated with the immediate response to all child maltreatment costs 124 billion dollars a year (Child Welfare Information Gateway, 2013); although AI/AN children are only a small fraction of child maltreatment victims nationally that would still equate to billions of dollars a year being spent to respond to child maltreatment of AI/AN children. For tribes who are already under resourced in the area of child welfare, and who do not have access to federal child abuse prevention funding (with the exception of two small, competitive grant programs), responding to child maltreatment can be a huge drain on available resources.

Beyond the direct or immediate costs of child maltreatment there are also many long-term indirect costs. These include long-term economic consequences to society such as an increased likelihood of employment problems, financial instability, and work absenteeism. In addition child maltreatment creates long-term economic consequences related to increased use of the health-care system, increase cost due to juvenile and adult criminal activity, and increased use of mental illness, substance abuse, and domestic violence services (Child Welfare Information Gateway, 2013).

Chronic social problems like child maltreatment hold back communities; when they are unaddressed, they ultimately interfere with efforts to create and encourage economic development by taking from tribal

drained off resources that could be used for economic and infrastructure development to “manage” these chronic and persistent social problems. Furthermore, as Cornell and Kalt (1998) discuss, “nation building,” an approach to successful economic development for Indian tribes requires a community where both businesses and humans must flourish because they are in relationship with one another (Cornell and Kalt, 1998). Cornell argues that success in economic development is more than just jobs—it also includes social impacts and making a community a place where investors want to do business and where the community is healthy enough to engage successfully with the economy.

Challenges with the Legal and Programmatic Framework for Addressing Child Maltreatment in Indian Country

The following chart provides an overview of the complexity of dealing with child maltreatment in Indian Country. As evidenced by the chart, the prevention of, and response to, child abuse and neglect in Indian Country involves many different governments, service providers, and governmental systems. Thus, without coordination at each step families’ needs can go unmet and children are left in danger (Cross, 2005).

SYSTEM ELEMENT	POSSIBLE PROVIDER	VARIABLES
Reporting child abuse or neglect	Mandatory reports under state, federal, or tribal law; on or off reservation; or concerned individuals	Tribal and/or state laws, P.L. 280
Intake and screening Initial response Initial assessment	Tribal Child Protective Service (CPS), tribal law enforcement, state CPS, county law enforcement, BIA social services, BIA law enforcement, IHS or tribal health care providers	Tribal law, P.L. 280 status, P.L. 93-638 or self-governance status, local agreements or protocols
Civil court actions	Tribal court, state court	Jurisdiction, tribal law, P.L. 280 status, P.L. 93-638 or self-governance status
Treatment <ul style="list-style-type: none"> • Psycho-social assessments • Service plans • Family and care services 	Tribal CPS, state CPS, BIA social services, IHS or tribal health care providers	Resources, capacity, P.L. 280 status, P.L. 93-638 or self-governance status

This chart is limited to those considerations relevant to civil jurisdiction—or the child welfare system’s response to child maltreatment. It does not include the complexities relevant to the criminal system and perpetrator prosecutions, which will be discussed in a separate section.

Issues in Reporting

Effective reporting of child abuse and neglect is the first step in helping address existing incidents, prevent further trauma, and connect victims with treatment.

Prior to the passage of the Indian Child Protection and Family Violence Prevention Act (P.L. 110-630, ICPFVPA) in 1991 there were no consistent standards for how suspected incidents of child maltreatment in Indian Country were to be handled. Many tribes depended upon the BIA or state agencies to provide direction resulting in a variety of standards and practices—few of which were developed with tribal input or tribal community needs and values in mind. Furthermore, under these protocols the BIA and state agencies taking reports rarely worked to involve tribes in assessments or responses. For a tribal community member or professional it was difficult to know who should report, who should be notified, and under what conditions which agency or government would respond to the report. This led to

confusion about what an individual's responsibility was and stood in contradiction to the traditional belief that caring for, and protecting children, was a community responsibility.

The ICPFVPA, among other things, requires coordination between local law enforcement and child protection service agencies whenever a report of child abuse or neglect in Indian Country is received, but still allows for tribes to create their own reporting requirements and systems and/or to work collaboratively within state and federal systems. Today, 23 years after the passage of the ICPFVPA, there is more information available and tribes have more of their own systems and protocols in place. As a whole, the standards for reporting child maltreatment in Indian Country have improved, the responses are more integrated and, in turn, more incidents are being reported and therefore investigated. In addition, Indian Country's awareness of child abuse and neglect in general, and the need to report, has also increased. Problems have arisen in the implementation of the Act, most notably due to the absence of funding for implementing its provisions and the need for better coordination of services and information between tribal governments, the BIA, IHS, Federal Bureau of Investigation, and U.S. Attorney's Office, among others (Trope, 2005).

However, barriers still remain to developing effective reporting systems in Indian Country and building the community support they need to succeed.

One barrier is a lack of education about mandatory reporting. Many mandated reporters in Indian Country receive little to no training on relevant laws and jurisdictional issues. This requires service providers to develop their own interpretations and attempt to fulfill their reporting obligations without a real understanding of the law.

Another barrier may be related to the dynamics of small tribal communities. In small communities people know each other well and their social and economic lives are intimately intertwined. The well-being of children is very important to all tribal communities, however, situations where a tribal member suspects child abuse creates a dilemma for the individual who may know the child's family, may know that the child is the relative of a respected community leader, or may work with or for the child's family. Additionally, in small communities it may be very difficult to ensure confidentiality of the reporter regardless of the measures taken by agencies to safeguard their identity. The dilemma for the individual suspecting abuse or neglect is only heightened by misunderstandings about the reporting system.

A third possible barrier is an unclear understanding of what constitutes child abuse and neglect. While most professionals that work with children get extensive training in their area of expertise, not enough get good training in how to recognize or respond to suspected incidents of child abuse or neglect. Further, it is not just professionals required to report but all individuals who work with children who may have no exposure or training in official definitions of and criteria for child abuse and neglect. False reports of abuse or neglect can have long-standing ramifications on the parent or guardian accused, something professionals and community members are acutely aware of, making thorough education in this area essential.

Tribal and state relationships are also a barrier. Sometimes state agencies may not be prepared to address reporting issues on tribal lands for a variety of reasons, including questions about who has jurisdiction and resources available to respond effectively, or because conflict between the tribe and state on other issues, like natural resources management or economic development, may damage important relationships in child protection and child welfare. In these situations reporting may be ineffective, and as communities recognize this inefficacy, they are less likely to report.

Finally, the historical context of reporting must be considered. AI/AN communities do not regard formal

child protection systems favorably, especially those operated by state or federal entities. Rather than being viewed as a system designed to protect children and strengthen families, tribal communities see child protection systems as “assimilation agents.” This is because, as discussed above, for much of the 1900s child protection was used as an excuse to remove AI/AN children from their homes and place them in “better” non-Native homes. This disturbing and traumatic practice was fraught with racism, bias, and cultural incompetence and has left an indelible mark on Indian Country. For this reason people in Indian Country are sometimes reluctant to report suspected maltreatment because of their mistrust of child protection systems—particularly non-tribal systems. To compound this problem, due to the structure of available funding sources, there are few resources available for tribes to create and operate their own child protection services and child abuse prevention services; this means that in many tribal communities child protection work is done by the state, and tribal child welfare does not step in until after the initial determinations are completed, further perpetuating misperceptions and biases.

Issues in Investigation

Unlike most child abuse and neglect investigations involving non-Indian children, knowing who is involved and what their role is can be complicated in an investigation involving an Indian child. An investigation on tribal lands may involve tribal, state, and federal authorities from law enforcement and child protection. The roles may not be clear, and it is not uncommon for an investigation to get sidetracked because of questions regarding jurisdictional authority and service responsibility.

For example, one interpretation of P.L. 83-280, known as P.L. 280, is that the state has concurrent jurisdiction with the tribe for the investigation of child abuse and neglect, unless the tribe decides to reassume exclusive jurisdiction on tribal lands. Under this view of concurrent jurisdiction (held by several states), the state and tribe share authority and responsibility for the investigation of child abuse and neglect. However, P.L. 280 does not spell out how that jurisdiction or responsibility is to be shared. Thus, in some cases, the state may perform almost all of the investigative functions; in other situations, the tribe may participate as an equal partner, providing child protection and law enforcement personnel for the investigation. Similarly, in some cases investigations by tribal workers may lead to action in state court, or investigations by tribal workers may lead to action in tribal court. In order to keep investigations running smoothly, tribes and states must define their authority and their roles. This is most successfully done through an intergovernmental agreement, but in the absence of an agreement, problems can and often do arise very quickly. Lack of clarity about the intent of P.L. 280 and very different interpretations of the law contribute another layer of confusion and complexity that could be resolved with clarifying federal legislation.

In a non-P.L. 280 state, where tribes clearly have exclusive jurisdiction on tribal lands, it is still not uncommon to see a variety of governmental agencies involved in investigations. As described before, the tribe may have its own child protection or law enforcement personnel who do investigations or who may rely on the BIA law enforcement and/or social services. It is also possible that state child protection officials may be involved in a non-P.L. 280 state depending upon the role that has been established for them with the tribe. Agreements, or Memoranda of Understanding (MOUs), that clarify authority and responsibilities are important here too, but are not always present.

Thus, a primary barrier that tribes face in pursuing effective investigations is a lack of coordination. Investigations in Indian Country as described above can involve a variety of agencies, some of which are from different governmental entities (tribal, state, or federal) as well as different court systems. Each has a different experience, role, and authority. If efforts are not carefully coordinated, allegations may go uninvestigated or follow-up services and treatment may not occur in a timely fashion or at all. When these mistakes occur, the consequence is often that children become victims of the system as well as of

the abuse. Getting the relevant government authorities to the table, creating coordinated protocols when each agency has their own policies and procedures, and working between systems with different values and worldviews can be a complicated and time intensive task.

In addition, it is problematic that the tribe's perspective is often not sought out when other governmental entities have the authority or agree to take the lead in investigations. When other governmental entities are in the lead on the development of protocols and techniques, tribes have the least amount of control over how investigations occur. This is especially true in P.L. 280 states. Methods of investigation are at a higher risk for being unresponsive to the needs of the children, families, and the tribal community. Tribal governments have unique knowledge and qualifications needed in performing effective investigations; however, in many cases, they are not fully consulted. Without tribal input the risk for a CPS investigation not interpreting tribal child rearing and associated risk to the child's safety correctly or ordering an unnecessary removal of the child increase significantly.

Varying definitions of child abuse and neglect can also be a problem. Federal law requires that states establish definitions for a variety of different types of abuse and neglect without specifying exactly what these definitions should contain. The Indian Child Protection and Family Violence Prevention Act also provides definitions for those involved in investigating child abuse and neglect in Indian Country, and tribes may also have developed their own definitions detailed in tribal codes. When a state agency is involved in investigating child abuse and neglect of an Indian child on tribal lands, it is most likely going to be operating from the definitions it uses, even if the tribe and federal law have different definitions. Inappropriate judgments of what constitutes child abuse can easily occur when state or county officials do not understand tribal child-rearing or family practices. Historically, mainstream definitions of child neglect have been used to find child neglect and remove children from parents that the AI/AN community believed to be exceptional parents (H.R. Rep. No. 1386, 95th Cong. 2nd Session (1978); S. Rep. No. 597, 95th Cong. 1st Session (1977)). For example, children who were left by their mother or father with a fit auntie or grandparent for prolonged periods of time were often deemed to have been neglected or abandoned, when this type of shared parenting is very common in extended kinship networks in AI/AN communities.

Issues with current definitions of abuse or neglect that are particularly problematic in AI/AN communities are described by Earle and Cross (2001) as follows:

- The importance of the parental role in mainstream society, which is based on a mainstream
- American understanding of nuclear family and other class-based social preferences
- The importance of socioeconomic status, family circumstances, and race when determining whether or not abuse occurred; levels of reporting vary and are higher in lower socioeconomic and racially different homes, both commonalities with AI/AN communities.

Thus, although varying definitions of child abuse and neglect will have similar elements, they create unnecessary confusion, which can lead to differing standards, some of which may not be valid for application on Indian lands and which inevitably make investigation more difficult.

Training and technical assistance for tribal child protection personnel is another potential barrier. The proper investigation of child abuse and neglect is very sensitive and requires critical skills in interviewing, observation, interpretation, and evidence collection. The importance of these skills are magnified in Indian Country, where years of inappropriate investigation by non-Indian agencies have created a strong skepticism of child protective services in general. For example, law enforcement personnel are often chosen as the first responders to complaints of child abuse and neglect; their primary training is in law

enforcement techniques, which may not include sufficient training on how to carefully interview an Indian child who has been the victim of child abuse. Inappropriate techniques can lead to further trauma for the child and his/her family and possibly taint the evidence needed to prosecute offenders. Tribes also need help in developing or enhancing their capacity to investigate, which can include training in protocol and cross-agency agreement development.

Issues with the Jurisdictional Framework

Indian tribes have long been recognized as sovereign political entities possessing sovereign authority. Congress has the authority to limit the exercise of this sovereignty, and the courts have held that tribes have been implicitly divested of certain powers by reason of their "dependent status." As sovereign nations, tribes have the right to regulate personal and domestic relations according to tribal customs and laws. States, therefore, have no jurisdiction over such matters that involve members of the tribe domiciled or resident on the reservation.

With the passage of Public Law 83-280, Congress and the courts intruded upon tribal exclusive jurisdiction. This law provided for certain states to exercise criminal jurisdiction over all American Indian/Alaska Native people living within the state as well as over "civil causes of action" involving AI/AN people residing in the state. Of the 16 states that acquired jurisdiction under P.L. 280, six were mandated to take jurisdiction, while ten opted to take jurisdiction.

There are several ways in which jurisdictional issues affect the treatment of abused or neglected AI/AN children. Trope in collaboration with NICWA (2005) summarizes those issues most relevant to child protection in a report commissioned by the BIA. They are as follows:

1. *When does a tribe have exclusive jurisdiction over child welfare matters?* Tribal courts have the inherent right to exercise jurisdiction over children who are tribal members resident and domiciled on the reservation based on their inherent sovereignty. Tribes have always had systems for addressing their internal conflicts and relationships. Historically, these systems were informal, unwritten, and based on a holistic philosophy and a way of life. Although a few tribes continue to operate such systems exclusively, the vast majority of tribal court justice systems today operate pursuant to written codes and procedures and resemble, in many respects, their federal and state counterparts. Today, tribal courts play a critical role in the exercise of sovereignty. In fact, the federal government enacted the Indian Tribal Justice Act (P.L. 103-176) to encourage the development of more tribal courts. This law authorized funding for tribal courts and tribal judicial conferences, recognized inherent tribal sovereignty and the right of tribes to choose their own court systems, and created an Office of Tribal Justice Support in the BIA.

Tribal courts have a variety of forms. Some are traditional in nature, while others are hybrid systems based largely upon the American model but which try to incorporate tribal laws, customs, and mores in various ways. Tribal codes governing these courts also have a variety of forms and cover a range of subjects, including, but not limited to, membership, health and safety issues, family law, land use, conservation and environmental protection, hunting and fishing, commercial codes, education, health care, and housing.

2. *When do states and tribes share jurisdiction over such cases?* The Indian Child Welfare Act (ICWA P.L. 95-608) recognizes that tribes have concurrent jurisdiction over their member children when children not located on tribal land. In addition, in many Public Law 280 states, the language of ICWA and P.L. 280 has be read together to suggest that even on tribal land tribes have concurrent jurisdiction with states over child welfare matters. Disputes between the two

concurrent jurisdiction sovereigns occur in two basic ways: 1) there are differences concerning when ICWA applies, which court proceedings should start in and when as well as how state courts should transfer jurisdiction to tribal courts; and 2) there are disputes about what constitutes “good cause” (as ICWA provides an exception to presumptive transfer to tribal court for “good cause” even if the state court should not have jurisdiction) for a state court to decline a motion to transfer a proceeding to tribal court.

3. *In exercising sovereignty, when and how must state courts defer to tribal courts or standards?* ICWA requires that state courts give full faith and credit to official acts of tribes, which means both court orders and tribal codes, which could include recognizing an ongoing tribal child custody proceeding of a member who has left the reservation and has come to the attention of state CPS authorities. States should also defer to tribal standards in the context of ICWA compliance. For example, states should use definitions of extended family members and Indian custodians as well as placement preferences determined by tribes.

4. *What funding issues that affect the availability of services to American Indian/Alaska Native children and families arise from the multiple jurisdictions that are involved?* Two noteworthy funding issues arise from a jurisdictional context. The first involves funding for foster care. Because tribally-licensed or approved foster families on or near the reservation meet the Title IV-E definition of “foster family home” for purposes of IV-E eligibility, states may place children in tribally licensed and approved homes and still receive Title IV-E funds. However, unless a tribe is approved to directly operate the Title IV-E program, the tribe must have an agreement with the state to receive these funds for children placed by a tribal agency.

The second funding issue involves non-discriminatory access to state services for children who are under the jurisdiction of the tribal court. Although American Indian/Alaska Native people living on reservations are entitled to non-discriminatory access to state services, disputes have arisen concerning whether it is the tribal, federal or state’s responsibility to pay for services when the need arises in connection with a legal proceeding outside of the state’s jurisdiction.

As evidenced above, jurisdictional issues are important in determining how incidents of abuse and neglect of Indian children are handled. Coordination of jurisdiction is best done in clear tribal-state agreements as authorized under the Indian Child Welfare Act of 1978, although approximately 20 states have these agreements with tribes there remains uncertainty in many tribal communities about jurisdictional issues and responsibilities.

Issues with Funding for Child Abuse Prevention and Child Protection

Funding for child maltreatment prevention and child protection effort is limited in Indian Country. Most funding for child welfare services comes from federal sources, such as the BIA or Department of Health and Human Services (DHHS). Tribes do have access to some funds which are flexible (e.g. BIA ICWA Title II funds, or DHHS Social Security Act Title IV-B funds) and can be used to prevent and intervene in child maltreatment cases. However, due to the fact that tribal funding in child welfare overall is very limited, available flexible funding sources are often used to support non-prevention non-child protection crisis management services, such as foster care or child welfare case management. States, while not having access to adequate prevention funding, still receive proportionately more funding as well as funding from two major sources that tribal programs are not eligible for—the Title XX Social Services Block

Grant, and the Child Abuse Prevention and Treatment Act (CAPTA) State Grants (child protection services funding).

CAPTA, reauthorized by the CAPTA Reauthorization Act of 2010 (P.L. 111-320), is the only federal law that focuses solely on prevention, assessment, identification, and treatment of child abuse and neglect. Tribes are eligible for the two discretionary grant programs under CAPTA: the Community Based Grants for Prevention of Child Abuse and the Discretionary Funds (supports research and demonstration grants and training programs). Tribes however, are not eligible for CAPTA State Grants used to improve child protective services programs, which provide a small foundation of funding for child protection services to every state. Thus, tribal funding to prevent and address child abuse is almost nonexistent. Under the entire CAPTA program tribes have received less than \$300,000 a year from the almost \$100 million a year in appropriated funds.

(NEW): Although all tribes recognize the importance of prevention, and many provide programs that incorporate child abuse prevention activities, they do so with little or no federal support. Furthermore, the prevention work they do is in communities with families that are very high risk for child abuse and neglect. While the funding levels for states are low under this program, every state still receives some level of funding to conduct these activities, whereas funding for tribal governments under this program does not even reach 1% of the tribes nationwide. Furthermore, CAPTA provides support in the form of matching funds for state Child Abuse Trust Funds, which provides support for advocacy and child abuse prevention services. Tribes receive little or no benefit from these state trust funds and there is no provision for support to local or a national tribal child abuse prevention trust fund under CAPTA.

The Title XX Social Services Block Grant is a capped entitlement that, among other things, supports programs that strive to prevent and remedy abuse, neglect, or exploitation of those who cannot protect themselves by promoting community-based care. Recipients (states and territories) are afforded a great deal of flexibility in terms of how they use the Title XX funding to meet these goals. These funds are often used to fill service gaps that exist in other more restrictive federal child welfare programs—specifically child abuse prevention and child protection services. The Social Services Block Grant is currently one of the only major sources of federal funding used for child welfare services by states to which tribes do not have access.

To fill gaps in funding, due to underfunding and lack of access to other federal sources, Congress enacted the Indian Child Protection and Family Violence Prevention Act (P.L. 101-630) (IFVCPA), which contains three separate grant programs designed to address child abuse prevention, investigation and treatment services. The Act authorizes Indian Child Resource and Family Service Centers at BIA regions staffed by multidisciplinary teams with experience in “prevention, identification, investigation and treatment” of child abuse and neglect (AI/AN tribes may contract to run these centers) and also authorizes funding for grant programs for the development of an Indian child protection and family violence prevention program, and for the treatment of victims of child abuse and neglect. These grant programs have never received any appropriations, and the BIA and IHS, which have oversight authority for this law, have not made any budget requests in over 10 years. Tribes are not different from states in their need to respond to child abuse and neglect in their communities, and need additional funding to develop a continuum of services and programming to prevent and respond to child abuse and neglect.

There are a few other funding sources that are worth noting; these include the Consolidated and Technical Assistance Grant Program to Address Children and Youth Experiencing Domestic and Sexual Violence, which supports communities’ ability to increase collaboration among non-profit victim services, violence prevention and children and youth-serving organizations to create programming and activities

specific to children who have been exposed to domestic or interpersonal violence and their non-offending parents; the Supervised Visitation, Safe Havens for Children Exposed to Domestic Violence which supports supervised visitation and safe exchange of children, in situations involving domestic violence, dating violence, child abuse, sexual assault, or stalking; and lastly the Family Violence Prevention and Services/Grants for Battered Women's Shelters Program which support efforts to increase public awareness about prevention of family violence, domestic violence, and dating violence and shelter care necessary to support victims and their families in shelter care. Although these programs provide important monies to tribal communities and address the intersection of child welfare and domestic violence more could be done to support and fund other important cross agency collaborations with relevant government and community partners such as substance abuse, housing, and general welfare.

Issues with Data Collection

Tribal governments need reliable mechanisms for collecting their own data and the ability to access data for their tribal members who are under federal or state jurisdiction. Accurate, reliable, well-coordinated and accessible data collection is critical to understanding the scope and trends of child maltreatment in Indian Country. Data must include AI/AN children under tribal, state, and federal jurisdiction to paint an accurate picture and highlight unique issues within each of these systems.

The Indian Child Protection and Family Violence Prevention Act identifies the federal requirements for reporting and investigating child abuse in Indian Country. If the alleged abuse, such as child sexual abuse, is considered to be a criminal violation, the agency receiving the report is to notify the Federal Bureau of Investigation. In a scenario where child sexual abuse of an AI/AN child on tribal land is reported and then investigated, there could be as many as three different government and/or law enforcement authorities responding (tribal, federal, or state) and each collecting different or similar data. While theoretically each of these entities could share this data with each other, it may be complicated by conflicting policy mandates or each government's principles regarding confidentiality and the sharing of information.

Many tribes have established Memoranda of Understanding with local child protection agencies and law enforcement in their area to address issues of coordination, but this is a complicated and often long process that is not well resourced and contains several collaboration challenges. One primary challenge can be misperception by health agencies, whether they are tribal, federal, or privately operated, that due to the Health Insurance Portability and Accountability Act (P.L. 104-19, HIPAA) they cannot share client information with other outside agencies.. Agencies or individuals that operate under this assumption have often not received accurate information or training on the discretion allowed under the law, the law's application in child abuse reporting and investigations, and/or the interaction of federal Indian law with HIPAA. While the Indian Child Protection and Family Violence Prevention Act implies that information pertaining to a report or investigation can and should be shared, it does not provide additional incentives or resources to assist tribes as they negotiate these complex relationships and roles.

Tribal and urban AI/AN organizations struggle with data collection regarding child maltreatment and access to existing data sources. As mentioned previously, states submit their child maltreatment data to NCANDS which was established in amendments to CAPTA in 1988 (P.L. 100-294). The NCANDS data system collects child abuse and neglect information both at the aggregate and case level. The aggregate data is used by DHHS to publish annual reports on the characteristics of child abuse and neglect in the United States titled, *Child Maltreatment*. Although data on AI/AN children is included in this report, the data reflected does not include those children in tribal child welfare systems. In addition, many data elements specific to AI/AN children that would be helpful to urban and tribal programs are not reported

for this publication. Tribal governments do not currently submit to NCANDS nor do they have a similar central repository that they can submit their data to for analysis and annual report.

A few tribal governments have been able to develop their own databases and accompanying infrastructure in this area, but the vast majority of tribes do not have the resources to build and maintain such a system. The ability to develop these tools and activities has been primarily tribally funded work with little investment from federal sources. However, tribes that have been able to develop a child abuse and neglect database are often looking to develop a system that not only helps them collect data on individual cases, but also serves as an electronic case management system, a tool for tracking client and service trends, and program evaluation. Tribes that develop and operate these systems are more likely to be able to develop carefully thought-out responses to children's needs in their community and engage in larger systems reforms efforts.

In 2003, NICWA was funded by the Department of Health and Human Services through the Office of Child Abuse and Neglect to help a group of five tribes develop and pilot tribal definitions of child abuse and neglect and examine issues for tribes that may arise if they were to submit child maltreatment data to NCANDS. This project recognized tribal government authority, similar to that of states, to develop their own definitions of child abuse and neglect with guidance from existing federal definitions. Tribal pilot sites developed approximately 110 data measures regarding child abuse and neglect, many similar to NCANDS data elements, but with cultural differences and more focus on measures that describe the attributes of healthy families (strength-based indicators). Tribal participants reported that the project gave them important information and opportunities to use a community-participatory process to develop more responsive definitions that reflected tribal cultural values.

(NEW): This project found that much more work needs to be done to support tribal processes that develop tribal definitions of child abuse and neglect and the development and maintenance of tribal data systems that coordinate with a federal system. Four specific recommendations were identified: 1) Any child welfare data collection and reporting effort involving a tribal community must be respectful of tribal sovereignty and ownership of data; 2) research and other initiatives involving tribal communities should be participatory in nature; 3) tribal communities should be provided with the supports needed to integrate the strengths-based data elements into current child welfare practice; and 4) tribal communities should be given access to resources to build, enhance, and/or sustain their ability to collect and use child welfare data.

It is worth noting that the BIA and IHS may collect some limited data based on their role as a funder or service provider for children affected by child maltreatment, but this data is not readily available to tribes, is not coordinated with other data sources, and lacks the comprehensiveness necessary to inform policy and practice.

In addition to accurate systemic data, tribal child protection and prevention teams also need research specific to child maltreatment in Indian Country to create and promote effective prevention strategies, interventions, and policy change. There is little information on the cultural interventions and assessments that are being used with AI/AN children. This is largely due to the fact that tribal and urban AI/AN communities lack the resources necessary to establish evidence-based practices and create cultural adaptations of evidence-based practices. There is no national focus and very limited support for funding these types of projects at the federal level. Much of the federal research on child maltreatment has been funded by demonstration and discretionary grants authorized under CAPTA. Typically, these grants are awarded to large public and private universities, hospitals, or private organizations with extensive

research capacity and infrastructure. These grants support some of the key research on the effects of child maltreatment; characteristics of abuse and neglect; and effective prevention, intervention, and treatment practices. Until the recent reauthorization of CAPTA in 2010 tribes were not eligible to apply for these demonstration or research grants, and since that time no tribe has been awarded a grant. Another consequence of this lack of research is that as federal, state, and private funders increase their focus on projects that contain evidence-based practices, tribes and urban AI/AN organizations are increasingly finding themselves left out since many evidence-based practices have not established program effectiveness with AI/AN populations, and tribes may deem some evidence-based programs culturally inappropriate for the families and children they serve.

Training Issues for Professionals Working with AI/AN Children

AI/AN communities and urban centers struggle to ensure that they have a qualified AI/AN workforce that does not burnout in the face of challenging child protection and trauma treatment work. When tribal culture is the framework for training models, practitioners in Indian Country can more readily utilize the information and apply new skills in efforts to improve outcomes for tribal clients participating in prevention and treatment programs. This, in turn, pays dividends for the greater Native community, as the availability of tribal specific training and education creates stronger incentives for AI/AN people to enter the human services field and supports broader dissemination of existing training models and the development of new ones.

While the number of qualified Native professionals that work with AI/AN children and families has increased over the last three decades, the overall number is still insufficient to ensure that AI/AN children and families can work with qualified and/or licensed AI/AN practitioners. Non-Native professionals often work for tribal child protection and trauma treatment programs, but this requires tribal programs to often shoulder the responsibility and cost of training new professionals in the culture of the tribe as well as the skills necessary to develop critical relationships and successfully engage tribal families. Even for qualified AI/AN professionals there can be a steep learning curve when working in a tribal community that is not their community of origin.

Adapting mainstream trainings for local use is very expensive and time consuming and not feasible for most tribal or urban AI/AN programs. Instead, professionals within tribal communities often go without training or struggle to implement mainstream methods on which they were trained in college. This can often result in program or service development that is not sufficiently responsive to tribal family needs and discourage additional resource investment by tribal leadership. These educational needs are not, and in some ways cannot, be met by formal schooling at state and private colleges, but can be filled by partnerships with tribal colleges and collaborative relationships between tribes and universities. But resources to develop more tribally-specific training for professionals are scarce, and the pace of development of culturally appropriate trainings and adaptations of evidence-based practices and treatments is not keeping pace with the larger movement focused on more mainstream and conventional practices.

Further, tribal and urban AI/AN professionals looking to enhance their skills can often have difficulty obtaining training that is tailored to their practice environment. While training is offered for a variety of professionals by universities, state and private training providers, federal agencies, and professional groups, very seldom are there offerings that speak to practicing within a tribal community or specifically to AI/AN culture. In addition, many of these trainings are offered far from tribal communities, adding an element of hardship for tribal professionals that cannot afford to be gone for extended periods of time or do not have funding for training related expenses.

As tribes and urban AI/AN programs are encouraged to expand their services and funding, they can run into barriers related to funding requirements that call for licensed or credentialed professionals. For example, Medicaid requires that certain services are provided by a licensed clinician or, at a minimum, provided by someone supervised by a licensed clinician. In many tribal communities, securing a qualified professional, such as a licensed clinical social worker or psychologist, is very difficult, especially if they want to hire an AI/AN professional. This barrier becomes even more pronounced when the program is seeking someone with specialized experience and training, such as a trained child and adolescent psychologist or psychiatrist. In many cases, tribal communities have long standing traditions of interdependence, natural support systems, and traditional methods of healing; for these reasons tribal communities often choose or prefer paraprofessionals with knowledge of the community and culture over non-Indian professionals from outside the community.

However, where resources have been available, there are strong signs that tribal cultural practices can be successfully integrated into training curriculum on both the local and national level. Tribal colleges often offer associates degrees in human service related fields that are specifically focused on child and family practice in Indian Country. While the vast majority of these tribal colleges do not offer four year degrees, they can be a stepping stone for Native students that want to learn more about human services and community-based practice. Organizations like NICWA and many others are rigorously working to improve the availability of culturally-specific training and strategies for practitioners in Indian Country. For example, NICWA has the only certification program for tribal Indian child welfare workers in the country. This certification program is grounded in the specialized knowledge and understanding regarding the history, traditions, values, and family systems of the tribal groups served. NICWA also provides beginning and advanced training in tribal child welfare practice through our *Heritage and Helping* curriculum. Other culturally-based NICWA trainings focus on the development and operation of child protection teams, cultural competence for non-Indian professionals and organizations, and training for professionals working with Native parents using our *Positive Indian Parenting* curriculum. These programs have been well received by professionals who work in AI/AN communities and have helped build a more competent and skilled work force.

Issues in Criminal Prosecution

SYSTEM ELEMENT	POSSIBLE PROVIDER	VARIABLES
Criminal court actions	Tribal court, state court, federal court	Jurisdiction, P.L. 280 status, tribal membership of accused, type of offense (Major Crimes Act and Indian Country Crimes Act)

In the case of criminal matters, states have concurrent jurisdiction with tribes in P.L. 280 states over crimes committed by AI/AN people in Indian Country. In non-P.L. 280 states, the federal government has concurrent jurisdiction with tribes over most criminal activity committed by AI/AN people in Indian Country and exclusive jurisdiction over non-Indian crime in Indian Country in some circumstances based on two federal statutes—the Major Crimes Act (18 U.S.C. 1153) and the Indian Country Crimes Act (18 U.S.C. 1152).

The Indian Country Crimes Act provides concurrent federal criminal jurisdiction in Indian Country, except:

- Crimes committed by one American Indian against another American Indian
- Crimes that by treaty remain under the exclusive jurisdiction of a tribe
- Crimes where an American Indian defendant has already been punished by tribal law.

The federal government has concurrent jurisdiction over crimes that are committed by an Indian against a non-Indian and by a non-Indian against an Indian. The Major Crimes Act provides the federal government with concurrent jurisdiction over AI/AN perpetrators, *regardless of the victim*, when the crime is a “major” crime. Relevant major crimes include murder, manslaughter, kidnapping, rape, incest, sexual abuse of a minor, and felony child abuse or neglect.

Finally, *Oliphant v. Suquamish Indian Tribe*, 435 U.S. 191 (1978) determined that regardless of whether a state is a P.L. 280 state, case law recognizes that tribes **do not** have the authority to exercise criminal jurisdiction over non-Indians committing crimes in Indian Country unless they have been given jurisdiction by Congress. Additionally, *United States v. McBratney*, 104 US 621 (1881) determined that that states have exclusive jurisdiction over crimes committed by non-Indians against non-Indians in Indian Country.

This complicated jurisdictional scheme for crimes in non-P.L. 280 states committed in Indian Country can be summarized by this chart:

Not “Major” Crimes

Persons Involved	Jurisdiction
Indian accused, Indian victim	Tribal government only
Indian accused, non-Indian victim	Tribal government and Federal government
Non-Indian accused, Indian victim	Federal government only
Non-Indian accused, non-Indian victim	State government only

“Major” Crimes

Persons Involved	Jurisdiction
Indian accused, Indian victim	Tribal government and Federal government
Indian accused, non-Indian victim	Tribal government and Federal government
Non-Indian accused, Indian victim	Federal government only

The complexity of this scheme often allows prosecutions in all forums to fall through the cracks. Furthermore, the major gap in the jurisdictional scheme is that any crime committed by a non-Indian against an Indian cannot be prosecuted under tribal jurisdiction, only federal. Unfortunately, the federal government declines to prosecute the majority of these crimes. According to figures compiled by the Transactional Records Access Clearinghouse at Syracuse University, prosecutors declined 52% of cases involving serious crimes in Indian Country. Specifically the government rejected 61% of cases involving charges of sexual abuse of children; in contrast, the Justice Department declined 20% of drug trafficking cases nationwide (Williams, 2012). In 2013, the Violence Against Women Act extended criminal jurisdiction to tribes to ensure that non-Indian perpetrators of interpersonal violence would not fall through this gap. Currently, there is no such similar jurisdiction to protect the victims of child abuse and child sexual abuse.

In addition, under the Indian Civil Rights Act (25 U.S.C. §§ 1301-1304), and as amended by the Tribal Law and Order Act (25 U.S.C. 2801 et seq.) tribes have sentencing limits of 3 years per offense (with a maximum of 9 years for a single criminal proceeding). With the federal prosecution rates low and sentencing limits in place, in cases of child abuse and child sexual abuse justice is often not served, and victims are left at risk of future violence at the hands of previous abusers.

Collaborative Responses to Child Maltreatment in Indian Country

Interagency collaboration within a tribal or urban community requires that agencies have a common understanding of the issues that contribute to risk of child abuse and neglect and a shared commitment to addressing those issues together. Families that experience child abuse and neglect are often involved in

more than one service delivery system. They may need assistance to secure basic needs, such as housing, employment, food, clothing, health care and transportation. Families in the child welfare system may also require services to address trauma, mental illness, domestic violence, school performance, dysfunctional interpersonal relationships, or juvenile delinquency. The providers of these services are often distinct as well as physically separated from each other and operate in silos in many places.

CPTs and MDTs can help provide a coordinated response to child protection issues, but more is needed to truly have an integrated and well-functioning service delivery system for all children in the child welfare system. Frameworks like the System of Care provide guidance on how these services and service providers can be better organized to serve the multifaceted needs of families in a more cohesive and collaborative manner. The process of developing these frameworks for coordinated systems is time consuming, requires new commitments, and requires skills and knowledge that may not be part of many service providers' regular skill set. It also requires resources to support staff time, development of protocols, training, analysis and adaptation of policies that impede collaboration, and community engagement activities. Few federal programs provide sufficient resources to support these types of structural changes without diminishing direct services needed on a daily basis, and tribes are less likely to have the advantages of a robust infrastructure and discretionary revenue to contribute to these types of efforts than states. The benefits of developing these coordinated systems are many and can provide long-term gains in child and family outcomes. Additional benefits that can accrue are:

- Increased confidence and community engagement in services
- Less duplication of services
- More targeted allocation of program resources
- Quicker response times and more effective responses to child and family needs
- Higher client satisfaction with services and service providers
- Improved data collection
- Improved processes for addressing interagency disagreements
- Shared achievements can lead to new opportunities to secure additional resources and support

Barriers to collaboration in addressing child maltreatment in Indian Country and urban AI/AN programs can be significant, but as the self-governance and self-determination movement in Indian Country continues, many tribes better understand the need for and benefits of increased interagency collaboration. This is especially true given the overall reduction in federal funding for tribes and urban programs, availability of new models and information of how to do construct collaborative service systems within Indian Country, and calls from tribal and urban AI/AN communities to improve services.

Some of the key barriers to interagency collaboration within Indian Country include:

- Lack of resources and infrastructure to support and maintain systems change
- Limited skills and knowledge of how to organize and conduct collaborative systems change
- Culturally-specific training and technical assistance resources are not available
- Program mandates that impede collaboration with other agencies, especially in the areas of information sharing and discretionary authority to alter program services
- Perceptions that agencies must compete with each other and protect their "turf"
- Political and community leadership that are resistant to change
- Overwhelming community need for basic services that distracts programs and leadership from pursuing change
- Lack of community ownership and engagement

Tribal community planning efforts to create systems change must examine these potential barriers and have proactive plans to address them if they are to succeed. It is a given that the effort involved in true systems reform requires intensive examination, planning, and revision, but long-term success depends upon tribal communities and programs having the support they need to develop sustainable and coordinated systems of care.

Child Protective Teams. The role of child protection teams (CPTs) is to ensure cross-disciplinary coordination, to improve assessment and decision-making, and to ensure families' access to necessary resources to support the family and keep children safe. These teams may be involved in community-based prevention activities, investigation, coordination of services for victims and the family, and policy change efforts. They are not the agency of statutory authority and, thus, have no investigative power. Rather, they assist the agency of statutory authority by bringing together a team of professionals whose joint judgments extend the capacity of the agency to protect the child and expand the knowledge of available resources. Child protection teams keep the eyes of multiple service providers on the child and contribute resources and services to meet diverse needs of children and families. Further, a CPT does not have the decision-making power of the court. It advises the court and, in so doing, increases the confidence of the court that it has reached the appropriate conclusions. It is a cross-agency collaboration designed to ensure that services wrap around a family and help them find stability in a coordinated fashion.

Following passage of the Indian Child Protection and Family Violence Prevention Act, the BIA and IHS entered into a joint memorandum of agreement establishing child protection teams at the area (regional) level and the agency level. These teams are advisory in nature and are primarily designed as information resources for tribes. While they are called "child protection teams," they do not function as described above and are not CPTs as defined by the field of child protection. Since they are not organized by the agency of statutory authority, they have none of the functions or authority usually granted by that agency to ensure the protection of children. In addition, the members of the team identified in the MOU between BIA and IHS were heavily weighted toward federal representatives, with few positions for tribal representatives. These mandated child protection teams look different from area to area, have been of limited success, and most operate only sporadically. While these teams can provide a venue for important coordination or information exchange, they are neither sustainable nor effective in their current form.

In some locations, tribes have developed their own CPTs in line with national standards and have incorporated them into tribal policy or code. Such teams do operate as true CPTs but are difficult to form, train, and maintain due to the void in federal funding to support them.

Multidisciplinary teams. Multidisciplinary teams (MDT) are a group of professionals that work together to provide a well-coordinated response to reports of child abuse or neglect and that bridges the gap between civil and criminal jurisdiction coordinating all investigations, prosecution, and treatment of victims. The members of the MDT represent the various governmental agencies and private agencies responsible for preventing, investigating, and treating victims of child abuse and neglect. This would typically include representatives from law enforcement, mental health, child protection, medical, and the prosecutor's office. The core purposes of an MDT are to reduce trauma to victims and families, improve the accuracy of information obtained during investigations, improve responses to children and families involved, and reduce strain on member agencies and investigators. MDTs can be facility based, as is often the case with child advocacy centers or hospitals that have specialized child abuse victim's services, or they can operate outside of an independent or dedicated facility, possibly in more than one location.

In Indian Country, you will often see MDTs used in places where child advocacy centers have been established, such as Mashantucket Pequot, Eastern Band of Cherokee, and Crow Creek Sioux Tribe, or in places where tribes are actively working with the U.S. Attorney General's office and Federal Bureau of Investigation on the investigation and prosecution of child sexual abuse on tribal lands. The 1995 U.S.

Attorney General Guidelines for Victim and Witness Assistance states that federal prosecutors must consult with local MDTs (United States Department of Justice, 2011). MDTs may also be based in IHS health care facilities. Other tribes, often those located within P.L. 280 areas that do not have tribal courts and rely on state agencies and law enforcement for child protection services, may choose to participate in local or regional MDTs sponsored by county or state agencies. Non-tribal sponsored MDTs or CPTs can present challenges for tribes as they may include a number of non-tribal entities that may have interests outside of the tribe's and may not fully understand federal Indian law or tribal sovereign status.

Key elements of successful tribal MDTs and CPTs are community ownership and involvement, resources to support the teams' functions, integration of tribal culture and tradition in team process and decision-making, development of clear protocols, participation and commitment of MDT members, adequate training support, confidentiality, and individual member and team accountability.

Other Collaborative Responses to Child Maltreatment. Child protective teams that are based on a Systems of Care philosophy can be found in several tribal settings that work with child maltreatment victims. The System of Care approach, used across mainstream and tribal children's mental health and child welfare services, is based on a set of values and principles that include community-based, individualized, culturally competent, family driven, and youth guided services (SAMHSA, n.d.). In this system, services are collaborative and well-coordinated with the understanding that many different service providers may be involved in helping address child abuse and neglect issues within a family.

In 2011, the Nome Eskimo Community (NEC) in northwestern Alaska developed an in-home services model based on the System of Care values and principles. Within NEC's service area is a child protection team, multi-disciplinary team, state Office for Children Services, tribal child welfare services, and other child and family programming. Child protection services are provided by the state, and cases are adjudicated within state court. Beginning in 2009, NEC participated in a project sponsored by the Western Pacific Implementation Center and NICWA that brought together Alaska Native villages and organizations, state Office for Children Services, state courts, and a variety of other funders, service providers, and advocacy organizations to identify critical barriers that lead to high numbers of removals of Alaska Native children that had been reported as abused and neglected. NEC, along with several other Alaska Native villages and organizations, developed in-home services models that identify their local in-home services for children at risk of being placed in foster care or who have been recently reunified with their families. The models were based on the System of Care values and principles, as well as tribal standards and values that protect children and strengthen families. The model addressed several key elements of basic in-home services, which are parenting support, supporting recovery and sobriety, confronting domestic violence, case management, resource access, traditional/culturally based services, life skills development, and supporting healthy relationships. The state Office for Children's Services was a partner in this process and agreed to support Alaska Native villages and organizations, educate state child welfare staff, and promote utilization of tribal in-home services for Alaska Native children in their custody. The NEC could not have developed a successful collaborative program design without the partnership of state agencies, such as the Office of Children's Services. The quality of tribal-state relationships are a major determinant of the ability of AI/AN children and families in the child welfare system to receive the protections, supports and services they need.

Tribal State Relations

Because of the direct federal government to tribal government relationship, historically, tribal-state interaction has been limited. The direct tribal relationship with the federal government led to the sense that there was little role for state governments in tribal affairs. Although states have no authority to pass laws that interfere with the federal-tribal relationship, the development of tribal-state relationships is critical to providing appropriate services to Indian children and families. Additionally, with the increase of federal devolution also comes the need for increased intergovernmental coordination and cooperation among state, county, and tribal governments.

Tribes and states have identified a variety of mechanisms and models to improve intergovernmental relationships and to provide more accessible, culturally relevant, and/or more effective services to American Indian/Alaska Native children and families. These mechanisms include, but are not limited to: 1) coordinating internal tribal child welfare resources; 2) engaging in discussions about key child welfare issues such as ICWA implementation or child abuse/neglect investigations; 3) educating one another on respective perspectives regarding key issues; 4) negotiating respective governmental responsibilities; and 5) developing cooperative strategies for intergovernmental relationships and service delivery agreements.

It is extremely important for tribes and states to utilize these successful mechanisms and models to develop and maintain positive relationships with one another. Poor tribal-state relationships can negatively affect the prevention and treatment of child abuse and neglect on Indian lands. With the federal government serving a supporting role, tribal-state relationships can be successfully developed and improved. When tribes and states are unwilling or unable to develop cooperative relationships, it is children and families who suffer the most.

In areas where tribal-state relationships in child welfare are the most successful there is a policy infrastructure in place, such as intergovernmental or interagency agreements, that outlines the roles and responsibilities of tribes or urban AI/AN organizations and states in responding to reported child maltreatment of AI/AN children. While these agreements are not mandatory, they have proven to be extremely helpful in clarifying expectations and responsibilities for each of the parties as they carry out their designated roles in child welfare services. The agreements provide tribes and urban AI/AN organizations with opportunities to participate in child protection activities and provide their expertise and resources, even when they cannot directly provide the services themselves. Tribal and state governments in 20 states have developed these agreements on child welfare procedural issues and more are needed.

Solutions Tribes and Urban Centers Are Employing

Tribal rights and responsibilities to protect children are based in international law, the United States Constitution, treaty law, and numerous federal laws and policies. Tribes, like states, have sovereign authority over and responsibility for the protection of children. Unfortunately, tribal governments have not always had the opportunity to be involved in protecting their children despite having sovereign authority. Exercising that sovereignty has been the tribes' greatest challenge, with resources and authority being given to other governmental entities, such as states or the BIA. Based on treaty law and the Constitution, the federal government has a "trust responsibility" to American Indian tribes—a formal obligation to protect and provide for their health, education, and welfare. Historically, this concept formed the legal basis for federal operation of child protective services on reservations. Over time, this federal role created a sense of hopelessness and dependency in many tribal communities. As a result, tribal responsibility for children's well-being was diminished. Nonetheless, since the 1970s, there has been a rapidly increasing

trend for tribal governments to seek out solutions to child abuse and neglect that embrace their culture and recognize their sovereign rights to be involved in their children's protection. However, the legacies of the past mean that many tribes today are unable or unwilling to assert their sovereign authority in this area, due to a lack of resources and/or capacity, their deference to state authority, or their belief that these services should be provided under the federal trust responsibility.

Child protection is a very complex, and very important responsibility for any government. To be successful, it requires a commitment to involve people from all areas of the government and community in planning and implementation. This requires community ownership of the problem and support for the solutions. In American Indian communities, new approaches are being developed, and community support is increasing, despite a difficult and complex set of circumstances surrounding the work. The complexity of this field is a result of the combined histories of Indian culture, child welfare policy, and federal Indian policy. Understanding the context set by the intersection of these histories is important in developing an understanding of current successful programming in tribal and urban Indian programs.

Elements of Successful Responses to Child Maltreatment in Indian Country

In order to effectively address child maltreatment in Indian Country, tribal governments and urban programs have drawn on the wisdom of their communities and culture. Programs and services that have been successful are designed with input from the community and implemented by those with intimate knowledge and deep understandings of the unique community needs and the tribal culture. Services are based in cultural beliefs, teachings, customs, and traditions and aligned with trauma informed care that treats both the symptoms of child maltreatment and also the causes and effects of trauma on all family members. It may include formal services like we see in many government structures, informal helping systems such as extended family or peer networks, traditional practices that incorporate spiritual beliefs, and cultural adaptations of mainstream models of service.

Another common element of effective child maltreatment prevention and treatment services is successful collaboration, whether across different governments (tribal, federal, state and local) or within a particular governmental structure. Collaborative relationships help leverage funding, clearly define roles and responsibilities, incorporate cultural resources, eliminate service disparities, and improve overall communication between agencies serving the same children and families. Tribal governments in their efforts to address child maltreatment are subject to a variety of jurisdictional challenges and varying service delivery and funding schemes that can impact their ability to provide prevention and treatment services. The ability to form successful collaborative relationships with various governmental entities outside of tribal lands is critical to addressing these jurisdictional, funding, and service delivery challenges. Urban AI/AN programs also experience many of these challenges, especially those related to funding and service delivery. They will often develop partnerships with local, state, and sometimes tribal governments. Successful tribal and urban AI/AN programs work within their respective governance structures to coordinate between agencies as well.

A third common element of successful child maltreatment programming for AI/AN children is a strong understanding of the importance of familial connections as a protective factor for AI/AN children. While removal may be necessary to protect children in more serious abuse and neglect circumstances, the removal itself is traumatic for children who can be separated from their family, community, and culture. A balanced approach to child protection can keep children safe from harm while nurturing family and community relationships. By keeping family relationships intact children remain connected to their culture, have a positive sense of belonging, and gain an understanding of their identity as an individual, and a member of the collective community as well. Tribal and urban AI/AN programs serve an important role in facilitating these connections through both formal services and access to informal helping

networks.

A fourth element is the location of appropriate community based services for AI/AN children and families. Families struggling with child maltreatment often have multifaceted needs and treatment plans that require access to different service providers. AI/AN populations on tribal lands are very often located in rural areas where access to affordable and timely public transportation can be extremely limited, if available at all. With high unemployment rates on tribal lands other modes of reliable private transportation can also be out of reach. Services that are located in off-reservation areas and operated by other public and private entities generally do not incorporate the values and culture of tribal families and consequently are limited in their ability to do successful outreach and services for these children and families. Community-based services ensure that tribal child protection responses can be accessible, tailored to the needs of children and families, and incorporate tribal culture.

Lastly, making the most of available funding sources by blending and braiding funding when possible is an essential element to successfully addressing child maltreatment in Indian Country. Blended funding is that funding which has the same or a similar purpose and support the same or similar activities and can therefore be pooled together to support one program. Blended funded may need to be distinguished within a program for the purposes of grant reports or audits through staff time studies, cost allocations, or other methods that track funding, but these measures are easy to put in place and allow for a program to accumulate enough grant funding to support itself. Braided funding is that funding which brings together multiple funding streams that have different purposes and different objectives and are therefore separate, but where each stream is used to pay for specific components of a service plan that are in line with the purpose or objective of each funding stream. When using braided funding, it is often helpful to create memorandums of agreement (MOAs) between different agencies that assure certain programs or funding streams can be used to pay for the services in the coordinated plans of care. Braided funding can ensure that a coordinated strategy is being used that spreads the responsibility of funding support between multiple agencies, ensuring that no one program is overburdened and each is able to maintain stability.

As tribal and urban providers increase their access to funding and their knowledge of how to effectively utilize it by blending and braiding, they increase their capacity to design and operate programs that can address the unique and complex issues present in preventing and treating child maltreatment in AI/AN communities.

The following section will describe several tribal and urban AI/AN programs that have been successful in addressing child maltreatment. This includes prevention of child maltreatment, community engagement, healing trauma in adult family members, providing supports to family members to help keep children safely in their homes, and treating the trauma in child victims. These examples do not constitute an exhaustive list, but instead seek to provide some brief examples of how tribal communities and Indian organizations are using limited resources to creatively and effectively address child trauma issues, especially child maltreatment.

Primary and Secondary Child Abuse Prevention

The National Indian Child Welfare Association is a leader in helping tribes build capacity to address the complex issues surrounding child abuse and neglect in their communities and develop effective prevention strategies that utilize cultural resources and traditions. *Grassroots Child Abuse Prevention* is a NICWA training curriculum that helps tribal communities develop community-wide child abuse and neglect prevention campaigns (NICWA, n.d). Trainees are provided information about child abuse and neglect, community organizing techniques, cultural adaptation of mainstream prevention strategies, and social

marketing to develop and support community-based prevention strategies for AI/AN communities. NICWA also provides on-site technical assistance to help tribal communities implement their prevention strategies. School settings can provide an effective environment for prevention efforts. NICWA provides a training curriculum that helps Native parents, administrators, and teachers develop a child sexual abuse prevention program for their Head Start and pre-school programs. NICWA's *Children's Future: A Child Sexual Abuse Prevention Curriculum for Native American Head Start Programs* covers program administration, recognizing indicators of abuse, reporting procedures, and parent and community involvement (NICWA, n.d.). It also includes a nine-month lesson plan for use in the classroom.

As we have discussed earlier, under the Child Abuse Prevention and Treatment Act (42 USC § 5116) funding authority is provided to fund small grants to tribal grantees to fund child abuse and neglect prevention activities (Community Based Child Abuse Prevention). The amount of funding has allowed one in two grantees to be funded every three years. However, these grantees have developed activities and programs that have been very successful. In the most recent year information is available, 2008, two tribal grantees used these funds to develop and operate primary and secondary prevention activities. The grantees were the Mississippi Band of Choctaw Indians in Mississippi and the Cahuilla Band of Mission Indians in California. The projects utilized cultural adaptations of mainstream models of prevention with additional cultural activities included.

Each project sought to address both primary and secondary prevention strategies targeting both offending and non-offending parents, as well as other families with their communities that showed interest in the activities. Below are some additional elements of these projects:

- Utilized a combination of education, parent support and outreach activities.
- Activities for both children and parents separately and together.
- Nurturing protective factors in non-offending parents who remain with the children (Choctaw)
- Empowering parents to reduce risk and incidence within their own families, while also becoming mentors or coaches to other parents in the community (Choctaw).
- Conducting regular sessions for the community at large on parenting, marriage, and strengthening cultural connections (Cahuilla).
- Intensive referral and case management for parents to help them secure needed family supports and services. As much as possible, these services will be provided in the home (Cahuilla).
- Cultural adaptation of mainstream, evidenced-based models (Incredible Years parenting program - - Cahuilla).
- Integration of Family Advocate model for case management (Choctaw).

As this list suggests, the importance of culture and family was a key part of many interventions as was systems collaboration. A common thread noted in the assessment of each project was a recognition that historical trauma and past government efforts to assimilate AI/AN people have had a negative effect on parenting, and important traditional values and parent strategies had been replaced with less effective and sometimes abusive interventions and care.

In-Home Services

In-home services can be an effective method for reducing risk and still protecting children without creating additional stressors by placing children in out of home care. In-home services are intensive by definition and require regular contact with parents and children. To create an in-home service plan family members contribute to the risk assessment, help identify formal and informal services to alleviate stressors that contribute to risk behaviors, and engage with a case manager as well as a network of identified support. These services allow parents and siblings to maintain their family and cultural connections, which is critical

to the successful rehabilitation of AI/AN families, while intervening early on any issues that could lead to child maltreatment.

The Denver Indian Family Resource Center (DIFRC) in Denver, Colorado, has been providing in-home supportive services to AI/AN families who are involved in the child welfare system since 2000. They serve a very diverse urban AI/AN population that lives in the front range in and around Denver, Colorado. In their first 10 years they have served over 750 families. To help families meet their basic needs and provide safe homes for their children DIFRC provides supportive services that include job search assistance, life skills education, housing assistance, and health advocacy (Medicaid/CHP enrollment). For some families, stabilization begins with learning how to keep a monthly family budget, maintain a household schedule, and procure transportation to work or school. Many of these core services are provided in the home, including coaching for improved communication and parenting skills, behavior and anger management, consultation with other social services providers, supervision of home visitation and helping families acquire basic needs. DIFRC programs, like Strong Fathers and Strong Mothers Parenting Program, are based on American Indian values and promote the development of positive parenting skills, and the cultivation of cultural resources. Teri Haymond, child welfare supervisor at DIFRC, explains that as much as 80% of the case management process at DIFRC involves helping families meet basic needs and balance responsibilities. Based on data compiled by the Colorado Disparities Resource Center, DIFRC has reduced the overall number of AI/AN children in Colorado being removed from their families and placed in foster care by 33% (NICWA, 2010).

The Central Council of the Tlingit and Haida Indian Tribes of Alaska (CCTHITA) has been working closely with the state and their own TANF department to better support families at risk of child maltreatment and keep children in their homes. In Alaska, Alaska Native (AN) children make up over 62% of the state foster care system while only representing 15% of the state's youth population (Summers, Wood, Russell, 2012). There, as elsewhere, structural risk factors such as poverty, joblessness, inadequate housing, substance misuse and untreated mental health problems contribute to reports of maltreatment and are often conflated with neglect. Although neglect, not abuse, is the primary form of child maltreatment reported, the most common intervention for AN families the removal of their children, not in-home services. Efforts to address these issues by Alaska Native communities have been ongoing, but state efforts to utilize tribal, in-home services have been slow in many areas based on a lack of understanding and trust in tribal services.

The CCTHITA Preserving Native Families department provides services to member families and children in both rural southeast Alaska and in the urban boundaries of Juneau designed to keep children at risk of maltreatment safely in their homes. CCTHITA also operates at Temporary Assistance to Native Families (TANF) program. Over half of the families that are served by TANF are also involved with the Preserving Native Families program or state Office of Child and Family Services.

The CCTHITA TANF program was often the first program CCTHITA families at risk of abuse or neglect came into contact with. At the same time, referrals from the state Office of 's Services to Preserving Native Families were low despite significant risk factors within the CCTHITA community, and the availability of robust tribal in-home services. The Preserving Native Families department uses a cultural adaptation of an evidenced based assessment tool, Structured Decision Making, to evaluate families at risk of maltreatment and develop plans to protect children and rehabilitate families. The Preserving Native Families department saw an opportunity to increase early identification of at risk families and offered training and support to TANF staff on the Structured Decision Making tool. The Preserving Native Families program also used the assessment tool as a platform to educate the state Office for Children's Services staff on how to improve referrals of CCTHITA families and help them access whether in-home services that

can eliminate the need for removal of children into out of home care. These efforts have led to earlier and more early referrals of families at risk and a decrease in the number of children removed from their homes.

Tribal Home Visiting Program Grantees Home visiting programs have shown to be effective at helping children and their families prevent, reduce, and seek timely treatment for child related ailments, including child maltreatment. In 2010, as a result of NICWA's advocacy, tribal communities became eligible for the newly authorized Tribal Maternal, Infant, and Early Childhood Home Visiting Program. These programs aim to improve outcomes in a range of critical areas of child well-being such as maternal and prenatal health; infant health; child health and development; reduction in child maltreatment improved parenting practices; school readiness; improved family socioeconomic status; improved referral and coordination with community resources and supports; and reduced incidence of injuries, crime, and domestic violence. To reach these outcomes the program provides funding to tribal grantees to culturally adapt conventional evidence-based models of home visiting programs, or to use national in-home service models that have included AI/AN clients in their test population in their communities (Del Grosso, P. et.al., 2011). Tribal grantees have selected to focus on a number of different evidence-based models and integrate cultural traditions and practices into the newly-designed tribal programs. A number of the tribal programs combined home visiting services with other services to create more complete in-home service models. Many of the programs sought to incorporate cultural teachings and utilize paraprofessional staff Indigenous to the community being served. Through the use of these culturally-adapted models, tribal participants have reported outcome measurements related to reduction of child maltreatment, family violence, juvenile delinquency and crime (Del Grosso, P. et.al., 2011).

Successful treatment of AI/AN children and families affected by trauma - Indian Country Child Trauma Center (ICCTC) Over the last 30 years we have seen increasing efforts by AI/AN professionals and tribal programs to develop treatment approaches that are rooted in an intimate knowledge of the characteristics of trauma in Indian Country, historical trauma, and the criticality of using culture in developing effective interventions. One of the leaders in this movement has been the Indian Country Child Trauma Center (ICCTC). Located at the University of Oklahoma Health Sciences Center, the ICCTC strives to develop trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically designed for AI/AN children and their families. ICCTC has developed an array of culturally-based trainings and resources for treatment professionals that are working with AI/AN children and families affected by trauma. A number of their resources are grounded in evidence-based practices, such as Project Making Medicine, which is a national clinical training program designed around *Honoring the Children, Mending the Circle*, a cultural adaptation of Trauma Focused Cognitive Behavioral Therapy. In *Honoring the Children, Mending the Circle* clinicians are taught to use cognitive behavioral techniques within a traditional Native framework that supports the native belief in spiritual renewal as a core element of healing from trauma. Similarly *Honoring Children, Making Relatives* is a culturally adapted curriculum is based on Parent-Child Interaction Therapy where clinicians are taught to coach parents with traditional Native ways of teaching that move from observation to active teaching to promote positive interactions and enhanced parenting skills. It is resources like these that clinicians across Indian Country are using to effectively treat trauma and decrease the risk factors for child maltreatment.

American Indian Life Skills Development Curriculum AI/AN youth are at high risk for suicide. Childhood maltreatment is a traumatic experience that increases the likelihood of suicidal behavior. Developing skills and supports for AI/AN youth that confront suicide risk factors is essential to reducing risk and addressing associated trauma. *American Indian Life Skills Development Curriculum*, the only evidenced-based, suicide prevention program in Indian Country, incorporates features of risk and protective factors specific to tribal youth to support suicide prevention strategies (SAMHSA, 2007). The curriculum, designed to be

used with middle- and high-school-age youth, teaches life skills such as communication, problem solving, depression and stress management, anger regulation, and goal setting. Youth are taught to seek out cultural knowledge within their communities as they learn positive strategies for reducing risk for suicide. The curriculum has been adapted by several tribes across the United States.

The Native Aspirations Program provides tribal communities with help to build their capacity to prevent violence, bullying, and youth suicide (One Sky Center, 2008). The program provides resources and training to tribal communities on how to utilize and culturally adapt evidence-based treatment and practices. Community mobilization and planning events are central components of Native Aspirations, along with identification of tribal cultural interventions that can be utilized in the development of prevention programming. As tribal communities grapple with the violence that can hurt young people, there is a need to develop new approaches to addressing the risk factors that can increase threats to safety. In order to do that, tribal communities need education about the issues impacting their children, a structured process for identifying and developing culturally-based solutions, and resources to improve their capacity to successfully implement change.

Recommendations

Training and Technical Assistance

1. Ensure that all federal agencies are providing cultural-based training and technical assistance to tribal partners and grantees. This would require an assessment of current training and technical assistance resources with tribal and urban AI/AN organization partners, and recommendations on how to enhance current offerings and develop new resources where needed.
2. Improve federal assistance to tribes and urban AI/AN organizations that want to engage in developing Systems of Care and other collaborative systems change. Currently, there are only a few agency initiatives that support broad child- and family-serving system change efforts (e.g. Circles of Care and System of Care). Additional support, in the form of training and technical assistance, is needed to help tribes better understand the opportunities, benefits, challenges, and tribal models in operation.
3. Support additional training and technical assistance resources that facilitate and promote peer-to-peer support. Tribes and urban AI/AN communities learn best from their peers and AI/AN organizations that have experience and expertise in child maltreatment issues.
4. Examine current federal support for training of new professionals in the health and human services field, and identify strategies to increase awareness of these opportunities in tribal communities, increase AI/AN participation, and be more supportive and inclusive of tribal colleges.

Data Collection and Research

1. Every government needs the ability to track critical data involving their citizens across different service areas. Tribal governments are no different in this regard, but have benefited little from federal resources dedicated to data collection in child and family services, and tribes therefore lack capacity to collect, analyze and report data. The lack of relevant data on tribal children and families means that they are often “invisible” during policy development and resource allocation discussions and decision-making at the federal level. By increasing tribal capacity in this area, and supporting tribes as they develop their own definitions of child abuse and neglect, we can increase tribal engagement and federal responsiveness to AI/AN children’s needs. A further step would be to help tribes explore opportunities to submit their data to a national database, such as NCANDS, that could track national trends in child maltreatment with this population. This database would need to be coordinated with current data collection efforts by states, BIA, and IHS to avoid duplication and address other data quality issues. Our recommendation is to increase federal support and resources so that every tribe can have the ability to track basic child maltreatment data for their member children and families.
2. Federal leadership is needed to break down barriers to data sharing between tribes and states. The reality is that in most cases tribes, and many times urban AI/AN organizations, are co-case managing state child welfare cases involving AI/AN children and families, but access to state data, at the case and aggregate level, is inconsistent at best in many states. This impedes efforts to improve the quality of the data, planning to improve services, and responding to critical needs or trends more quickly. Examples of how states can share this data with tribes exist and could be used to stimulate additional access for other tribes and urban AI/AN programs.
3. Current research on risk factors for abuse and neglect in mainstream communities abounds, but little has been done to document how this plays out in tribal communities. A tribally-driven research agenda

designed to investigate current causes of abuse and neglect in AI/AN communities would provide tribal groups, policymakers, and other organizations involved in child protection in Indian Country with information about how and when to intervene. CAPTA-funded research priorities could be designated specifically to address unmet research needs for AI/AN communities, including culturally-specific risk factors, warning signs and identification of child abuse and neglect, and culturally-appropriate definitions of child maltreatment. Support of these efforts should involve not only the federal government but also tribal governments and organizations as well as states and private entities. Partnerships between these stakeholders should be encouraged, but tribal governments and Indian organizations must be a significant partner in any effort to stimulate improved research methods and ensure that research findings are interpreted carefully and accurately.

4. The National Incidence Study of Child Abuse and Neglect-4 did not include AI/AN data because the data was too small to be significant and because study methods did not lend themselves to such a small data set. In situations like this, it is essential that study methods be adjusted, for instance by over sampling, to ensure that AI/AN child maltreatment can be either included in the national report or in a supplementary report that details the unique methodology and considerations required. Historically, AI/AN populations have been ignored because of their size, but without inclusion in these major studies, AI/AN populations that face elevated levels of maltreatment, and high incidences of risk factors are ignored and funding and appropriate policies are not created.

Collaboration

1. Increase federal support and resources for tribal governments developing tribal-state agreements or protocols on child welfare and domestic violence programming coordination. Improve monitoring of tribal-state relations in child welfare, and increase efforts to educate states about the benefits of tribal-state collaboration and best practice models that are working. Incentivize state participation in these efforts to improve service coordination and collaboration.

2. Assist tribes in developing relationships with child advocacy center funders and advocates to encourage the development of tribally-sponsored child advocacy centers. State and local governments and private entities that operate child advocacy centers using federal funds should be encouraged to respect the government-to-government relationship by seeking input from, and collaborating with, tribal governments and urban AI/AN programs to ensure that programming meets the unique needs of AI/AN children and families and that entities across all possible jurisdictions (tribal, federal, and state) are integrated.

3. Increase funding to support tribal child protection team and multi-disciplinary team development within Indian Country.

4. Revise the BIA-IHS Memorandum of Understanding on Child Protection Teams to reflect current understanding of recommended practices in establishing child protection teams.

Funding

1. Fully fund the grant provisions of the Indian Child Protection and Family Violence Prevention Act (P.L. 101-630). Since the passage of this law in 1991, no federal agency has ever requested funding for the three authorized grant programs, and consequently Congress has never appropriated funds for these critical programs. These grant programs are the only dedicated funds for tribal governments to support: 1) child abuse treatment, 2) child abuse prevention and investigation of child abuse reports, 3) family violence prevention and treatment services, and 4) the establishment of Indian child resource and family

service centers to assist tribes with the investigation, prevention, and treatment of victims of child abuse and domestic violence.

2. Increase the set-aside under the Child Abuse Prevention and Treatment Act (P.L. 93-247) for tribal community-based child abuse prevention grants from 1% to 10%. Tribes share these funds with migrant populations, resulting in only two small tribal grants per grant cycle being funded (once every three years). Funding under CAPTA is extremely limited; the overall appropriation should be raised so state community-based prevention grantees are held harmless.

3. Starting with the passage of the Fostering Connections to Success and Promoting Adoptions Act in 2008 (P.L. 110-351), Congress has been engaged in discussion on how to reform federal child welfare financing. Currently, the finance system is weighted heavily towards funding primarily directed at removal of children from their homes. Prior to the passage of the Fostering Connections Act, attention was focused on improving relative care support and providing tribes with direct access to the Title IV-E program for the first time. More recently Congress reauthorized authority for the Child Welfare Waivers program (P.L. 112-134) to continue from FY 2012-2014. Most of the proposals that have been submitted from states are focused on ways to use Title IV-E funds to improve in-home services and supports to families at risk of abuse or neglect to reduce the possibility of children being removed from their homes and the stressors for children and families that accompany those actions. While only tribes that operate Title IV-E (four so far) are eligible, the ability to strengthen in-home services and family supports is also of great interest to tribes. Federal agencies should work with tribes and Congress to advocate for federal finance reform that will provide a more balanced federal child welfare finance system that adequately funds tribal in-home and family support services.

4. Establish a national Native Children's Trust Fund for tribal children. Children's Trust Funds are found in almost every state, and they provide a resource for child abuse and neglect policy development, services improvements and prevention. These trust funds are a federal, state, and private partnership with the federal government matching funds raised by states and private sources (e.g. tax deductible donation options on state tax forms). Unfortunately, very little of the funds received by these state Children's Trust Funds ever benefit AI/AN children. Tribes are typically not included in trust fund activities and receive almost none of the funding allocated for special projects. By establishing a national Native Children's Trust Fund for tribes, the federal government and private donors could be assured that funding to assist tribal child abuse prevention activities would reach tribes and benefit AI/AN children.

Policy

1. Tribal governments in P.L. 280 states can have significant challenges in establishing an effective working relationship in child welfare regarding jurisdiction and service responsibility with the states in which they reside. While the issue of whether states have concurrent jurisdiction with tribes on tribal lands in P.L. 280 areas has not been fully resolved, many states believe they have concurrent jurisdiction, and some courts have affirmed this position. Where concurrent jurisdiction has been asserted there can be uncertainty between tribes and states about who is responsible for dealing with child abuse and neglect. This can often result in delays in responding to reports of child abuse involving AI/AN children on tribal lands. While tribes in some P.L. 280 areas have been able to develop intergovernmental agreements to address these jurisdictional and service responsibility challenges, large numbers have not been able to, largely due to their state's reluctance or unwillingness to negotiate agreements. The federal process for resumption of jurisdiction of child welfare services for tribes under the Indian Child Welfare Act (25 USC § 1918) is very burdensome and can take two or more years to complete. Our recommendation is twofold:

1. Reform the BIA process for resumption of jurisdiction, with the consultation of tribal governments, to establish a more efficient and effective process, and 2) establish a mandate for states to negotiate in good faith with tribes in P.L. 280 areas regarding the development of intergovernmental agreements that address jurisdictional and service responsibility challenges in child welfare that impact AI/AN children and families. Similar requirements are contained within the Social Security Act (42 USC § 671(a)(32) and 42 USC § 677(b)(3)(G)) requiring states to negotiate agreements with tribes on the operation of the Title IV-E Foster Care and Adoption Assistance program and the Chafee Independent Living program.

2. As with domestic violence, child abuse incidents on tribal lands present unique challenges, especially with regard to the ability to effectively deter criminal behavior in this area and address criminal prosecution of suspected perpetrators. Congress passed legislation, the Violence Against Women Reauthorization Act of 2013 (P.L. 113-4 § 904), that provided a much-needed remedy to the inability of tribes to successfully deter and prosecute criminal acts of domestic violence involving non-Indians living within tribal lands. Prior to enactment of this legislation into law, non-Indian domestic violence perpetrators on tribal lands were able to escape prosecution, leaving them to commit additional assaults with no legal consequences. Similarly, tribes need the authority to address criminal acts of child abuse by non-Indian perpetrators on tribal lands. While there is limited data on this issue, there are countless anecdotes of sexual predators assaulting children on tribal lands, with little or no consequence, due to tribal lack of authority to prosecute and extremely low numbers of federal prosecutions occurring in this area. Federal agencies and Congress must work with tribal governments to pass legislation, similar in concept to the provision contained within P.L. 113-4, that would clarify tribal authority to prosecute criminal child abuse of AI/AN children on tribal lands that occurs at the hands of non-Indian individuals.

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Further Reading

Introductory Panel: *Intersection of Domestic Violence and Child Physical and Sexual Abuse in Indian Country*

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Panel 1: Child Sexual Abuse in Indian Country

Panel 1: Child Sexual Abuse in Indian Country

Introduction: Child sexual abuse is all too common in Indian country and sexual abuse impacts children throughout their lives and impacts their families and communities. This panel explains the trauma experienced by American Indian children and the path to recovery from sexual abuse. They describe current programming and recommend improvements that could be made in systems or programs to increase and improve the identification, assessment and treatment of sexually abused American Indian children.

Panelists:

Lenny Hayes (*Dakota*), Survivor of the Court and Foster Care System in South Dakota; Mental Health Therapist, Shakopee Mdewakanton Sioux Community; Psychotherapist; and Tate Topa Consulting, LLC.

Lenny Hayes is a member of the Sisseton-Wahpeton Oyate of the northeast corner of South Dakota and identifies as an open Two-Spirit individual. Lenny is a mental health therapist for the Shakopee Mdewakanton Sioux Community and is also founder and owner of Tate Topa Consulting, LLC. Lenny is a survivor of the court and foster care system in South Dakota who enjoys bringing awareness about the effects of Native American historical and intergenerational trauma, and who also enjoys presenting and bringing awareness about Two-Spirit/LGBTQ mental health issues. Lenny is a council member of the Minnesota Two-Spirit Society, which is a place for Two-Spirit individuals to come together for support in an alcohol- and drug-free environment. Lenny just returned to graduate school to work on a licensed alcohol and drug counselor degree with the Adler Graduate School, Richfield, Minnesota.

Barbara Bettelyoun (*Sicangu Lakota, Rosebud Sioux Tribe*), Psychologist

Tawanciotawin, Dr. Barbara Graham Bettelyoun, is an enrolled member of the Rosebud Sioux Tribe and holds a bachelor's degree in psychology from the University of Michigan, and a master's degree and a dual doctorate degree from the University of Minnesota in child development and child clinical psychology. She serves as President of Buffalo Star People, a South Dakota-based, Native-owned organization specializing in delivering sustainable transformational education and transformational healing to Native communities. Dr. Bettelyoun and her husband, Francis, founded Buffalo Star People Nonprofit to help build the capacity of tribal communities to understand and heal long-lasting effects of historical and childhood traumas that are endangering our relationships, economies, and tribal sovereignty. As a result of the Bettelyoun's work in their community, the leadership of the Tulalip Tribes of Washington recently passed a resolution to adopt Buffalo Star People's curriculum community-wide to address the underlying causes of the epidemic of widespread chemical addiction and suicide that is plaguing their nation.

Lisa Thompson-Heth (*Lower Brule Lakota*), Executive Director, Wiconi Wawokiya, Inc.

Ms. Lisa Thompson-Heth is a member of the Lower Brule Lakota Tribe. She has worked in the fields of domestic violence, sexual assault, and child abuse for more than twenty-two years; has been a strong advocate for women and children on the Crow Creek and Lower Brule Reservations in South Dakota; and is the Executive Director for Wiconi Wawokiya (Helping Families), which operates two domestic violence shelters, one on the Crow Creek Reservation and the other one located in Sioux Falls, South Dakota. Ms. Thompson-Heth was appointed in 2002 (to 2012) by the governor of South Dakota to the South Dakota Court Appointed Special Advocates and served as the Cochair of the South Dakota Coalition Ending Domestic and Sexual Violence from 1999 to 2001, 2010 to 2011, and 2013. She served as the Chair for the Native Women's Society of The Great Plains from 2011 to 2013 and is one of the cofounding members of the Native American Children Alliance and former Chair. Ms. Thompson-Heth is married to Robert Heth who is a member of the Crow Creek Dakota Tribe. She has three children, two stepchildren, and seven grandchildren.

POTENTIAL QUESTIONS FOR PANELISTS
1 Child Sexual Abuse in Indian Country
Questions separated by Panelists

Lenny Hayes

1. Could you tell us a bit more about your experience in foster care? What were the negatives and positives of the experience?
2. As this committee looks for improvements that could be made in tribal, state and federal systems (child protection/court/other systems), do you have suggestions on what could be done to prevent the type of abuse you experienced or could help other children in similar situations heal from sexual abuse?
3. You mentioned you are two-spirited. Are there special policies, procedures, or programs that should be instituted to ensure two-spirited youth's needs are being met in tribal communities or urban Native settings?

Barbara Bettelyoun

1. Could you describe in more detail the work Buffalo Star People has done with the Tulalip Nation?
2. What kind of changes need to take place in tribal, state, or federal legal systems to better support the type of work you are doing with Buffalo Star People?
3. When you talk about dealing with the symptoms (domestic violence, alcoholism, suicide, etc.) and not dealing with the root cause, sexual abuse, could you be more specific and describe the kind of programming or policies you envision in domestic violence shelters or drug/alcohol treatment centers to also deal with child sexual abuse?
4. What are the evidenced based programs available to American Indian children traumatized by exposure to violence? Generally, is there a waiting list for these programs?

Lisa Thompson-Heth

1. In your experience in working with both child abuse and domestic violence, could you describe how domestic violence, child abuse, and drug and alcohol abuse inter-relate?
2. In your community is it generally possible to keep abused children with the non-offending parent? What kind of services help in achieving this goal?
3. You stated that your community has no juvenile services. How does this impact your community?
4. You mentioned that your community and schools need ongoing education and awareness, could you be more specific about the type of education you believe would be helpful?

Possible Questions for All Panelists
#1: Child Sexual Abuse in Indian Country

1. What are the key obstacles that prevent children who have been sexually abused from obtaining treatment or trauma services?
2. Is your community open to discussing issues of child sexual abuse?
3. Does your community have access to SANE trained nurses to gather forensic evidence in cases of acute child sexual abuse?
4. Do the codes applicable in your community require mandatory reporting in cases where it is believed child abuse or child sexual assault has occurred? What do those codes require?
5. What training do health care professionals in your community receive on child sexual abuse?
6. What training do law enforcement officials in your community receive on child sexual abuse?
7. What training do the dv workers in your community receive on issues of child sexual abuse.
8. Does your community have access to forensic interviewers in cases of child sexual abuse?
9. What is the distance to the forensic interview and length of wait time before your community can access a forensic interviewer?
10. Are the courts effectively responding to issues of child sexual abuse and ensuring that children receive the help they need?

Written Testimony for Lenny Hayes

Lenny Hayes (*Dakota*), Survivor of the Court and Foster Care System in South Dakota; Mental Health Therapist, Shakopee Mdewakanton Sioux Community; Psychotherapist; and Tate Topa Consulting, LLC.

Lenny Hayes is a member of the Sisseton-Wahpeton Oyate of the northeast corner of South Dakota and identifies as an open Two-Spirit individual. Lenny is a mental health therapist for the Shakopee Mdewakanton Sioux Community and is also founder and owner of Tate Topa Consulting, LLC. Lenny is a survivor of the court and foster care system in South Dakota who enjoys bringing awareness about the effects of Native American historical and intergenerational trauma, and who also enjoys presenting and bringing awareness about Two-Spirit/LGBTQ mental health issues. Lenny is a council member of the Minnesota Two-Spirit Society, which is a place for Two-Spirit individuals to come together for support in an alcohol- and drug-free environment. Lenny just returned to graduate school to work on a licensed alcohol and drug counselor degree with the Adler Graduate School, Richfield, Minnesota.

I speak today as MY 6 year old boy who is being traumatized. My little boy is sitting in the corner with his head between his legs. He looks up with no face, messed up hair and tattered clothes. My little boy is scared, and feeling hopeless and helpless. My little boy is asking why? My little boy wants to scream, yell, and be heard, to be listened to, to have someone witness.

The ones who are to be my protectors are the one who are hurting me. How do I tell them to stop? How do I yell for help when I am being told to keep quiet? "Shut up or I will hurt you even more!"

I am a boy who wants and needs to play with no worries. I am a boy who is supposed to ride a bike. I am a boy who is supposed to laugh and giggle. I am a boy who is supposed to enjoy the sun beating down on my face. I am a boy who is supposed to play in the mud. I am a boy who is supposed to dream. But instead I am a boy who is scared to even go to sleep because I am afraid I might wet the bed. If I wet the bed I will be beat, again and again. I am victimized almost daily with physical, mental, emotional, and sexual abuse.

I am in a corner and my body is being touched and groped. How do I say "stop?" I close my eyes and my tears begin to flow. I go to a faraway place with my mind....a safe place, a happy place, a place where I don't have to feel what my body is experiencing. After it's over, I am lifeless, and I begin to come back to my body once again. Many times when I am being victimized over and over, I am looking down from the ceiling and I could see my body being taken advantage of. I am saying...."poor little boy, it will soon be over."

As a young adult I carried shame, anger, frustration, hurt, and lashed out at others. I made bad choices in which I abused alcohol to try to make the pain go away. I carried the mental, spiritual and emotional scars of being physically and sexually abused. I did not want others to look directly at me in my eyes because I was afraid they would see the pain of my past. I made bad choices and was in dysfunctional relationships. The only life I knew was to be abused as an adult. The terrible dreams I experienced and still do at times. The many tears I shed as I talked and experienced my pain all over again. I knew it in my heart that in order from me to heal from my pain, I first had to learn to embrace it, look at it, feel it, and heal from it.

One day, I saw the little boy that suffered and still suffers, I reached out my hand, and reached out to that little boy, he looked up at me, sideways at first as if seeing a bright light that was too much to take

in, and he reached back to me, I gave him my healing hand, he gave me his pained heart. Together we walked, talked, healed, well, healing towards a more whole person.

The journey of healing was not all happy excitement and joy, the path of healing was, is, painful, very painful but I made it through.

I am no longer a victim, I am a survivor! I am a survivor of physical, emotional, mental, and sexual abuse. A survivor doesn't mean that I just am acknowledging it but that I am choosing to grow, learn and move forward.

Surviving means that I know my triggers.

Surviving means asking for help when I need it.

Surviving means that I don't take away what has happened to me but learning to forgive my perpetrators.

Most of all, surviving means acknowledging my little boy when he comes out to play.

Surviving means talking to my little boy and saying "I am here and I see you!" "You will be ok little boy and it's my turn to take care of you!"

Now as an adult who has looked at my path of healing, I can now be a helper, a healer,

I am a listener,

As a mental health therapist I bring forward understanding, compassion, empathy, an open mind, an ear to listen, kindness, and love to the children and adults who are struggling to heal. Within my role as a therapist, guide, mentor and member of a circle of practitioners who see historical trauma and have also experienced it, that now, I am a believer that all little children can and will heal from trauma with those who can reach out to them, to witness their stories, experiences and bring them through their own healing journey.

I'd like to say thank you for allowing me to tell my story today. I tell my story not because I am looking for others to feel sorry for me but because I believe if I could help one person, I am happy. I believe that the Creator has sent people to help me heal so I am giving back to the Universe.

I want to dedicate this speech to ALL the children who have died because of trauma and to the ones who are experiencing it right now. And to the adults who are not living due to their struggles and challenges of facing their own childhood trauma.

I am witness to your stories!

"With everything that has happened to you, you can either feel sorry for yourself or treat what has happened as a gift.

Everything is an opportunity to grow or an obstacle to keep you from growing.

You get to choose." -Wayne Dyer

Written Testimony for Barbara Bettelyoun

Barbara Bettelyoun (*Sicangu Lakota, Rosebud Sioux Tribe*), Psychologist

Tawanciotawin, Dr. Barbara Graham Bettelyoun, is an enrolled member of the Rosebud Sioux Tribe and holds a bachelor's degree in psychology from the University of Michigan, and a master's degree and a dual doctorate degree from the University of Minnesota in child development and child clinical psychology. She serves as President of Buffalo Star People, a South Dakota-based, Native-owned organization specializing in delivering sustainable transformational education and transformational healing to Native communities. Dr. Bettelyoun and her husband, Francis, founded Buffalo Star People Nonprofit to help build the capacity of tribal communities to understand and heal long-lasting effects of historical and childhood traumas that are endangering our relationships, economies, and tribal sovereignty. As a result of the Bettelyoun's work in their community, the leadership of the Tulalip Tribes of Washington recently passed a resolution to adopt Buffalo Star People's curriculum community-wide to address the underlying causes of the epidemic of widespread chemical addiction and suicide that is plaguing their nation.

Gratitude

It is with great esteem and gratitude to President Obama, Attorney General Eric Holder, and members of the Task Force Advisory Committee that I offer this written testimony on the immediate and lifelong effects of childhood sexual abuse in Indian Country. For one who has been working in the trenches on these issues for decades, the focus of your inquiry brings a breath of hope and renewed motivation, for which I am deeply grateful. I am honored to be called upon to serve in this educational capacity and extend my willingness for future service as well.

Courage

This will be a difficult discussion to take in, and that is as it should be. Childhood sexual abuse is often referred to as an "unspeakable" crime because the pain and terror of the assault upon the body and spirit of a child is graphic and terrifying in nature and consequently, extremely unpleasant to hear about. I ask for your courage and patience as I lay out what I have learned from my education, and more importantly, from the life stories that brave men and women and children have shared with me through my years of working with survivors. I want to acknowledge them here and thank them for the honor of their trust through countless courageous conversations.

Warning

Because the incidence of childhood sexual abuse is so high across Indian Country (in 2008, Lisa Dillon, Health Director for the Oglala Sioux's Pine Ridge Tribal Health Programs, estimated that 95-98% of the enrolled population had experienced childhood sexual abuse), it is likely that some readers of this document will be survivors themselves. For the safety of readers, I indicate sections throughout this document that are potentially triggering by highlighting in gray with the warning, "*Warning - Possible Trigger*".

Introduction to the Problem

Problem-focused statistics document disparities between our health/wellness and that of non-Indians in the US. These include higher rates of suicide, alcoholism, unemployment, chemical addiction, poverty, school drop-outs, violence, child abuse, depression, cancers, and diabetes. While millions of program dollars regularly pour into our reservations to treat each of the symptoms above, why are results lacking

and why are programs unsustainable once funding ceases? Buffalo Star People have observed two main reasons for this -- lack of relevance and lack of local capacity.

Reservation-based, grant-funded programs are often unsustainable for several reasons: 1) they do not target the root causes; 2) they rely on non-Native professionals who are difficult to recruit, impossible to retain, and unfamiliar with the culture; 3) due to difficulty in recruiting professional staff, under-qualified local nonprofessionals are often hired for positions for which they have inadequate training or experience; and 4) they are culturally irrelevant.

Programs focus on symptoms because the root problem is *unspeakable*. It is frightening to speak about the real problem because the answers are difficult and complex. Keeping the secret of child abuse has caused the unspeakable root problem to spin out of control and now it is occurring in epidemic proportions among our people.

Unaddressed childhood trauma is the genesis of a multitude of symptoms in Indian Country that have become epidemic. Millions of dollars in program spending have been aimed at treating its symptoms with little success. Chemical abuse and addictions; domestic violence; depression; suicide; anxiety; rage; post-traumatic stress; high educational drop-out rates; relationship difficulties; lack of parental involvement; cultural and spiritual disconnection; unemployment; lack of employee professionalism; accountability issues; elder abuse – these can all be related to lifelong and intergenerational effects of child abuse. Until we come to understand children's experience of sexual abuse and how that trauma's symptoms continue to affect victims throughout their lifetime, the cycle of abuse will continue and these symptoms will go on unchecked.

To understand the trauma of sexual abuse of American Indian children, we must come to understand the child's experience of sexual abuse and how untreated symptoms can continue to affect their emotional, physical, intellectual and spiritual lives throughout adulthood. These are complex issues that are critical to understand if we are ever to galvanize the resources it will take to prevent and treat the horrific and long-lasting effects of this type of trauma across Indian Country.

Further, it is essential to keep in mind the dynamics of relationships to realize that when individuals suffer this type of trauma, the unhealed trauma symptoms infect all of their relationships -- the more intimate the relationship, the greater the impact. As Indian people we recognize this relationship dynamic as one of our basic tenants: *Mitakuye Oyasin -- we are all related*. It is this understanding that explains how marriages, offspring, families, communities, economies and our nations are suffering in epidemic proportion from the untreated effects of child abuse. If we have not suffered it ourselves, we have suffered it indirectly through our relationships with adult victims whose pain continues as they struggle with issues of emotional and physical intimacy, insecurities, depression and rage.

The Trauma of Childhood Sexual Abuse/Historical Trauma/Cycles

The intergenerational cycle of child sexual abuse has been allowed to spin out of control because we have yet to come to a clear understanding that, like cancerous cells, abuse begets abuse. ***Sexual abuse is a learned behavior.*** Studies consistently report that over 60% of *convicted* child abuse offenders *disclose* having been sexually abused as children. Because most children who experience sexual abuse never report the crime, and because males report even less often than females, even when in adulthood, this 60% figure is likely an extremely low number.

Generally, much of how you parent is shaped by how you were parented yourself. There are things you do in the same way because you see them as correct, or wise, or because they're the only way you know. Our parents are the parents we know best and the departure point from which all our parenting journeys begin. Unfortunately, Indian people carry the legacy of trauma that our generations suffered. The US policies of attempted genocide carried out in the late 1800s – the systematic rape and humiliation of Native women as a strategy of subjugation – these traumas still lie within the memories of our people. The generation of people who passed on the experience of these atrocities through their own personal stories, have not been buried that many years ago.

That our religious freedom was not won until 1978 alone could explain our people's lack of trust. Experiences of discrimination manifest in distrust of non-Natives, of the US government, and of its agencies. Not only that, but because our spiritual lives were forced underground for fear of outside interference and possible imprisonment, many families lost their rich connection to spiritual beliefs that had provided meaning and the ability to cope. Divested of the most basic spiritual teachings to understand why bad things happen to good people and to understand our purpose on Mother Earth, the traumatic histories of our people were left to fester and live within our people.

As if this legacy was not traumatic enough, the policy of forced assimilation by removing Indian children from their homes and sending them away boarding schools was meant to be the last nail in the coffin. Every Indian today has heard horror stories of the boarding schools. Children were snatched away from their parents, homes, and everything they knew, stripped of their cultural identities and treated harshly. Many children died from physical abuse, neglect, and sexual abuse. Even today, men in their fifties are just coming out with stories of the sexual and physical abuse they suffered in boarding schools. My own family carries these memories.

Warning - Possible Trigger

My adopted relative, I will call him my brother, was beaten and raped repeatedly by staff at boarding school. When he refused to cry over his own humiliations, his brother was summoned and he was made to watch as his younger brother was sodomized and beaten. It has taken him this many years to disclose his abuse. His own life has been filled with attempts to forget the memories of torture and pain, humiliation, and guilt that he was not strong enough to intercede for his little brother. His younger brother took his own life before he reached the age of thirty. My brother carries that as if it is his own guilt.

When the alcohol no longer numbed his pain, he turned to drugs. He suffered in silence for fifty years, but through that silence his rage was expressed indirectly to his wife and to his children, all of whom are estranged from him now.

At times my brother was helpless to shield his family from the pain and rage he worked so hard to cover. He threw it in sharp, angry words at his wife, and at his children. At times it came out in a shove, in a slap. He drank to numb the pain, to pass out, to sleep. For short periods of time it worked, and he would become dead even to himself. At times it worked so well that he could no longer bear the isolation of feeling numb to his wife's loving touch, her gentle words, his children's laughter.

To feel again, he would pick fights in bars, begging for someone to beat him. Feeling pain would be better than feeling numb. At times he cut himself, digging deep into his skin with a knife or a stick or rock. Seeing the blood reminded him that he was still alive.

I am not condoning my brother's violent outbursts, and he knows this. He is a man and as a man he has choices to make. As I testified earlier, these are complex issues and we must take the time to examine them as such. Where could my brother have gone to get the help he needed to heal from his childhood trauma, the guilt and shame he carried from another's actions? IHS? He does not trust the interns or new

doctors who cycle through long enough to pay off their school loans. He does not trust the faces that know nothing of our culture, our history, our traumatic legacy and whose relatives perhaps helped institute the very policies under which he suffered. How could they ever know the personal hell he experiences?

His children now carry that historical trauma into their own lives. Some of them continue the cycle. They are adults now who have witnessed and experienced violence in their childhoods. They grew up with a father who was not always able to be emotionally present, and who violently mistreated their mother at times. The boys share their father's legacy – they feel the rage and guilt of feeling too small to intercede on their mother's behalf. The girls have been given a model of what *normal* marital relationships are like. Their set-point for tolerating violence is one that allows them to suffer violence in their own relationships as adults.

Historical trauma and the lack of healing strategies are responsible for the cycle of violence continuing. Sadly, the historical traumas of attempted genocide and cultural assimilation are being perpetuated today by our own, upon our own. More than 90% of juvenile sexual abuse victims know their perpetrator/s in some way. Sexual abuse of children is learned behavior. Fully 60% of child victims are abused by adolescents who learned this behavior by having been abused themselves. At least 30% of all child sexual abuse victims will grow into adults who abuse children, because that is what they have been taught, and this continues the cycle.

And what about those victims who do not grow up to abuse children? They often suffer its effects for the rest of their lives. The statistics below show the devastating effects of abuse on a person's life.

- About 80% of 21 year olds that were abused as children met criteria for at least one psychological disorder.
- 14% of all men in prison in the USA were abused as children.
- 36% of all women in prison were abused as children.
- Children who experience child abuse & neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.
- Abused children are 25% more likely to experience teen pregnancy.
- Abused teens are less likely to practice safe sex, putting them at greater risk for STDs.
- Children whose parents abuse alcohol and other drugs are three times more likely to be abused and more than four times more likely to be neglected than children from non-abusing families.
- As many as two-thirds of the people in treatment for drug abuse reported being abused as children.

National studies consistently cite an increased rate of suicide attempts by adolescent and adult child abuse victims. **Consider this fact: *Suicide is the second leading cause of death among American Indians and Alaska Natives aged 15 to 34 years.***

These statistics, staggering as they are, are only the tip of the iceberg because of severe under-reporting. Fully 80% of adults who disclose that they were abused as children, also report that when they were children, they never told anyone about the abuse.

A Child's Experience of Sexual Abuse

Learning the effects of sexual abuse on a child, particular vulnerabilities to Native children, and the possible long-term effects throughout her/his life, can be accomplished by reading a list of possible symptoms and I will provide that in the language of psychology, or "academese". To truly understand how those symptoms

manifest in one's life, we must ask the sufferers to teach us. Deep understanding comes from hearing the stories of survivors.

I offer my deep appreciation, compassion, and respect for the writer of the story that I also provide for your edification, following the "academese" sections. This story is written as a letter to Native people and is marked by a trigger warning. I know it must have taken this man a great deal of courage to write about his abuse experiences as a child, the effects of that abuse on his life, and his continuing daily struggles to survive that abuse. And I thank him for the altruistic sacrifice it took to write about it.

Keep in mind two staggering facts from research on convicted child molesters:

- 1) **On average, molesters hurt 112 children before they are caught.**
- 2) **On average, they molest each child repeatedly over the span of two years.**

Indigenous Children's Unique Vulnerabilities: In the Language of Academese

- Isolation – either geographic or cultural
- Lack of systems in place – Child Advocacy Centers, Social Services, Culturally appropriate *COMMUNITY* response strategies.
- Lack trained professionals – Child Clinical Psychologists, medical staff specializing in child trauma treatments.
- Lack of non-offending caregiver supports (non-offending caregivers often relive their own unhealed trauma when children disclose abuse and cannot be emotionally available to their children, lack of education about the signs of abuse, lack of understanding about appropriate child-adult boundaries, education is needed to understand links between difficulties parents experience and their own unhealed childhood traumas).
- Lack of housing increases the number of family members under one roof. 84% of sexual victimization of children under age 12 occurs in a residence.
- Spiritual "Healers" commit abuse, too. Cultural societies that were once in place to oversee the protection of the community need to be brought back.
- Medicine men and women do not possess the knowledge needed to heal victims of child sexual abuse. Spirituality is a necessary component of healing, but spirituality and ceremony alone are not enough. It needs to be coupled with cultural education and western coping/healing strategies.
- Lack of appropriately trained program staff.
- Mistrust of non-Indians
- Lack of judicial systems/appropriately trained judicial staff/culturally-appropriate strategies to protect children/ prevent future victimization of the victim/deal with offenders.

- Youth with physical, emotional, or cognitive disabilities are over three times more at risk for child sexual abuse than their non-disabled peers, and may not be able to disclose to a trusted adult because of a disability which impairs communication. Prevalence of FAS/FAE in Indian Country.

Considering the problem-focused research on our Native communities, we know that the following vulnerabilities may also apply:

- In low-income families dependent on a sole breadwinner, such as a single mother, youth victims as well as adult witnesses may be reluctant to disclose sexual abuse for fear that the sole earner of income will be removed from the household.
- In communities of color in the U.S., long histories of distrust toward social welfare and law enforcement agencies may hinder the willingness of youth or adults to disclose child sexual abuse, or report suspected sexual abuse, to authorities. Racial and ethnic communities with historical experiences of discrimination stigma may be concerned that "airing dirty laundry" around the prevalence of child sexual abuse in their community could result in outsiders' invoking such information to justify further discriminatory treatment.
- Youth are at higher risk for child sexual abuse if they live in households characterized by instability, interpersonal conflict, and other forms of abuse.
- Children who live with only one parent are at elevated risk of child sexual abuse, particularly by males who are sexually involved with the mothers but not fully part of the household.
- Youth who have experienced child sexual abuse are also more likely to have witnessed violence at home or experienced other forms of physical or emotional abuse at home.

Effect of Sexual Abuse Upon a Child: In the Language of Academese

Child victims of sexual abuse can suffer a range of psychological and behavioral problems, from mild to severe, in both the short and long term. Typically these include:

- Depression
- Anxiety
- Guilt
- Fear
- Sexual dysfunction
- Withdrawal
- Acting out

Victims of sexual abuse may also develop fear and anxiety regarding the opposite sex and may display inappropriate sexual behavior. However, the strongest indication that a child has been sexually abused is inappropriate sexual knowledge, sexual interest, and sexual acting out by that child.

Immediate or short-term effects of abuse usually occur within two years of the *termination* of the abuse. Effects vary depending upon the circumstances of the abuse and the child's developmental stage but may include regressive behaviors (such as a return to thumb-sucking or bed-wetting), sleep disturbances, eating problems, behavior and/or performance problems at school, and nonparticipation in school and social activities.

Re-victimization is also common among people abused as children. Research has shown that child sexual abuse victims are more likely to be the victims of rape or to be involved in physically abusive relationships as adults.

Let us think about how each symptom on this laundry list can manifest in the lives of abused children. It will enable us to understand how child sexual abuse is related to suicide, alcoholism, unemployment, chemical addiction, poverty, school drop-outs, violence, child abuse, depression, cancers, diabetes (and all stress-related diseases including autoimmune deficiencies), and sexually transmitted infections.

Depression Inability to focus; hopelessness; sleep difficulties; inability to concentrate; feeling worthless; over or under-eating; psychosomatic pain; feeling guilty.

Anxiety Reliving the trauma, experiencing triggers of the trauma, avoidance of anything that might be related to the trauma or of having it triggered, dread of new situations or people, clinginess, mistrust of adults, inability to make sense of what has happened to them, doubting their reality (did this really happen to me? What was it exactly? Why is he doing this to me?)

Guilt Egocentric, developmentally appropriate view of the world – taking the blame for the abuse (I must have done something to deserve this, why did he pick ME?).

Fear Afraid of specific people, afraid of the dark, nightmares, fear of the abuse being discovered, of the abuser's threats being carried out, of being removed from the family home or being placed in foster care, that if it is discovered retribution will cause death or harm or imprisonment to a loved one, fear of it happening again, fear that if they tell they will not be believed or they will be blamed.

Sexual

Confusion During adolescence as normal puberty developmental processes come onboard, confusion about one's sexual identity *may* arise (in boys- does this make me gay? in girls- men are abusive so I don't want to be around them sexually. Either- why am I attracted to kids?)

Withdrawal Inability to articulate one's true feelings and thoughts that have arisen from their abuse experiences children may avoid social contact; feeling weird, tainted, like they don't fit in; fear someone may be able to tell what has happened to them.

Acting out Aggressive behaviors; "acting out" on animals or small children their abuse Experiences; risk-taking behaviors;

Imagine having to carry on a normal child's life with friends, family, and at school, with the burden of this horrific secret and trying to act as if it did not happen. Children who are sexually abused often suffer learning and/or language difficulties and suffer the additional humiliation of being labeled. Furthermore, symptoms of abused children are often overlooked because adults mis-assign motivation to their behaviors: example - withdrawn children are labeled *shy*, anxious children who refuse to go to school may be seen as *willful*, children who act out their rage may be viewed as *disobedient*. Based on observed symptoms alone, a child who acts out may be diagnosed with Oppositional Defiant Disorder or Conduct Disorder.

Lifelong Effects of Childhood Sexual Abuse: In the Language of Academese

The negative effects of child sexual abuse can affect the victim for many years and into adulthood. Adults who were sexually abused as children commonly experience depression. High levels of anxiety can result in self-destructive behaviors, such as alcoholism or drug abuse, eating disorders, anxiety attacks, situation-

specific anxiety disorders, obsessive use of pornography and/or sex, and insomnia. Many victims also encounter problems in their adult relationships and in their adult sexual functioning.

Many times survivors experience chronic anxiety, tension, anxiety attacks, and phobias (Briere & Runtz, 1988, as cited in Ratican, 1992). Survivors of sexual abuse may experience difficulty in establishing interpersonal relationships. Common relationship issues include difficulties with trust (jealousy, fear of the abuse being found out, insecurities, expecting trust to be betrayed), fear of intimacy (fear of being triggered, of revealed their “weirdness”), fear of being different or odd, difficulty establishing interpersonal boundaries (codependence), passive behaviors, and getting involved in abusive relationships (Ratican, 1992).

One horrific irony that adult survivors of childhood sexual abuse must grapple with is a love/hate relationship with human touch and intimacy. While everyone craves love, adult survivors can be inhibited, withdraw from or altogether avoid intimate relations because of any combination of the following symptoms:

- an inability to feel good about sexuality;
- sexual identity confusion;
- feeling used/dirty/tainted;
- reliving memories;
- an inability to explain negative emotions around sexual intimacy;
- mistrust in relationships (again – can look like jealousy);
- insecurity;
- emotional instability;
- shutting down/numbing;
- avoidance of intimate relationships;
- masking their feelings;
- feeling lost to themselves;
- codependence;
- intrusive memories;
- an inability to focus/concentrate/take in new information/remember;
- depression;
- self medication (food, drugs, alcohol, sex, porn, gambling, smoking); and
- suicidality.

Physical health conditions such as HIV or other STDs, unintended pregnancy, alcohol or other drug abuse, hypertension, and obesity are all reported with greater frequency among people who have experienced child sexual abuse.

Dissociation is a common feature among children who have been sexually abuse and often carries into adulthood, especially during sexual encounters (even consensual ones). Dissociation is a way of coping with intense feelings of distress, including terror and rage, which usually stem from trauma. It is a feeling of being out of one’s body, which may take several forms:

- Floating above oneself, as if watching from the outside.
- Total physical and/or emotional numbness.
- Taking on a different identity temporarily, with no memory of one’s real identity (sometimes called multiple personalities).

- Imagining oneself to be in another place or time and totally losing touch with one's actual surroundings.

Medical Disorders That Can Result from Sexual Abuse

If memories of abuse are intense and interfere with one's life in significant ways, Post Traumatic Stress Disorder may be diagnosed. Depression, Anxiety, and some Personality Disorders (particularly if abuse is persistent and severe) are a possible outcome of physical abuse. Dissociative Identity Disorder (formerly known as Multiple Personality Disorder) generally occurs only when there is a history of severe abuse.

Body issues and eating disorders have also been cited as a long-term effect of childhood sexual abuse. Ratican (1992) describes the symptoms of child sexual abuse survivors' body image problems to be related to feeling dirty or ugly, dissatisfaction with body or appearance, eating disorders, and obesity. As is well documented, Native populations suffer a higher prevalence rate of diabetes than the general population.

I will not take on a lengthy discussion about the mechanical links between trauma and stress-related diseases. It would take a primer in endocrinology and neurobiology to explain that trauma causes elevated levels of cortisol which leads to our bodies' stress reaction and the breakdown of tissues and functions in the body. The more prolonged the feelings of stress (as in long-term effects of childhood sexual abuse), the bigger the impact on our bodies and the more incidence of heart disease, cancers, diabetes, autoimmune diseases, etc.

Lifelong Effects of Childhood Sexual Abuse: In the Language of A Victim

Warning - Possible Trigger

What follows is a letter, written at my request, by a Native elder. He wrote it to help our People understand the effects of sexual abuse on a child and how those effects can still be felt decades later. I offer my deepest respect and thanks for the courage and sacrifice it took to share his story.

I woke up this morning having to figure out who I am going to be today. Am I going to be heterosexual, homosexual or a pedophile? I have to do this every day. I did not get to have a choice in my sexual preference as an adult, this was made for me when I was a child. As an adult, I must choose to be who I am, because of the choices I didn't get to have as a child. I do not choose to be a pedophile, but it isn't as simple as that.

I don't remember my life without these feelings. I don't remember my life without the sexual attraction to women, to men or to children. So, every day I must battle for the good of myself and those around me to choose not to damage another human being like I have been damaged. I must battle myself, and the evil that wants to consume me, to not become like Arthur. Arthur was my first molester.

I am an adult Native American male survivor of childhood sexual abuse.

I know I must write this letter because I am healthy enough to do so. So many of my brothers are too unhealthy to speak yet. But more so, I want to help those that are hurting and suffering from the pain of childhood sexual abuse and help the loved ones around them to understand what we go through every day of our existence. I am now 63 years into my walk on Mother Earth. For 57 of those years I have either been abused or dealing with the shrapnel that is the legacy of child sexual abuse.

Many women in our Native communities are asking, "Where are our men?" I hope this letter will shed some light on that question. This is my story to my people.

I learned about grooming at the innocent age of four. Arthur was a barber who lived in the basement apartment below us. My family and I lived in Rapid City. I was born in the Black Hills. In the heartbeat of our land. Arthur was a kind and gentle man. He liked me and treated me well. He would invite me down to his apartment below my family home, talk to me, feed me and play games with me. I especially liked the cookies he would buy for me. He would always ask which ones were my favorites. I would let him know and he would make sure the next time I came down to have them on his kitchen table.

I started to love Arthur. I would make sure I was playing outside at the time he should be coming home from work. I could feel him coming from downtown and I would get excited. My body would tingle with joy in anticipation of seeing him walking home. When he saw me, a smile would come over him. His eyes lit up when he saw me. I knew he cared. Sometimes I would run into his arms. He would catch me and swing me around, all the time I would be laughing and screaming all at the same time.

He spent a lot of time with me. I felt very special and he made sure I was taken care of so I was happy. If I was sad he would tickle me or make funny faces. He would make sure I felt good. I started to Love him even more.

My mother and father didn't get along that well. There was screaming and yelling and sometimes my dad didn't come home. It didn't feel good sometimes to be there when things like this were happening. It wasn't like that all the time. We had a lot of fun too. Especially my sister and me. We would go to Cheyenne River to be with my relatives or into the Black Hills for picnics or go looking for pop bottles in the ditches along the gravel roads. I remember good times too. But the yelling and fighting between them got worse and worse.

Arthur became someone who I wanted to be around more than my dad and mom. He was very much like my grandfather. Grandpa was so kind and gentle to me. He treated me like I was the most special person in the world. He made laugh and I know he loved me very much. He took me with him to the store or when he went walking downtown. My younger sister and I would stay with him and Grandma during summers or for short times during the year. That is when they didn't live by us. When they were living by us, they would take us with them, as much as they could. Grandpa had that sparkle in his eye when he would see me.

Just like Arthur.

On the day of my 6th birthday, I was outside waiting for Arthur, like I usually did. I was full of anticipation, because Arthur told me he had a special gift for me on this special day of mine. My mom was making my cake and getting ready for my birthday celebration tonight when my dad got home from work.

Arthur came walking down the street and I looked up and saw him. I got up and stood and waited. My heart pounded with excitement. I looked him in the eyes as he got closer. But there was no sparkle. He was not smiling. When he got to me he took me by the hand and asked if I wanted my present. Of course I did! I had been waiting all day for it! So he led me down the stairway to his apartment. There was a glow coming from inside.

When he opened the door, I dashed in and stood in the middle of the room waiting for my present. He told me it was in his bedroom. His apartment consisted of a living room that flowed into a kitchen, a bathroom and his bedroom. I thought it was huge. But I was a child, what did I know. So, I went into his bedroom and stood by his bed.

He came in and told me that this was a special present. A present between people who love each other. I was so excited. I could barely stand it! He took my hand and told me he loved me. I had always felt that, but this is the first time he had ever told me.

He took off my shirt and told me to take the rest of my clothes off. It all happened so fast. I was confused and my excitement started to dissolve. He told me to get on the bed. But I couldn't. I froze. He lifted me up and threw me on the bed. He turned me over on my stomach. I was scared. My heart was once again pounding, now for a different reason.

I could hear my sisters and mom upstairs, laughing and talking. They were playing music on the radio.

I heard Arthur undressing. I was having a hard time focusing. He put something on my bottom...and then the most unimaginable pain I have ever experienced rocketed through my whole being. He was in me. He was molesting me. It hurt so bad. I started to cry and he covered my mouth. I wanted to scream, but he forced it back down. Every movement was more and more painful. I could still hear my sisters and mom. I focused on them the best I could. I focused on the music...as he covered my mouth and tears running down my face, he said 'if you ever tell anyone, you will never see your family again'. I love my family. I love my family. His breath smelled of alcohol, just like my dad's. I could smell everything around me. The smell was so intense.

His body was so heavy I could barely breath. I thought I was dying.

So this is love.

He finished. With an evil I had never heard he told me again not to tell. The one time was enough, the second I would not dare go against. So many things were racing through my six year old mind. The only things I knew were from a place of love. I was six. All I knew the world to be was good and love and sometimes people yell and scream. But they come back to being nice and gentle and touch you with kindness.

I struggled to my feet. Arthur cleaned up the blood and mess and helped me get dressed. I had a hard time walking, especially up that dark stairway that led out of his apartment. I got on my bicycle and peddled to the jungle, never once sitting down. The jungle was a place where my friends and I went to climb trees and goof around. I don't know how long I was there, but long enough to be able to go home without anybody knowing what happened.

I walked into my house and everyone yelled "Surprise!" I looked around and saw the decorations, the meal and the cake. I saw the happiness before me. I smiled the best I could, wondering in the back of my mind, what presents I would get from them. It was a good party. I came back to me. I loved my presents and the cake.

This was my 6th year on Mother Earth. In fact, this was the 6th year, on the 6th day of March. This was my Golden Birthday.

I have had a deep love and a deep hate for Arthur, depending on any particular moment or feeling or smell that would trigger me. Arthur went on to abuse me, torture me and love me all at the same time for the next several years. Up until we moved to Denver. I thought I was free. Wishful thinking. In fact, Arthur

sent me gifts on my birthdays in Denver. I never opened any of them. He and his wife came to visit my family in Denver once. By this time the memories had been repressed into the back of my mind. When they got to our house, he said hi to my mom and took me aside. The first thing out of his mouth wasn't 'Hi' or 'It's good to see you'. But instead it was, 'Remember when you sat on my lap and I would get a boner and you would come into the bathroom and hold it for me'. The memories came flooding back.

I took off on my bike and road around all day until he and his wife left. I came home and my mom was furious. She said they came all this way to see you, what the hell is wrong with you. I told her what he said to me. For the first time I was telling someone. Someone who truly loved me.

She slapped my face and called me a liar.

In an instant, all I knew was no longer true. The memories were gone, once again repressed. From that point on, I would have to try to figure my life out on my own. I could not take a chance on someone not believing me again. I was 15. I started to drink, use prescription medication (which I would steal from friends' houses) and bad behaviors followed.

When the memories repressed, I still felt abnormal. I didn't fit. I felt I didn't belong. Sometimes people would comment about me. I was crazy, weird and just strange. Yet, most of the time I was me. Gentle, kind, loving and caring for how others felt. I didn't know what or why this was happening. I thought it was because I was Indian or that my dad displayed the same behaviors, so I was going to be like him. I did not know why I acted the way I did.

I didn't know I had repressed memories.

I couldn't hold on to a good relationship. The bad ones were good and felt comfortable. I didn't know how unhealthy I was and did not understand why I acted out the way I did.

I don't know how I managed to do this, but I went to college and got a degree. I got married and had children. Before my first was born, a boy, I made a promise to myself. I promised I would be a good father. I knew I could do that.

My son turned 4- it was a trigger. Something started to change inside me. Slowly, I started to feel a deep, dark ooze coming out of me. Over a period of months, I started to feel depressed and paranoid. More feelings started to come out and most were negative or bad. I still didn't know why, until I was outside and I smelt something in the air. Arthur.

The memories started to pour out of my mind. I was going crazy. I became deeply depressed, started drinking heavily and the use of drugs were a part of my daily routine. I told the mother of my children at the time and she helped the best she could. I started to see therapist after therapist after therapist. I was hospitalized on more than one occasion, usually after I had an episode of cutting. Cutting was the only way I could feel sometimes. I was trying to feel something else besides the pain I was dealing with in my head, my heart, my spirit and the rest of my being. I had planned my suicide twice and tried to carry it out once, but was stopped. I wanted to end my life so badly, the pain was too much. The thought of this crossed my mind more than a few times in my life.

Drugs and alcohol were not the only things I used to self-medicate. Food, sex, pornography and exercising were also options that I frequently used.

Stories were starting to pour out and most were not complete. Some would take days, weeks or months to completely come out from beginning to end. There were a few that took a year or more to completely come out fully. Unfortunately, the stories would not stop playing. I had a period of almost ten years that I did not sleep through the night because of nightmares and the stories. The stories would play all day and all night. Arthur was now in control, again.

The stories, as I call them, were flashbacks of the sexual abuse that happened to me as a child. The sexual exploitations of a child molester. I got to watch, inside my head, his deviant behavior over and over and over.

It was good to find the therapists I did. They got me to a good point in my life. I found one men's group in Denver. This was the only group at the time that was helping men deal with sexual abuse. This group was my salvation. I could share with these men what had happened to me and they understood immediately, without judgment, without question. It was my only safe place.

During all of this, I was still a good father. I am proud of this. Unfortunately, my relationships didn't fare so well. I was divorced from the mother of my children and lost most of my friends. Those that stayed on have a hard time understanding my actions. Isolation and not communicating was my way of coping in this world. All through my life I have had difficulty in holding on to relationships, especially those that are intimate. Male and female relationships.

My days used to be filled with hundreds of triggers. Some I understood where they came from and what situation I was in, and some came and I would not fully understand until later. Some not at all.

What mattered is understanding what triggers were. Triggers were smells or tastes, or the way the wind blew. They could be the tone someone used in their voice or a word or phrase they said. The way the sun shone on a building or the darkness of the night. I will never know all of my triggers and that is okay. More important, is to process through them and let yourself feel the emotions and express to someone those feelings and tell the story that comes with that trigger.

I was at a point in my life, nine years ago, that I wanted to be alone. I decided that I should be alone, that my weirdness and crazy behavior should not be shared with anyone else. I thought that I would be like my dad and drink myself into the grave. Better than hurting anyone else.

But I met a woman who would change my world and help me heal beyond what I ever imagined. I told I had been abused as a child and she did not run away. She had compassion for me and she loved me. Being married to me has been rough on her. She has seen me through heavy drinking, intense outbursts of rage, attacks on her character and her being, outbursts of anger at my children and her. But she continued to love me and have compassion for me. Slowly I grew to trust her and I began to tell her the stories. She listened.

I have tainted her life, as well as those around me with the things I went through as a child. My wife understands. She has helped my children understand, the best they can. She has given me the strength, courage and most of all the tools and understanding to help me heal further. But her life is not what she had expected, or hoped for, or deserved with me. It has tainted her life and my children's lives.

I still have the stories that play throughout my day. Not every day. I have healed in a way that I now have my life back. I am in control. Not Arthur. The one thing that my wife taught me and that carries into all that I do and all that I am is UNCONDITIONAL LOVE. What I was taught the moment Arthur started to groom me was Conditional Love. That conditional love was pounded into me and engrained so deeply that it became who I was, the way I felt and what I expected everything and everyone around me to be.

I started this letter with how I wake up in the morning. About two years ago, I got to share my rage with my wife. Not in a bad, indirect way. I got to talk about why I have had this enormous, black, evil rage inside of me. It has been my most shameful secret, one I intended to take with me all the way to my grave. I got triggered by the talk of my wife's cousin talking about becoming a grandparent. She was really excited because this was her first grandchild. She talked about bringing her grandchild up to our farm to be around the horses, to look up at the stars and sit around the fire pit with us, like she does every summer. Thinking about this triggered my rage, for weeks. I tried to keep it inside, like I have all of most of my life. I first felt this rage when I was around 19 or 20. But I could not keep it inside any longer. I had to tell my wife. Because there was going to be a baby around.

We were sitting at a restaurant and I asked her if I could tell her something. I said it was about the rage she has experienced with me. She said yes. I told her this story is not new to me, but it is the first time I am sharing with any one. I said I have an attraction to being with children, sexually. I said I have not acted on the attraction, nor will I ever act upon this. It is the battle I deal with every day. All of my life. I told her I did not want to be around children alone, because it was too intense and I did not need to put myself or the child in that situation. In my life, the sexual attraction to a child was taught. As a child, before I was even learning about sexuality and preference, I was taught. This was not of my choosing, but it is part of me now. I told her this and she looked at me and knew what it took to tell her.

I now know that many of us who have been sexual abused as children have this part of us we don't talk about. Sixty percent of those that have been sexually abused will go on to sexually abuse children. I am thankful to Creator that I am not one of them.

For those of who that don't cross that line. We live in hell.

I am not a child molester and with the help of the spirits around me, the Creator, my family and friends I will never be one. It is not at the forefront of my existence, but it rears its ugly head every now and then and I have to control it.

Childhood sexual abuse is part of my daily existence. I will never know or remember my life without it. Yet, I have been able to make my life better. We are storytellers. This is my story. As my journey continues, I know that my healing will continue and my life will change the way I want it to change. All for good.

I have people in my life who truly understand the effects of childhood sexual abuse and I hope by writing this letter to my people it will help you understand and help those having trouble.

The victims, as well as their partners, families and friends need compassion, love and understanding. We need to have compassion for each other. There are some hard conversations we need to have.

So, you ask, "Where are our men?" I am here. Let us help our people heal.

An Important Distinction: Pedophile vs. Child Abuse Perpetrator

A sinister and debilitating life-long possible effect of having been sexually abused as a child is pedophilia. It sometimes surfaces in our healing circles but only after deep trust bonds have been built by passing test after test of the limits of our unconditional acceptance. And even then, it is spoken about in hushed tones because to the sufferer, it is the most base, vile and unspeakable long-term effect inflicted by their sexual abuse experiences.

Pedophilia, a sexual attraction to children, develops in some survivors of childhood sexual abuse (MD Kurt Freund, R Watson, R Dickey - Archives of Sexual Behavior, 1990 – Springer). For those, there is absolutely no treatment. In fact there is barely a whisper of this horrific and debilitating lifelong symptom of child abuse that can develop, aside from one or two online peer support groups (see <http://www.virped.org>). This abhorrent sexual attraction to children directly results from having been sexually abused as a child. Since one of the normal processes of adolescence is the development of one's sexual identity, pedophilia becomes hardwired during puberty, just as heterosexuality and homosexuality develop. Horrifically, it is recalcitrant.

Just as it is essential to understand that most victims of childhood sexual abuse do not grow into adults who perpetuate sexual abuse, it is critical to know that **all pedophiles are not child molesters**. Nor are most child abusers homosexual. Studies on convicted child abusers consistently reveal that most are men, and almost all self-identify as heterosexual. By lumping pedophiles and molesters together we do not create a space for developing treatments and supports for pedophiles who want to abstain from their loathed longings. It is imperative that we begin these difficult and courageous conversations to discover all possible avenues for healing, breaking the cycles of abuse, and protecting our children.

Many child abuse survivors who develop pedophilia suffer a lifetime by its repugnance. They are disgusted by their own sexual desires, angry at the unfair irony of having suffered the horrors of abuse and being unable to attain sexual gratification without victimizing a child. Some, unable to live with this double bind and hopeless to stop their feelings, commit suicide.

For others it represents a lifelong struggle for self-worth, satisfying intimate relationships, and issues of addiction and violence as unhealthy and unsuccessful attempts to self-medicate and express internal rage over the unfairness of their continued victimization that started with being sexually abused when they were a child.

This particular issue is of utmost importance because it exemplifies the complexity of the legacy of child abuse our communities are grappling with. It should be simple to develop and provide culturally relevant treatments to abuse survivors of all ages. We are outraged at times - why is it that our communities are not filling the streets to stand up for abused children?! Why aren't the perpetrators of these vile crimes dealt with swiftly and harshly?! Why haven't we eradicated this social ill from our culture? It is because sometimes the perpetrators were themselves child victims. We abhor the act, but we love our families. The perpetrators are not monsters. They are our relatives, our fathers and brothers, uncles and sisters. They are our sons.

Perpetrators of childhood sexual abuse are often our own children! Juveniles account for more than one third (35.6%) of those known by police to have committed sex offenses against minors (David Finkelhor, Richard Ormrod, and Mark Chaffin). And not surprisingly they are themselves victims of sexual abuse. Our love of family is at the center of our struggle and the reason we have been unable to act quickly and decisively.

While it is relatively easy to develop culturally congruent treatments for survivors of child traumas, it will require non-binary and complex thinking to develop appropriate responses to the perpetrators of these crimes.

HEALING/TREATMENT

In 2011, the Health Director of the Oglala Sioux Tribe estimated that between 95-98% of the tribal population had experienced sexual abuse as children. There is also a growing realization that children who witness violence learn to either perpetuate it or tolerate it in their own relationships. Our youth are increasingly vulnerable. Adults in their lives are either unhealed victims themselves, perpetuate abuse, or unknowingly bring unsafe adults into their child's life. Our victimized youth see only a future of more suffering. Our very future -- our young people, are choosing death in record numbers. **It has to stop.**

We have two choices. We can ignore the elephant in the room or we can make the most courageous choice of all -- to acknowledge the problem and help our people heal.

Some relatives have argued that we should forget about the adults and focus on the children. How can a child heal when the family's adults are acting out their suffering through violence, indifference, isolation and self-medication? If a child were able to heal, they would only be placed back into the home where the abuse began and continues. Many of our adults don't even realize the root cause that has led them to use and abuse, feel depressed, hopeless, angry, and act out in rage. This scourge has left few healthy adults to teach our most basic Indigenous tenant, "mitakuye oyasin": we are your family; you belong to us; we see you are hurting; we love you; you can heal; we will help you. **We can heal this together, it will take all of us.**

One key understanding is that this type of violence, inflicted upon innocent children, was taught. It was taught during the conquest, in boarding schools, in churches, and is now taught in our homes. Since these militaristic methods of subordinating and oppressing a people have been (and continue to be) used in western cultures for hundreds of years, it is not surprising that western psychology has also developed tools to help heal such wounds.

As a Sincangu Lakota woman I know that our Indigenous worldview and spiritual teachings are powerful. As a doctor of clinical child psychology, I also know that our Medicine People and Healers alone cannot heal this scourge. I have learned many western psychological tools that are congruent with our Native values and Indigenous worldviews. My experience has shown that the combination of these traditional tools and congruent western tools are powerful, and through the integration of them, we can heal from childhood traumas and we can learn to help others heal.

Recommendations

There needs to be an educational and healing component mandated in every federally-funded program designed to address healing of our People. The reason is that the people who are running programs are in just as much pain and in need of healing as those they serve. When Buffalo Star People speaks to tribal councils, we are inevitably told stories related to interpersonal difficulties among tribal staff, couched in labels of "unprofessional" behavior. These are symptoms of people in pain!

Let me be clear: this does not speak to the character of our People. It speaks to the epidemic of child abuse and lack of effective treatments, and therefore, the vast numbers of our adults who are suffering in

silence and in need of healing. Remember the 95-98% incidence of child sexual abuse reported by the Health Director of the great Oglala Nation? That means only 2-5% of the adult population have NOT experienced childhood trauma. How many programs are directed at adult Native survivors of abuse? How many of them are effective? We are relying on our functional wounded to help others who are not as functional, but without having experienced the type of healing that can transform their suffering, without training and without support.

Healing among Our People needs to be:

- Sustainable. We need to grow local capacity to help others heal. No one is more motivated to help others than victims who, through culturally relevant healing, have transformed their own pain and are now survivors who thrive.
- Grassroots. There are too many political obstacles to surmount when programs are tribally-run. I know this evokes a huge outcry about sovereignty, for which I am entirely supportive.
- Run by Native people. Building a trust relationship is a critical first step to healing, and historical trauma and its lingering effects is often a huge obstacle in trusting non-Natives. More importantly, healing needs to be of the People and by the People. It is congruent with one of our most basic Indigenous tenants *Okiciyapi* – in the Lakota language it means, we can do it for ourselves, or sovereignty.
- An integrated approach. Utilizing Indigenous spirituality and coping strategies, such as Storytelling, with western tools and concepts that are congruent with Native values (such as Eye Movement Desensitization and Reprocessing, codependence, reframing) is critical.
- Widespread. Because of the high incidence, childhood sexual abuse deep healing components need to be integrated into all programs that treat symptoms (addiction recovery, grief and loss, anger management, parenting issues, depression and anxiety) so that the core issue is addressed.

Developing culturally congruent and effective policies in our communities to deal with perpetrators of child sexual violence is an extremely complex issue that deserves intense resources to support the multi-layers of education, and spiritual and philosophical consideration that will be necessary to evolve from our current muddle. This is an extremely complex problem because: 1) abuse victims and abuse perpetrators are not exclusive groups; 2) the western justice system does not reflect Indigenous values; 3) child molesters are not monsters—they are our family members and while we abhor their actions, we love them; 4) psychology has been unable to develop effective treatments for those who perpetuate sexual violence on children.

The complexity of these issues cannot be understated.

Healing strategies must be culturally congruent, simultaneous and multi-layered: 1) provide *sustainable and transformative* healing/treatment to individual child and adult victims of childhood sexual abuse and their families **widely across our communities**; 2) develop and implement community education for the prevention of child abuse **and** prevention of the re-traumatization of those who disclose abuse; 3) develop local policies and streamline judicial systems (eg., Child Advocacy Centers, Child Tribal Courts) for victims; and 4) *gather those with the capacity* for thinking about the non-binary, complex issues that are required to develop culturally relevant justice and healing strategies for dealing with child sexual abuse perpetrators.

Effective Programs

According to the latest census date, twenty-two percent of American Indians and Alaska Natives live on reservations or other trust lands. Sixty percent of American Indians and Alaska Natives live in metropolitan areas. I have devoted my entire professional life to working among my people, both in urban and reservation settings, on issues of child abuse.

In all my experience, I personally have not discovered any program, other than that which is offered by Buffalo Star People Nonprofit, that effectively addresses the root cause of child abuse. Because I developed the curriculum and strategies for implementation for the Healing/Training Circles that Buffalo Star People Nonprofit offers, the following discussion may appear self-serving. But there is no ego involved in our work. Working with adult survivors of childhood trauma is not easy. It requires a strong spiritual and emotional balance. It is difficult to sustain financially because the people who need it the most are the least able to compensate us for our time and travel. This type of grassroots work requires a level of commitment and self-sacrifice that we make willingly because we acknowledge that its power is not of us, but comes from the Creator. We do it because we are survivors ourselves, and have experienced its power. We do it because we, each of us, has a deep love for Our People.

We deliver our transformational healing/training education to survivors who want to deepen their healing and then use that journey to help their relatives and loved ones. We are growing capacity by training victims to facilitate their own healing support circles. We look forward to the day we have worked ourselves out of jobs! And for those reasons, I give the benefit of our work freely so that others may use it and all of us together can heal our Nations.

Buffalo Star People

The mission of Buffalo Star People is to provide strategic, transformational education and support to promote sustainable healing and cultural life-ways that are physically, spiritually, emotionally and ecologically healthy to those suffering from the life-long effects of childhood abuses. Our train-the-trainer approach builds local capacity by providing adults with the tools and support to transform from victim to survivor. Adult victims of childhood sexual abuse are highly motivated to learn ways of healing their lives. As they learn to thrive, they also learn how to use their own healing journey stories to help others. This provides a much-needed sense of life purpose and helps make sense of their suffering (other than “I deserved it”).

A common symptom among adult child abuse survivors is feeling like an outsider. Perpetrators select child victims who, sometimes due to a lack of appropriate and consistent adult care and supervision, are vulnerable prey. Children who lack consistent adult care and supervision also miss important opportunities to observe and practice tribal ways in their families and communities. Therefore, as child victims mature, they experience feelings of guilt, shame, and isolation, and for those reasons do not participate in ceremonies and cultural events. Learning basic Native ways in a trusted circle of other survivors provides opportunities to learn new ways of looking at the world, connect to Creator and Mother Earth, and build a sense of belonging to the Native community.

Helping others by sharing the stories of our own healing journeys gives victim/survivors a sense of self-mastery, pride in learning or relearning cultural ways, and helps make meaning of why bad things happen to good people. Through sharing our healing stories, victims learn about tools that work; behaviors, thoughts and emotions that undermine healing processes; that there is hope; and most importantly, that they are not alone.

TRAIN THE TRAINER: A MODEL FOR SUSTAINABILITY

Sitting in Circles is our traditional way. It has traditionally been our Native way of communicating with each other difficult feelings, stories, and making decisions based on the best interests of ourselves and for all generations of our people. Buffalo Star People created *Healing Circles* to help individuals who are experiencing significant emotional and behavioral difficulties related to traumatic life events gain their footing on the path of healing. Individuals learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts and feelings; and change behaviors that have led to undesirable ways of living. Teachings and support in *Healing Circles* help change an individual's perspective so they can improve their lives and adapt healthier, Native American ways of being.

As individuals become sober, resolve underlying issues, and learn to make healthier life choices, they often encounter resistance from family and friends. *Healing Circles* organically create a mutual support system of like-minded travelers who are embarking on new healing journeys. As healthier life-ways become a natural part of an individual's identity, trainees naturally influence and teach those closest to them: spouses, children, friends and extended families. To support and enhance this path of sustainability, Buffalo Star People empowers participants to become trainers by explicitly teaching about the processes that underlie tools and cultural beliefs used in healing.

Participants who have completed the trauma-focused healing training in Phases I and II and wish to begin co-facilitating spin-off *Healing Circles* continue to receive training and support to maintain consistency, integrity, ongoing evaluation, and further certification in Phases III and IV.

TRANSFORMATIONAL LEARNING: A PROCESS STRATEGY

The Buffalo Star People *Transformational Education Transformational Healing Model* was developed to facilitate trauma-focused healing that creates personal life transformation, and incorporates a train-the-trainer approach to amplify capacity-building in our communities. The model integrates indigenous healing practices that foster a sense of cultural connection and spiritual healing with western psychological tools that are congruent with Indigenous worldview.

Transformative Learning often involves deep, powerful emotions or beliefs, and is evidenced in healing and action. At its core is the process of perspective transformation, with three dimensions: psychological (changes in understanding of the self), convictional (revision of belief systems), and behavioral (changes in lifestyle). "It involves experiencing a deep, structural shift in the basic premises of thought, feelings, and actions. It is a shift of consciousness that dramatically and irreversibly alters our way of being in the world. Such a shift involves our understanding of ourselves and our self-locations; our relationships with other humans and with the natural world; our understanding of relations of power in interlocking structures of class, race and gender; our body awarenesses, our visions of alternative approaches to living; and our sense of possibilities for social justice and peace and personal joy." (O'Sullivan, E. (2003) "Bringing a perspective of transformative learning to globalized consumption." *International Journal of Consumer Studies*, 27 (4), 326–330).

A ***Motivational Interviewing Process*** is used as an "intake" tool to gather information about the individual, orient them to the program, and make referrals to local resources. During the intake interview process, participants are empowered to voice their personal motivation for change, fear of failure, and assert goals and strengths that support their resilience.

Due to historical and intergenerational trauma, many Native people have lost or forgotten their **cultural identity** that guided our ancestors' healthy life-ways. Learning or *re-learning* about one's Native American culture provides a worldview, belief system, and set of values that allow recovering trauma survivors to take on a new identity that is familiar and accessible to them and is above all, *sober and healthy*.

Teaching about the underlying principles of cultural practices, through what participants often refer to as "re-parenting", trainees are encouraged to practice new behaviors within *Healing Circles*. These differ by tribal traditions, but often include such things as the gifting of tobacco, protocol for asking elders for guidance, smudging, honorings, drum and dance. Local resources are used to inform best practices.

OVERCOMING SHAME: UNCONDITIONAL POSITIVE REGARD

All Native Americans have been forced to assimilate to colonizers' ways to survive. All of our cultures have been interrupted. None of us is following our old ways, from birth to death. We have taken on abuses, addictions, language, values, and behaviors that are not traditional or healthy for us. Trainees learn this in the context of *historical trauma* and *tribal history*. One of the most debilitating assimilations is that we no longer view each other as relatives, as we used to. Once we cared for each other as relatives. We were held accountable and felt a responsibility to our families, communities and tribes. We accepted one another *unconditionally*.

Humanist Carl Rogers coined the term, **unconditional positive regard**, as blanket acceptance and support of a person regardless of what the person says or does. By providing and teaching unconditional positive regard, Buffalo Star People helps clients accept and take responsibility for their own healing. Trainees experience a profound relief that allows them to drop pretenses, confess worst feelings, and discover that they are still accepted. This realization marks a critical point at which the possibility for *transformational healing* is realized and the healing process often becomes accelerated.

Unconditional positive regard is only one example of western strategies that are consistent with Native values and beliefs. *Unconditional positive regard* manifests itself in an **attitude of grace, caring, generosity, respect**, and giving to one another, *our relatives*, the benefit of the doubt that values us, even knowing our failings.

NATIVE AMERICAN VALUES PROMOTE HARMONY/HOLISTIC HEALTH

Through historical and individual trauma we as Native people have become disconnected from our traditional roles. We lost our sense of responsibility to live in harmony with Mother Earth and each other. We see this in the harsh language, lack of humility and racism that many of our people exhibit, contributing to emotional suffering both within and outside the individual.

Trainees learn many tools for healing that are congruent with Native traditional values and practices through explicit teaching and through experiencing their effects by having staff model them. Every teaching opportunity is taken as it organically presents itself within the *Healing Circles*. Learning is reinforced through explicit teachings, and trainees are given **opportunities to model new, healthier behaviors** and receive positive reinforcement from the *Healing Circle*.

In these ways, trainees learn to ***listen to each other while withholding judgment***, just as they are listened to without judgment. They learn that we can teach others to treat us with respect as we voice and maintain appropriate boundaries within our relationships. ***Storytelling***, a tradition on which all our Indigenous tribes embrace, is utilized as a powerful tool to make sense of our lives, reframe our histories, and empower ourselves by taking appropriate responsibility and forgiving ourselves for the human experience of struggle and normal reactions to trauma.

We are all related, and what we do affects everyone around us and each subsequent generation. Helping ourselves then, helps others, and vice versa. Trainees come to understand that by embracing ourselves as Indian people and experiencing a new-found sense of ***belonging*** to a great People, it becomes an honor to strive, to do our best, and uphold our responsibilities to ourselves, families, tribes, ancestors, and generations to come.

NON-TRADITIONAL TOOLS ARE OFTEN CONGRUENT WITH NATIVE VALUES

Following are a list of educational components that have proven useful and are modeled and often taught explicitly in *Healing Circles* Trainings dependent upon individuals' levels of experience, prior training, and group dynamics. Many strategies and tools, many of which are non-traditional, become more accessible to Native people once it is learned that they are based on values congruent with our own.

Buffalo Star People staff are professionally qualified to teach all components. However, local resources are utilized as presenters whenever possible. Opportunities for sustained healing occurs more naturally as trainees are introduced to local providers and made aware of other healing support networks.

Understanding the Healing Power of Transformational Learning
Ethics and Boundaries: Safety Rules
Trauma: Historical and Our Own
Trauma-Sensitive Coping Strategies
Depression, Anxiety, PTSD and Co-occurring Addictions
Codependent Relationships
Connections Between Adult Difficulties and Unhealed Childhood Trauma
Medicine Wheel Model of Indigenous Health
Cognitive Behavioral Therapeutic Processes
Psychotherapy and Other Useful Healing Strategies
Identifying and Expressing Emotions
Triggers: Automated Behaviors, Thoughts and Feelings
Healing Trust Relationships
Setting Appropriate Goals
The Power of Intention
Reframing

OTHER BUFFALO STAR PEOPLE STRATEGIES

Transformational Education expands organically. The process demands an openness to take in new information, a willingness to evaluate current methods, and creativity for best adaptation. With this in mind, Buffalo Star People currently utilizes several strategies to consider individual needs and successes in an ongoing manner.

We work with local communities to offer a directory of local mental health and chemical abuse treatment providers to our participants. Local community members serve to provide access to local healers, tribally-specific cultural information, and Native community events and ceremonies.

Our initial intake process, which utilizes a Motivational Interviewing strategy, also uses the Beck Depression and Anxiety Inventories, not to make diagnoses, but to make potential participants aware that professional support might be indicated. The local resource directory is used to point out local providers and make appropriate referrals. Taking a personal history, current needs, and strengths inventory also assists us in assessing the appropriateness of potential trainees to participate in Healing Circles, in order to optimize their success.

Buffalo Star People's Transformational Healing/Training Circles are changing lives.

Since 2005, Buffalo Star People has woven the best of our healing traditions and the best of western psychology to deliver education and support that is transforming Native individuals and families. Utilizing a train-the-trainer model, Buffalo Star People is building local capacity from the grassroots level. Adult survivors of childhood traumas are learning to transform their very identities – from victim, alcoholic, addict, etc., to strong, sober, Native survivors. They are beginning necessary, courageous conversations and using the tools they learn in Transformational Healing/Training Circles to help their families and communities heal.

Our work first began on the Pine Ridge Reservation with a small grant from the Archibald Bush Foundation. With an outcome of creating sustainable backyard gardens by utilizing a traditional governance process, a small group of Lakota people learned about the need for healing – for their own healing. Of 500 plots that were tilled, less than a handful produced food. Why? Those of us who came forward to lead our relatives learned answers by examining our own process.

Successful execution of a garden relies on certain things being done at certain times in the growing season. Individuals who took on responsibilities did not fulfill their promises. After finger-pointing, angry words, and discouragement, it all came to a head as many voiced their desire to quit the effort. One of our founders, Francis Bettelyoun, began a courageous conversation about our forgotten capacity for unconditional love, speaking about the true meaning of *mitakuye oyasin* and addressing the “offending” member boldly and directly, and with compassion. It shifted the mood so dramatically that people began sharing stories of grief and pain, of betrayal and loss and fear. The goal shifted from food production to healing the members within our circle. They coalesced, adopted one another as family members in the Lakota way, and began their healing journeys on a deep level. A trusted alliance is essential for healing.

Our work was further honed at the Division of Indian Work in Minneapolis, when a failing Native sobriety maintenance program hired another of our co-founders, Dr. Barbara Graham Bettelyoun, to revamp it. Once trust was established, approximately 98% of participants disclosed histories of child abuse. She utilized the transformational model Buffalo Star People developed to teach healthy ways of coping, basic tenants of a Native worldview, and tools that address root causes of many of the adult difficulties they were experiencing. They learned to tell and retell their stories, incorporate new ways of thinking about themselves, make sense of what happened to them, have compassion for themselves, and re/connect with their cultural ways.

Many of our participants report they are able to maintain the longest period of sobriety in their adult lives as a result of the healing circles training. They are making huge, positive changes in their lives. Through our model they learned basic traditional Native ways they had never learned as children: how to “shake” hands; introduce oneself; smudge with sage; offer tobacco; bead and make regalia; learn ceremonial protocol, story-telling, respect for elders, and appropriate roles for children and adults. Our participants named it – we are re-parenting! Where else could an adult go to learn rudimentary ways of social behavior that mark you as a member of the Native community without feeling ashamed and guilty? Identities shift from victim to empowered survivors who can contribute and belong to their tribal communities. **A huge outcome has been that through this process, participants learn how to re-parent their own children.**

Buffalo Star People has just completed two years of bringing Transformational Healing/ Training circles to the people of the Tulalip Tribes. The Tulalip Indian Reservation is located within Snohomish County of Washington State and has 2,493 (1216 Males and 1277 Females) enrolled citizens. The population 18 years and younger is 40%. The Tulalip Tribes of Washington is grappling with devastating effects of child abuse: a serious methamphetamine and heroin drug problem and growing numbers of suicides among their youth.

The Tulalip Tribes’ Legacy of Healing (Child Advocacy Program) has opened 136 cases since 2009. The majority of these cases are for sexual violence against children. Less than 10% of them are cases of severe physical abuse. The Legacy of Healing Program has seen heightened levels of abuse of native women in the Tulalip community due to the increase of opiate addiction. This opiate addiction has driven addict tribal members from prescription drug abuse to heroin abuse. Not only does this threaten community safety by the infiltration of drug dealers and the use and abuse of this drug by tribal members, it conversely threatens the health and well-being of children and pre-teens who might be exposed to this drug. The victimization of Tulalip’s children is one of the Tribe’s major concerns.

Buffalo Star People completed all three phases of training (approximately 12 weeks each) on Tulalip Tribes in September, 2013. They now have four Buffalo Star People facilitators who are far enough along on their healing paths to share their tools and support with others, and are trained to co-facilitate their own healing circles locally. Sharing in this has been our greatest honor.

The Tulalip Tribes’ graduates successfully petitioned the Tulalip Foundation to fund a community-wide feast to publicly share their healing journeys, their experiences in Buffalo Star People’s healing training, and to recruit others as new participants. New healing/training circles are expected to begin soon after. Building local capacity on the Tulalip Tribes Reservation to help their families heal is our greatest outcome to date. ***This is how the model is sustainable.***

Next, Buffalo Star People’s graduates went before the Tulalip Tribes’ Board of Directors and shared their personal stories of early traumas, their healing journeys with Buffalo Star People, and how that journey has forever transformed their lives. They petitioned their leaders to recognize the pain of their people and to begin addressing the root causes of the addictions and dysfunctions that have plagued their community. As a result, the Tulalip Tribes Board of Directors adopted a resolution recognizing their people’s “*need for growth and healing*”, and approved Buffalo Star People’s training, curriculum, and future development of training circles in their community.

This healing dream, gifted by the Spirits and continued through the efforts of Buffalo Star People, is helping our relatives repair past trauma damage to their intellectual, emotional, physical and spiritual selves, and remember what it means to be from the Seventh Generation (perhaps for the first time). This has effectively eliminated the need for alcohol and chemical self-medication in graduates’ lives. They are

standing strong in their new, healthier, and more traditional life-ways, and reaching their hands back to other relatives who are hurting. In this way, they are mending and strengthening the hoop. ***Growing local capacity is sustainability. In healing ourselves, we heal our ancestors and at the same time, we are healing our future generations. Aho!***

Written Testimony for Lisa Thompson-Heth

Lisa Thompson-Heth (*Lower Brule Lakota*), Executive Director, Wiconi Wawokiya, Inc.

Ms. Lisa Thompson-Heth is a member of the Lower Brule Lakota Tribe. She has worked in the fields of domestic violence, sexual assault, and child abuse for more than twenty-two years; has been a strong advocate for women and children on the Crow Creek and Lower Brule Reservations in South Dakota; and is the Executive Director for Wiconi Wawokiya (Helping Families), which operates two domestic violence shelters, one on the Crow Creek Reservation and the other one located in Sioux Falls, South Dakota. Ms. Thompson-Heth was appointed in 2002 (to 2012) by the governor of South Dakota to the South Dakota Court Appointed Special Advocates and served as the Cochair of the South Dakota Coalition Ending Domestic and Sexual Violence from 1999 to 2001, 2010 to 2011, and 2013. She served as the Chair for the Native Women's Society of The Great Plains from 2011 to 2013 and is one of the cofounding members of the Native American Children Alliance and former Chair. Ms. Thompson-Heth is married to Robert Heth who is a member of the Crow Creek Dakota Tribe. She has three children, two stepchildren, and seven grandchildren.

I'm Lisa Heth, executive director of Wiconi Wawokiya, Inc. located in Fort Thompson, South Dakota, on the Crow Creek Sioux Indian Reservation. Our organization has been in place since 1985. We have a child advocacy center, the Children's SAFE Place, and two shelters for victims of domestic violence and sexual assault -- Project SAFE on the reservation and Mita Maske Ti Ki in Sioux Falls, on the eastern edge of the state.

Our Program and Services

The Children's SAFE Place was established in 1998 to provide culturally sensitive advocacy and referral services to child victims of violence and sexual assault with the blessings of the MDT Team. The advocacy center is located in a separate building on the same grounds as Project SAFE, the domestic violence shelter.

Before the children's Safe Place was developed it would take six months or longer for a child to be interviewed and the child and their non-offending family members would have to travel long distances, taking anywhere from three hours one way. Waiting months before a child was interviewed, valuable information was forgot by the child.

The Children's SAFE Place has been accredited by the National Children's Alliance since 2000 which means we meet all the requirements for safety, security, confidentiality and medical procedures for examinations of children. The Children's SAFE Place was one of the first child advocacy centers in Indian County. We strongly believe that having a strong MDT team and on-site services on the reservation enhances the chances of successful prosecution of offenders. On-site services also provides for better follow-up with the child and the non-offending family members.

Presently on staff are a counselor/advocate and a case manager. Through an agreement with Indian Health Service a licensed physician's assistant provides on-site forensic examinations and interviews. She has a master's degree in physician's assistant studies, is licensed to practice in South Dakota and is certified by the NCCPA. Her training is extensive and includes 32 hours of sexual assault examiner training, 6 hours of advanced training on forensic interviews, 95 hours of advanced studies in evaluation of child

maltreatment. In addition, she has 314 hours of continuing education conferences specific to child abuse and neglect.

The Children's SAFE Place developed a policy and procedure manual for the MDT that includes objectives, mission, roles and responsibilities and a defined process. The best interest and welfare of the child are of primary importance and all team members are required to make decisions that reflect this principle. Each team member is asked to sign the policy and procedure manual to ensure compliance. The MDT is comprised of the following members from both Crow Creek and Lower Brule Indian Reservations: Children's SAFE Place, Medical Examiner/Interviewer of the Children's SAFE Place, Crow Creek and Lower Brule Tribal Prosecutors, BIA/Tribal Chiefs of Police from both Crow Creek and Lower Brule, Lower Brule and Crow Creek Criminal Investigators, Victim Witness Specialist, U.S. Probation Officer, and representatives from State of South Dakota Child Protection Services, Indian Health Services Mental Health, U.S. Attorney's Office, BIA Social Services.

Referrals are made to the Children's SAFE Place and are screened by the staff, in conjunction with the Department of Social Services and the FBI, to assess their appropriateness for the team. If the case is deemed appropriate, all members of the MDT and staff of the advocacy center follow the written procedure for the interview process. The procedure calls for the medical examiner and/or interviewer to question the child and non-offending parent(s) or caregiver(s) about the medical history, provide for the medical exam and interview at the Children's SAFE Place, consult with the appropriate medical professional, discuss the case with MDT members and develop a plan for follow-up, treatment and need for prosecution.

The interviewer is extensively trained and has a written process of interviewing that is followed. All interviews are audio/visually recorded to provide monitoring by members of the MDT. Since the interviews are conducted at the center, the child is subject to just one interview in most cases. The MDT opts for flexibility with each case, and there may be certain circumstances that would lead to another interview although the MDT strives to keep that from happening. The video camera records the interview and plays "live" on a monitor in the observation room. Observers cannot communicate with the interviewer unless they interrupt the interview. The interviewer at the end of the session lets the child know there are other people watching and informs the child that she (the interviewer) is going to visit with the people and they may have additional questions she will then be asking the child.

The procedure is as follows: a pre-interview meeting is held to share information regarding the case, the team assists the interviewer in designing the most appropriate interview based upon the age and developmental level of the child and the respective needs of the MDT; a parent interview is held with the non-offending parent to obtain the necessary information about the child and the parent's perspective on the alleged incident; the child then meets the interviewer and separates from the parent(s) and after the interview the child is returned to the parent and they proceed to the exam room for the physical examination; the post-exam meeting of the MDT allows for discussion of the interview and decisions regarding the next steps in the investigation.

Regardless of the outcome of the investigation, our advocates and counselor are available for the child and the non-offending family members throughout the process and for follow-up care.

Problems

Currently, the children of the Crow Creek endure inordinately high rates of physical and sexual abuse; teen pregnancy; child alcohol and drug abuse, school absences and drop-out rates, and seven times

the national rate of suicide and delinquency. Persistent poverty has affected the majority of children and sixty-one percent (61%) of the families on the Crow Creek receive supplemental nutrition assistance (SNAP). (2011 Crow Creek Reservation Databook) The overwhelming poverty of the reservation means that few resources are available to assist children in dealing with the problems facing them.

Many families suffer from generations of violence, substance abuse and dysfunction. The tribal alcohol treatment program, estimates that 96% of families on the reservations are impacted by alcoholism and that 90% of the adults have had personal experience with family violence. (Crow Creek Community Assessment, 2010)

In the past three years the staff have completed 61 cases. 45 of the children in these cases were under 12 years of age. Two of them were under 6. The others were under 18. Twenty-eight of the perpetrators lived in the home, 20 perpetrators were juveniles, and only 4 were not known by the victim. In 2012 there were 8 offenders but 12 victims with some perpetrators abusing more than one child. This has been the case in other years too.

Twenty-five (25) sex offenders are on the registry from Buffalo County and all have committed sexual offenses against children. This does not include those offenders who are incarcerated. (State of South Dakota Registry, 2013) The Chief of Police estimates that 35 additional offenders are not on the registry. Some of the convicted sex offenders have multiple victims. We know many of these offenses are not being reported by the results of a survey conducted in 2012 on the Crow Creek Reservation by the Native Women's Society of the Great Plains (a tribal coalition). One hundred seventy-four people completed the survey and 129 reported they knew someone who was sexually assaulted or raped and 26 replied that they had been sexually assaulted as a child and didn't tell anyone until after age 19. One hundred nine (109) said they know of an offender who lived in the community and 105 believe there is a "code of silence" in the community about sexual assault of both children and adults.

National research has shown the damaging effects of sexual abuse of children and I believe we see that in our community with the high rates of substance abuse in our teens – 680 youth drug/alcohol referrals and a suicide rate among teens that is 6.2 times the national average. Remember that this is in a community of 2,000 people. Approximately 50 Crow Creek juveniles were incarcerated in detention centers in the past 12 months and another 175 cases are awaiting a court decision.

At the advocacy center we often see children not just once but multiple times. This happens in families where generational abuse has occurred and parents think that because they endured abuse and survived without assistance or healing that the children can. We also have children who will not disclose abuse because the family is shielding the perpetrator. In one case, a mother brought her child in for an interview and within the hour we got calls from family members stating the "mom is crazy and making up things". Family members harassed the mother and eventually the child said to the mother, "see why I don't want to say anything because everybody will be mad at me." This child did not disclose.

Gaps

The most obvious gap in services is the lack of resources for investigations. Only one BIA Special Agent serves the Crow Creek Reservation and he investigates all major criminal matters on the reservation, not only crimes against children. In the past year the Special Agent and Crow Creek Law Enforcement investigated 34 allegations of crimes against children. That is in addition to all other major crimes on the

reservations. Given the rural nature of the area and the amount of travel needed for investigations, his case files cannot be completed in a timely manner and the majority of cases involving children are held open for months until the investigator has the opportunity to complete the work.

We have no juvenile services for youth on the reservation. BIA Social Services investigates and places children in need of supervision (CHINS), but there are no facilities for placement on the Crow Creek and children are sent off-reservations, away from family support systems.

Our community citizens need on-going education and awareness for parents and caregivers. On-going education and awareness in our schools. Local people need to be trained to provide trauma informed services.

We are in desperate need of counselors. IHS has a constant turnover of counselors with most of them moving on to other jobs within two years. In addition, the counselors are not specifically trained on the trauma of sexual abuse for children.

More programs need to incorporate Native spirituality into their work with families. A spirituality that teaches children and youth about respecting life, each other, plants, animals and the traditional ways of healing. Most families do not practice any type of spirituality.

This lack of resources is our largest challenge. So many of the agencies on the reservation, including Wiconi, are almost totally dependent on grants from the federal and state government and this is not a certain stream of money. And, this continues to be one of the problems – the on again, off again service provision – caused by the lack of resources. Any delay in the awarding of grants or the denial of funding stops the services.

In spite of the problems and the lack of resources, we continue to serve our community the best way we can because we feel we can make a difference and create a safer community and nation through our work.

Further Reading

Panel 1: *Child Sexual Abuse in Indian Country*

1. Dolores Subia BigFoot, *Dealing With Disclosure of Child Sexual Abuse, Native American Topic*, Center on Child Abuse and Neglect (2000). Available at <http://www.icctc.org/Disclosuremonograph.pdf>, accessed December 2, 2013.
2. Maureen White Eagle, *Keeping Native Children Safe When Sexual Abuse Allegations Are Raised in Custody Disputes*, Minnesota Indian Women's Sexual Assault Coalition (2012). Available at no cost by calling MIWSAC at 651-646-4800.
3. Melissa Farley, et al, *Garden of Truth: The Prostitution and Trafficking of Native Women in Minnesota*, Minnesota Indian Women's Sexual Assault Coalition (2011). Available at <http://miwsac.org/images/pdf/Garden%20of%20Truth%20Final%20Project%20WEB.pdf>, accessed December 2, 2013.
4. Larry EchoHawk, *Child Sexual Abuse in Indian Country: Is the Guardian Keeping in Mind the Seventh Generation?* *N.Y.U. J. of LEGIS. and PUB. POL'Y* Vol. 5, p.83 (2001). Available at http://www.unified-solutions.org/pubs/child_sexual_abuse_in_ic_larry_echohawk.pdf, accessed December 3, 2013.
5. Kathy Dobie, *Tiny Little Laws, A Plague of Sexual Violence in Indian country*, Harpers Magazine, February 2011 issue. Available at <http://harpers.org/archive/2011/02/tiny-little-laws/2/>, accessed December 2, 2013.
6. Sarah Deer, Carole Goldberg, Heather Valdez Singleton and Maureen White Eagle, *Final Report: Focus Group on Public Law 280 and the Sexual Assault of Native Women*, Tribal Law and Policy Institute (December 2007). Available at <http://www.tribal-institute.org/download/Final%20280%20FG%20Report.pdf>, accessed December 3, 2013.

Panel 2: American Indian Children Exposed to Violence in the Home

Panel 2: American Indian Children Exposed to Violence in the Home

Introduction: Identification, assessment and treatment of children exposed to violence is required to address the epidemic in Indian communities. The panelists explain how American Indian children exposed to violence are identified, screened, assessed and treated in their communities. They describe issues and obstacles that they have experienced in their professions and communities. Panelists provide recommendations on systemic and programmatic changes that should be made by the federal, state and/or tribal government to better protect, identify and treat American Indian children who are exposed to violence in their home.

Panelists:

Linda Thompson (*Bois Forte Ojibwe*), Executive Director, First Nation's Women's Alliance

Linda Thompson has extensive training in the area of domestic violence advocacy including children's advocacy. She moved to North Dakota in 1995 and is the founding director of the Spirit Lake Tribe Victim Assistance Program (established in 1997). In 2007, Linda and the other program directors of tribally based victim service programs founded a Tribal Domestic Violence/Sexual Assault Coalition, whose members include representation from the Turtle Mountains Ojibwe, Spirit Lake Dakota, Fort Berthold-Three Affiliated Tribes, Standing Rock Tribe, Trenton Indian Service Area, and the Native Urban population in Bismarck. They are one of twenty-three tribal coalitions across the nation. The Tribal Domestic Violence/Sexual Assault Coalition is a 501(c)3 nonprofit organization, with the mission of addressing domestic violence and sexual assault in Indian country. Linda was hired to serve as Executive Director of First Nations Women's Alliance.

Leander "Russ" McDonald (*Spirit Lake*), Chairman, Spirit Lake Nation

Dr. Leander (Russ) McDonald is the Chairman of the Spirit Lake Nation located in northeastern North Dakota. Dr. McDonald previously served as Vice President of Academic Affairs at Cankdeska Cikana Community College, in Fort Totten, North Dakota, from 2009 until his current position as Chairman. From 2003 until 2008, he worked as an Assistant Professor at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences where he conducted research focused primarily on Native elders, long-term care, and American Indian veterans. Most notably, he assisted 330 tribes in conducting needs assessments regarding the health needs of their local Native elder populations. He received his bachelor's and master's degrees in sociology in 1998 and 2000 and a PhD in educational foundations and research in 2003, all from the University of North Dakota. Russ is a veteran of the U.S. Army serving from 1981 to 1984.

Sarah Deer (*Muscogee Creek Nation*), Law Professor, Mitchell College of Law

Professor Deer is a committed activist in the movement to end violence against Native women. In 2009, she was hired as an Assistant Professor at William Mitchell College of Law, becoming the eighth woman tenure-track law professor in the United States who is also a member of a federally recognized Indian tribe. She is an online instructor of tribal legal studies at UCLA Extension and former lecturer at UCLA Law School. From 1999 to 2002, Deer was employed by the U.S. Department of Justice in the Office on Violence Against Women. She first worked to address violence against women beginning as an undergraduate in 1993. She volunteered as a rape-crisis advocate at Douglas County Rape-Survivor Service while working toward her bachelor's degree in women's studies and philosophy from the University of Kansas. She later attended law school and received her JD with a Tribal Lawyer Certificate from the University of Kansas School of Law. In 2005 and 2006, Deer assisted Amnesty International USA in developing research strategies and outreach for the "Maze of Injustice" report.

POTENTIAL QUESTIONS FOR PANELISTS

2 American Indian Children Exposed to Violence in the Home

Questions separated by Panelists

Linda Thompson

1. You mentioned treating the whole family; could you describe in more detail what you mean by treating the whole family and why this is necessary?
2. One of the obstacles you mentioned is no “connection” between systems that are to provide assistance; could you give some specific examples?
3. You talk of the need to support programs that promote spiritual healing; could you give examples of the kind of programs that do that?

Leander "Russ" McDonald

1. You mentioned the shortage of law enforcement officers; do you know how the number of Spirit Lake law enforcement officers compares to the number in surrounding communities? What would you consider adequate law enforcement coverage for your nation? How is your law enforcement funded?
2. You also mentioned the understaffing of child protection services when it was tribally run? Has that understaffing continued with the BIA run child protection services? What would be adequate staffing for the issues faced at Spirit Lake?
3. Spirit Lake residents and residents of other reservations have alleged that tribal council members have used their power to stop or impede criminal/child protection investigations or court proceedings; do you have ideas of tribal policies or laws that could limit or stop this type of tribal council interference?
4. You mention the need for culturally appropriate detention services for juveniles. What juvenile detention services are available in your area, and what services are lacking?

Sarah Deer

1. You mentioned the need to deal with the jurisdictional issues impacting Indian nations. Could you discuss in more detail the impact the jurisdictional issues/conflicts have on Indian children and what you think our focus should be?
2. Could you describe what the “trust responsibility” is?

Possible Questions for All Panelists

#2: American Indian Children Exposed to Violence in the Home

1. What services are available for children exposed to violence through domestic violence shelters or domestic violence programs? If you have shelters in your area, do those shelters allow the victim to bring her children with her or do the shelters have gender/ age limits on the children that are allowed in the shelter to be with their mother?
2. In what manner are children exposed to violence in the home identified, screened, assessed in your community? (schools, child protection, mental health, health care professionals, domestic violence programs, juvenile justice system, law enforcement).
3. What program services are provided to the survivor of domestic violence to ensure she can provide for her children? What services are needed to keep the survivors children in her home? Are there waiting lists for each of these services in your community. What is the cause of the waiting list? How long is the average wait to access services?
4. Does your community have access to law enforcement officers trained in the dynamics of domestic violence?
5. Does your community have access to tribal/state judges that are trained the dynamics of domestic violence?
6. What training do child protection workers receive on domestic violence and the impact of domestic violence on children?
7. What training do domestic violence advocates get on the impact of domestic violence on children and the assessments of the children's needs for assistance?
8. Are there supervised visitation centers available in your community?
9. Are violations of protection orders prosecuted in your community? Are offending parents held accountable in criminal courts? Does the child have an attorney appointed for them in the courts in your community in dv cases?
10. Do your tribal codes allow the non-offending parent to obtain custody in a protection order?

Written Testimony for Linda Thompson

Linda Thompson (*Bois Forte Ojibwe*), Executive Director, First Nation's Women's Alliance

Linda Thompson has extensive training in the area of domestic violence advocacy including children's advocacy. She moved to North Dakota in 1995 and is the founding director of the Spirit Lake Tribe Victim Assistance Program (established in 1997). In 2007, Linda and the other program directors of tribally based victim service programs founded a Tribal Domestic Violence/Sexual Assault Coalition, whose members include representation from the Turtle Mountains Ojibwe, Spirit Lake Dakota, Fort Berthold-Three Affiliated Tribes, Standing Rock Tribe, Trenton Indian Service Area, and the Native Urban population in Bismarck. They are one of twenty-three tribal coalitions across the nation. The Tribal Domestic Violence/Sexual Assault Coalition is a 501(c)3 nonprofit organization, with the mission of addressing domestic violence and sexual assault in Indian country. Linda was hired to serve as Executive Director of First Nations Women's Alliance.

My name is Linda Thompson. I am Ojibwa and an enrolled member of the Bois Forte Tribe, in Minnesota. Despite having been born and raised in Minnesota, I have lived in North Dakota for the past eighteen years. My professional work with Native American children exposed to violence began in St. Paul, Minnesota where I served as a Child Advocate. After moving to North Dakota I began working on a project providing education and data collection for the Spirit Lake Health Start Program, and in 1997 I was selected to start a program for the Spirit Lake Tribe that would work with victims of crime and more specifically victims of domestic violence and/or sexual assault. My work as a victim advocate and Program Director continued with the Spirit Lake Tribe for over ten years, and included advocacy for victims in the Tribal, State and Federal criminal justice systems. Additionally, as part of my responsibilities I served as a member of the Spirit Lake Tribe Child Protection Team working directly with families in need and the systems set up to serve them.

Currently I am the Executive Director for First Nations Women's Alliance (hereafter "FNWA"), which is a Coalition of N.D.'s Tribal Domestic Violence, Sexual Assault Programs. Our members include: Spirit Lake Tribe's Victim Assistance Program, Turtle Mountain's Hearts of Hope & Victims of Crime Program, Fort Berthold's Coalition against Domestic Violence, Trenton Indian Service Area, Standing Rock's Domestic Violence Program administered through their Tribal Court, and United Tribes Campus Violence Project. We provide a variety of services to those who are on the front line with crimes in Indian Country, including education, training, support, technical assistance, printed materials; I also serve as a liaison between Tribal Programs and the non- Native programs/services/government entities that serve our Native People.

In addition to my responsibilities as Executive Director of FNWA, I currently serve as a member of:

- the Advisory Committee for the Indian Law and Order Commission;
- *the N.D. Fatality Review Team*
- *the N.D. Stop Violence against Women Grant Review Team*
- *the Board of Directors for the Council on Abused Women's Services (ND State Coalition)*
- *the Board of Directors for Lake Region's Safe Alternatives for Abused Families Shelter*
- *Native American Education Advisory Committee ISD#1-ND, Devils Lake*
- *CVIC's Safer Tomorrow's Project-Advisory Committee, Grand Forks*

Critical Issues

People think about domestic violence as occurring between adults, but many Native children experience other kinds of violence in their homes. For example, many in our communities are affected by multiple layers of grief, which has stemmed from some type of violence and/or addiction(s). Many have lost loved ones in unnatural ways such as car crashes, overdose, suicide, incarceration, or displacement of family.

Of course there are also the numerous assaults and acts of violence experienced or witnessed daily or weekly by both adults and children. Sexual violence also has touched the lives of most adults and children in our communities. Although Native Children are victimized at rates higher than those of other ethnic groups in the U.S. (DOJ Report American Indians and Crime), the chance of those Native Children getting help with the healing, prosecution and any other type validation is far less. There are many reasons for this but in part it is because of the rural setting and the very limited professional services available (psychological, specialized medical).

It is also important to realize that the lines between "family" and a community are much more natural in a Tribal community. Actually the limitation of "violence in the home" is too restrictive to describe the many intimate ways in which Native children experience violence in the intimate context of their community. It is not just the home of a nuclear family, in which they live, but grandma's house and auntie's house and an older sister's house. All of these settings may be experienced equally as "home." And the entire community shares the fear of and grief over violence that affects any one of its members.

We must view all of these issues with an understanding that many Native children are not just passively "exposed to" violence; they actively experience it on many levels.

There are, of course, many similarities between Native and non-Native children in terms of how they are impacted by violence, especially in an intimate family setting. For example:

- All children learn what they live; role models can be either positive or negative
- Formal and Cultural Education can be interrupted
- Physical health, emotional well-being and emotional growth can suffer or be stifled
- Because children are naturally vulnerable, experiencing the loss of control that comes with being exposed to violence can often create deep feelings of helplessness. These feelings may lead to acting out, or, more often with Native children, internalizing the powerlessness, resulting in suicide or the abuse of alcohol and drugs or indulging in other self-destructive choices.

For Native children, as mentioned above, there are also cultural differences which include alternative family structures; tightly knit, closed communities; and often more complex layers of physical, emotional, and/or sexual violence.

Obstacles/Challenges

There are many obstacles and challenges that interfere with the healing process for Native American children exposed to violence including, but not limited to:

- Confusing jurisdictional boundaries often cause people to give up seeking help or decide not to even try in the first place because of the "fear" of having somebody come in the home and "take" the children.

- Misunderstanding of responsibility and shame and fear of rejection by the community, and the possibility of exposing the family to ridicule or judgment.
- Treating the whole family is rare but is necessary,
- There is no connection between systems that are designed to provide assistance;
- Systems are often designed to respond to the violence, however violence is only one aspect of addressing the oppression and abuse of children. The challenge is to treat the whole child.
- Lack of parent educational opportunities in rural Tribal Communities.
- The lack of accurate data on Native children witnessing violence and experiencing abuse and neglect in general has often been noted. We know, for example, that in 2012, 4,513 children in North Dakota were impacted by witnessing domestic violence (ND Council on Abused Women's Services). However, not all Tribal programs participate in this statewide data project, and so we do not have a good overall picture statewide. "Adverse Childhood Experiences," called the ACE study, included 17,337 individuals over a two year period (1995-97). It tracked various categories of abuse and neglect as well as "household dysfunction." Unfortunately, the study did not separate out Native American families.

The data in all of these categories is very enlightening, and the major findings reveal that almost 2/3 of the study participants reported at least one ACE, and more than 1 in 5 reported 3 or more. "The short and long term outcomes of these childhood exposures include a multitude of health and social problems," the report states, and then proceeds with a very specific list. The list includes, but is not limited to, adverse health related issues, chemical addiction, violent relationships, suicide and early death.

Even a limited replication of the study focusing on Native families would be very useful for planning future prevention and coordination efforts. Categories such as incarceration of a household member, household substance abuse, and suicide of a household member would be particularly relevant and important to Native families.

- Grant programs are often complex and limit accessibility for tribes that lack funding and resources to pull together extremely complicated grant applications. The intent of the Comprehensive Tribal Assistance (CTAS) program was good in that it attempted to streamline the grant application process and sought to encourage coordination and communication among many Tribal entities (from the courts to juvenile justice to law enforcement and victim services). The result, however, has been disastrous to Tribes in North Dakota. Last year (2012) ONE ND Tribe was funded under CTAS. In this year's round of funding (2013), only one Tribe was funded in North Dakota -- and their victim services portion was funded at half their request. The Standing Rock Tribe was funded only for the South Dakota part of their services.

It takes an enormous amount of time to prepare each segment of a CTAS grant, let alone put it all together without making a disqualifying error. The "all or nothing" concept is damaging to many Tribal programs at once and is not sustainable.

Recommendations

To provide necessary services to Native Children exposed to violence there is no single approach nor is the responsibility that of one jurisdiction alone. There are many efforts underway to heal Tribal communities within Tribes, and it is essential that federal and state jurisdictions provide necessary support and resources. More specifically, it is important that federal efforts include:

1. Support and encouragement for programs, projects and services that promote the spiritual healing of children, creating a place of hope. For some families it will be a return to cultural practices.
2. The development and implementation of projects and services within the criminal justice system that focus on prevention, wrap around services, and education of families and communities. Balance accountability with understanding and support.
3. Support for the development of a cultural component as well as a parenting component to Re Entry Programs and services.
4. All federal funding for Tribal victim service programs needs to be stabilized at a realistic level. It is currently very difficult to get a sense of this funding even for the next 12 months. We realize the sequester has had an impact, but accurate and timely information on all aspects of funding has been very hard to obtain. Releasing the funding cap on Victim of Crime Act Funds would be very helpful.
5. Support community investment in children by:
 - a. Increasing juvenile justice options (kids in the juvenile justice system are often "incarcerated" far from home)
 - b. Supporting activities of Girls' and Boys' Clubs
 - c. Supporting activities such as animal therapy (Equine Therapy)
 - d. Providing treatment in the community for children who suffer emotional disturbances as the result of witnessing violence
6. Consider the impact on children in programming for adult offenders (who are disproportionately Native American). For example:
 - a. Mothers are sent to prison in New England, ND, hundreds of miles away
 - b. Fathers are serving time at the State Penitentiary or Federal Penitentiary
 - c. Many Native teens in Youth Correctional Center are also parents
7. Increase coordination among federal, state, and Tribal systems, with Tribal leadership on issues relating to Native children; reduce involvement of non-Native institutions in the lives of Native children.
8. The need for all agencies/entities to come together and share their information and all relevant facts that could indeed save the life or the quality of life for each child they have interaction with. To have the freedom to exceed the interpretation of boundaries dictated in law and policy when it comes to crisis intervention in the life of a child. Even the smallest effort can create a very different outcome in the life of another human.
9. The acceptance of Culturally Based Healing Practices and building room and understanding for these to be offered in our core services, first, as a readily available discipline, secondly, as a restoration of body and spirit, for the family and the community.
10. The intent of the Comprehensive Tribal Assistance (CTAS) program was good. A single funding application sought to encourage coordination and communication among many Tribal entities (from the courts to juvenile justice to law enforcement and victim services). As indicated above, however, the result has been disastrous to Tribes in North Dakota.
11. Funds should be identified specifically for data collection, and the coordinated compilation of data, with the understanding that Tribes often do not participate in federal crime data efforts, and that creates additional challenges.
12. Law Enforcement funding is an ongoing issue especially relating to training on identifying domestic violence and emphasizing law enforcement's responsibility to work with a Victim advocate from their own area. Another concern is that the Federal Law Enforcement Training Center has discontinued specific training for Law Enforcement working in Tribal Communities.

13. Offer and encourage through special conditions in grants the need for enhanced education/training for all judicial staff on issues surrounding domestic violence effects on children.
14. Encourage the Tribal Prosecutor's office to build a good working relationship with Advocates/Social Services on behalf of the children they are entrusted to protect.
15. Promote enhanced, meaningful training/education for school staff, including Head start in addition to all licensed daycare homes; this training should be required on the issue of exposure to domestic violence as children, and provide information on how to help and report.

Thank you for your time.

Written Testimony for Leander “Russ” McDonald

Leander “Russ” McDonald (*Spirit Lake*), Chairman, Spirit Lake Nation

Dr. Leander (Russ) McDonald is the Chairman of the Spirit Lake Nation located in northeastern North Dakota. Dr. McDonald previously served as Vice President of Academic Affairs at Cankdeska Cikana Community College, in Fort Totten, North Dakota, from 2009 until his current position as Chairman. From 2003 until 2008, he worked as an Assistant Professor at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences where he conducted research focused primarily on Native elders, long-term care, and American Indian veterans. Most notably, he assisted 330 tribes in conducting needs assessments regarding the health needs of their local Native elder populations. He received his bachelor’s and master’s degrees in sociology in 1998 and 2000 and a PhD in educational foundations and research in 2003, all from the University of North Dakota. Russ is a veteran of the U.S. Army serving from 1981 to 1984.

Attorney General of the United States Eric H. Holder Jr.

From: Leander Russell McDonald, PhD, Chairman, Spirit Lake Tribe

Date: December 9, 2013

Subject: American Indian Children Exposed to Violence in the Home

Good morning to everyone. My name is Russ McDonald, Chairman of the Spirit Lake Tribe, located in northeastern North Dakota. Since being sworn into office on September 10, 2013, Child protective services have been a primary issue of concern for our Tribe. I feel very privileged today to speak on behalf of our Nation, our people, and most importantly, our children. In Dakota, children are called *Wakanheza*, which translates to sacred being. They are considered sacred as they are recognized as newly coming from the Creator. On their behalf, I want to thank the Attorney General for the creation of this task force and to all of the Committee Members for your presence and your efforts to better understand this multifaceted issue for our people and many other American Indian communities.

The Spirit Lake Tribe has been highlighted in recent years as a result of the child protection issues experienced by our community. Most notably, in May 2011, we lost two very young children in a brutal homicide and one of the children was also sexually assaulted. An individual is currently scheduled to be sentenced for this crime on Monday, December 16th. This past June, we also lost a 2 year old child who suffered a severe head trauma after being thrown down an embankment. The individual responsible has been sentenced in federal court. In each case the justice system response time was very different in terms of conducting the investigation, prosecution, and resulting, indictments. Regardless, these examples, understandably, are indicators of the critical need for all of us involved in tribal, federal, and state government to continue to prioritize resources to build a foundation for a system that is clearly broken.

On October 1, 2012, the Spirit Lake Tribe retroceded a Public Law 93-638 Child Protection Services (CPS) program back to the Bureau of Indian Affairs (BIA) due to the inability of the Tribe to address serious deficiencies identified in a detailed corrective action plan issued by the BIA in April 2012. Limited budgets, difficulties retaining qualified professionals, and lack of placement options for children in crisis are among the factors that have contributed to the issues that we have faced within our community. Despite having

turned back the CPS program, the Tribe continues to administer the Title IV-E Foster Care, Indian Child Welfare Act (ICWA), and Family Preservation programs under the SLT Social Services Program. All four of these programs are recognized as critical to the protection of American Indian children for many of the reservations throughout the Nation.

Public agencies such as law enforcement, criminal investigations, and court systems whether tribal or federal, are also critical to the protection of children. These entities are the front lines for many of our communities as they provide the foundation for immediate response, investigation, and prosecution. In regard to law enforcement, Spirit Lake currently has one officer on per shift for all seven days of the week. That officer must respond alone even in what are considered high crime times such as Friday and Saturday nights for a 248,000 square acre reservation. The lack of law enforcement personnel is an issue that has been raised by the Tribe for well over a decade and poses several issues for the office and the community. The first is that an officer cannot leave a call until he or she has closed out the call; therefore, if another call comes in while the officer is on call, the second call must wait until the first call is closed out. This is compounded by the possibility that one call may be on one side of the reservation and the second on the other, which is up to a 40 mile drive. The second is that the officer is often not able to conduct a thorough investigation as they are receiving multiple calls and finally there is a clear safety issue for the officers when responding to crime scenes without backup.

Our people tell us not much has changed regarding Child Protection Services since the retrocession back to BIA. In recent months the Tribal Council has received:

- A report alleging sexual abuse of a minor that was made to CPS and that took close to 4 weeks to be addressed. This matter was only addressed after a family member followed up with myself and the BIA Superintendent. This matter is moving forward in the federal courts however the delays in response remain a concern.
- A report of sexual abuse of a child that was submitted to law enforcement; however, despite the fact that tribal laws mandate a CPS report be filed within 72, I was contacted a week later by a family member and informed that nothing had been filed. I had to inform the community member that they should report directly to CPS even though we have mandatory reporting laws. More troubling was that when the community member attempted to contact CPS on their 24 hour line, there was no answer. Ultimately, our Title IV-E Foster Care Program assisted the individual in contacting CPS and a report was filed.

These examples and other anecdotal information from our community indicate not too much has changed since the retrocession of Child Protection Services. Additionally concerns have been voiced by our tribal prosecutor over recent placements of children in relative care when the families receiving the children have not been properly screened. It is unclear whether there is a lack of BIA regulations to this regard or whether the regulations that are in place are simply not being followed. Either way it is important that we not remove children from one dangerous environment only to place them in another, and it is equally important that there be a means to hold professionals accountable when they are not following existing law.

The examples I have provided thus far demonstrate that the issues with safeguarding children are multi-faceted and require that we work with and provide resources and support to all service providers including law enforcement, CPS, and the courts.

These and other issues weigh heavily on the Tribal Council and we have been working directly with federal and state partners to develop action plans related to child protection programs. We are strong believers that we have the answers to our problems and change must come from within. The plans developed through this process must have the full support of tribal leadership and we must recognize the role that our unique cultures play in addressing this issue within this contemporary society. Our partners also recognize the importance of community-based initiatives and have been quite supportive through the provision of technical assistance to enhance local efforts to strengthen our programs. Such assistance is critical to addressing the most basic infrastructure needs.

A series of meetings have been held and continue to be held since early September with a variety of partners. Scott Davis, Executive Director, and Brad Hawk, Indian Health Services Administrator, of the North Dakota Indian Affairs Commission have played an important role in coordination and facilitation of these meetings. The series of meetings have enabled tribal, state and federal officials to discuss:

- funding and resources focused on child protection services and the need to coordinate those activities to effectively keep children safe;
- the importance of specific language needed in tribal court orders to ensure children placement and state funds for foster care homes; and
- the Title VI-E program and the placement of children.

In addition to the collaborative efforts, the Tribe has conducted a community forum as part of a meeting regarding social service programs. Tribal members expressed anger and frustration regarding the lack or delayed response to the reports of child abuse or neglect filed by themselves or family members. Concerns were directed at CPS and law enforcement deficiencies. The concerns of the community have been echoed by myself and by many Tribal leaders before me. In order to adequately respond to children in need of protective services we need sufficient law enforcement personnel and sufficient CPS personnel. Trained service providers are essential to addressing the special issues relevant to responding to CPS cases. Equally important is that these providers not be so overloaded with cases that they are unable to dedicate the necessary time to each child in need.

Moving forward, our vision as a Tribe is to create a safety net woven by our service providers to catch the children in crisis and to provide them with the safety and protection that they deserve. To accomplish and realize this vision, Tribes must have:

- Fully staffed and adequately trained law enforcement personnel.
- Fully staffed and adequately trained CPS workers and CPS personnel. This would include an attorney to present cases to the Tribal court.
- Continued federal support for tribal courts. Strong and stable tribal court systems are an important part of enforcing our tribal laws in a culturally appropriate way and are also an important part of making sure that the service providers working in our community are following our tribal laws.
- Federal support in terms of culturally appropriate training and technical assistance for law enforcement, CPS, and tribal courts is necessary.
- Communication and collaboration between law enforcement, CPS, advocates and tribal courts to strengthen the overall system response to children in crisis.
- Cross-jurisdictional collaboration between federal, state and tribal officials to maximize available resources.

- Culturally appropriate detention and placement for juveniles is needed. Many of the juveniles in our court system are children who have been or are being exposed to violence and it is essential that we have access to programming and placements that are able to work with those youth to not only hold them accountable for delinquent acts but to address the issues that may be underlying those acts thereby stopping what is likely to become a cycle of violence or crime in their life.
- Finally, we need support for the development of culturally relevant services and programs within our community that support healing for children and families who have been exposed to violence. Identifying a crisis and intervention is only one step to the ultimate goal of promoting healthy families that are whole and stable. Accomplishment of this goal requires sufficient resources to assist individuals and family counseling, addiction services, and advocacy.

In closing I would like to thank you for the invitation to speak to you today. I trust this testimony will be taken under advisement to develop the necessary programs and resources that will support American Indian and Alaska Native communities as we work together to address and respond to the needs of the children in our communities.

Mitakuye Owasin (All My Relatives)

Written Testimony for Sarah Deer

Sarah Deer (*Muscogee Creek Nation*), Law Professor, Mitchell College of Law

Professor Deer is a committed activist in the movement to end violence against Native women. In 2009, she was hired as an Assistant Professor at William Mitchell College of Law, becoming the eighth woman tenure-track law professor in the United States who is also a member of a federally recognized Indian tribe. She is an online instructor of tribal legal studies at UCLA Extension and former lecturer at UCLA Law School. From 1999 to 2002, Deer was employed by the U.S. Department of Justice in the Office on Violence Against Women. She first worked to address violence against women beginning as an undergraduate in 1993. She volunteered as a rape-crisis advocate at Douglas County Rape-Survivor Service while working toward her bachelor's degree in women's studies and philosophy from the University of Kansas. She later attended law school and received her JD with a Tribal Lawyer Certificate from the University of Kansas School of Law. In 2005 and 2006, Deer assisted Amnesty International USA in developing research strategies and outreach for the "Maze of Injustice" report.

Mvto (Thank you) Chairwoman Shenandoah, Chairman Dorgan, and distinguished members of the Attorney General's Advisory Committee on American Indian and Alaska Native Children Exposed to Violence, for providing this opportunity to testify.

As you know, I was one of the members of the first Department of Justice Task Force on Children Exposed to Violence. We released our formal report on December 12, 2012 -- nearly one year ago. One of our first recommendations was to establish this very Task Force to more closely examine the unique issues that affect Native children in the United States. I am very happy to see this Task Force has come to fruition and I look forward to learning with you and from you in the months to come.

I have two goals with this testimony. First, I will give you some background into the work we did as the National Task Force and how we developed the recommendation to create this Task Force. Second, I will offer some brief remarks on the topic of Native children exposed to violence in the home.

We had a total of four hearings throughout the country with a theme at each hearing. Our second hearing, held in Albuquerque last January, focused on children's exposure to violence in rural and tribal communities. We heard testimony from several Native youth as well as experts in the movement to address violence against Native children. As I recall, this was one of the first times some of the Task Force members had been exposed in-depth about the challenges that Native youth face every day. It was an incredibly powerful day.

We soon realized that Native issues needed much more attention -- beyond the single hearing. Our final report recommended the creation of this task force. Part of the explanation for Recommendation 1.2 reads as follows: *"Although this task force could not adequately address the complexity of the [Native] issues, it recognizes the urgent need for further attention."*

While I can't speak for all members of the Task Force, I can tell you a little about my perspective on this statement. What did we mean by the word "complexity"?

I see three separate but inter-related issues that create this complexity.

First, a full examination of jurisdiction issues was beyond the scope and expertise of this particular Task Force. As you know, Native children cannot be adequately protected from violence unless and until jurisdictional uncertainty and complications are addressed systemically. This requires a close examination

of legal issues such as inherent authority, as well as concurrent state and federal authority. The Task Force viewed these issues as needing specialized attention from tribal leaders, Native advocates and lawyers trained in Federal Indian law to do justice to this issue.

Second, I think the Task Force members had a keen understanding of what a government-to-government relationship means. Native leaders rightly expect that the federal government will treat tribal nations as sovereigns and understand this sometimes means a parallel approach to problem-solving. A separate Task Force focusing on Native issues is necessary to fulfill the trust responsibility that the federal government has to sovereign Indian nations.

Third, Native cultures and traditions include powerful lessons and teachings that have provided protection and support for children dating back thousands of years. So often, government reports about Native people tell a sad and tragic story. I don't mean to suggest that we should gloss over the very real tragic circumstances in tribal communities. But we don't often hear about the success stories. We also often don't hear about the amazing work that advocates, police officers, prosecutors, judges, elders and traditional healers are doing right now to address the issue of violence. This is a story for Native people to tell, and an American Indian/Alaska Native Task Force is the appropriate entity to do so. So I urge you to use this platform to celebrate the survival of Native people and highlight the success stories of tribal people working together for the protection of children.

The November 2013 report of the Tribal Law and Order Commission provides further validation of these important issues. I direct your attention particularly to recommendation 6.6:

"Because American Indian/Alaska Native children have an exceptional degree of unmet need and the Federal government has a unique responsibility to these children, a single Federal agency should be created to coordinate the data collection, examine the specific needs, and make recommendations for American Indian/Alaska Native youth."

This particular recommendation validates the work this Task Force will be doing in the coming year. I believe that there is a synergy right now in the nation around the issue of violence in tribal nations. The current federal administration has prioritized tribal justice and safety unlike any other administration before it. There are many reforms taking place and it is an exciting time to be doing this work. The Violence Against Women Act reauthorization and the Tribal Law and Order Act signaled the emergence of Congressional recognition of challenges in tribal nations. Moreover, there are many new and expanded initiatives taking place across federal agencies; namely, efforts at the Department of Justice, the Department of the Interior, and the Indian Health Service. These initiatives include tribal leader consultations, focus groups, interagency task forces, federal advisory groups, and independent commissions such as the Tribal Law and Order Commission. It is almost overwhelming to think about the differences between this administration and prior administrations in respect to Native nations.

There are still many obstacles to improving the high rates of violence and trauma. I always explain to my law students that it is rare for a system to correct itself overnight. One piece of legislation or a single Task Force will not "fix" the problem. Rather, it will be a continuing, sustained effort by both tribal leaders and federal leaders to make long-term changes. Each one of us, no matter what our particular title is, has a part to play in this larger movement. If we're moving in the right direction - even slowly - we need to document that. If we need better laws -- we need to document that. If we need more inter-governmental coordination -- we need to document that. If we establish concrete goals, we can establish concrete progress. In addition, future generations have the right to know about how their ancestors responded to the crisis we face.

These are the reasons that this Task Force is so critical. You have the opportunity to create a blueprint for reform. Your report can be innovative and far-reaching. The recommendations you provide will be taken seriously by the Department of Justice and other federal partners, including the White House. For the sake of Native children, I stand ready and committed to support your work in any way that I can.

I would like to say a word about violence in the home, as well. I'm particularly interested in the realities faced by Native mothers who are victims of domestic violence. While domestic violence can be committed by both men and women, domestic violence, as a systemic problem, is a gendered crime. Domestic violence is fundamentally about power and privilege - and women often bear the brunt of that violent dynamic.

We are all no doubt familiar with the statistics about domestic violence and sexual assault against Native women. Native women suffer the highest per capita rates of domestic violence and sexual assault in the United States. Most Native women are also mothers, aunts, or grandmas. When children see their mother being abused, it is a traumatic event. I have seen systems -- tribal and non-tribal -- that sanction victims for "allowing" their children to witness this trauma. I hope that the Committee will recommend that such laws and policies be highly scrutinized, because they can cause yet an additional layer of trauma for both mother and child. No child should have to witness domestic violence, period. However, the responsibility for that exposure lies with the perpetrator; not the victim.

My last comment has to do with gun violence. We know that suicide rates and homicide rates are very high in many tribal communities-- and many of those tragedies involve firearms. I understand that the ownership and possession of weapons is a highly sensitive topic in tribal communities because of treaty hunting rights and subsistence hunting practices. However, I believe that a solid consideration of possible solutions to Native children exposed to gun violence in tribal communities is a necessary part of the overall picture. More information about this topic will help tribal leaders make the decisions that are right for their nations.

Thank you again for this opportunity.

Further Reading

Panel 2: American Indian Children Exposed to Violence in the Home

1. Hon. Melvin R. Stoof, *Domestic Violence, Child Welfare and Supervised Visitation in Native American Communities*, (2005). Available at <http://mshoop.org/brochures-pdf/DV%20Child%20Welfare%20and%20SVC%20in%20Native%20communities.pdf>, accessed December 3, 2013.
2. Lauren J. Linton, J.D. and Oliver Williams, Ph.D., *Ozha Wahbeganniss, Exploring Supervised Visitation and Exchange Services in Native American Communities*, The Institute on Domestic Violence in African American Communities. Available at <http://www.idvaac.org/media/pubs/IDVAAC%20Visitat.Indian.pdf>, accessed December 3, 2013.
3. James G. White, Hallie Bongar White, and Jane M. Larrington, *Criminal Prosecution of Battered Native Women for Failure to Protect*, Southwest Law and Policy Institute (2005). Available at <http://www.swclap.org/pdfs/FAILURETOPROTECT.pdf>, accessed December 2, 2013.
4. Pat Sekaquaptewa, J.D., Roe Bubar, J.D., JoAnne Cook, J.D. *A Victim Centered Approach to Crimes Against American Indian and Alaska Native Children*, Tribal Law and Policy Institute (2008). Available at http://www.tribal-institute.org/download/CCC_February_2009.pdf, accessed December 2, 2013.
5. Sarah Deer, et al, *Tribal Legal Code Resource: Domestic Violence Laws, Guide for Drafting and Revising Victim Centered Tribal Laws Against Domestic Violence*, January 2008. Available at http://www.tribal-institute.org/download/Amended%20Domestic_Violence_Code_Resource_2012.pdf, accessed December 3, 2013.
6. *Native American Community Justice Project—Beginning the Dialogue: Domestic Violence, Sexual Assault, Stalking and Teen-Dating Violence Policy Paper*, Judicial Council of California, Tribal Law and Policy Institute (May 2010). Available at <http://www.courts.ca.gov/documents/NACJPPolicyPaper051810.pdf>, accessed December 3, 2013).
7. Sarah Deer, Bonnie Clairmont, Carrie Martell, and Maureen White Eagle, *Sharing Our Stories of Survival: Native Women Surviving Violence* (Lanham, MD: AltaMira Press, 2008).

Panel 3: Multi-Disciplinary Teams Addressing Children Exposed to Violence

Panel 3: Multi-Disciplinary Teams Addressing Children Exposed to Violence

Introduction: Multidisciplinary Teams (MDTs) and Child Protection Teams (CPTs) deal with domestic violence and child maltreatment in a coordinated fashion. This panel analyzes how American Indian children exposed to violence in the home are identified, screened, assessed and helped by these teams. Panelists will identify best practices in dealing with the intersection of domestic violence and child maltreatment and recommend improvements that could be made in utilizing the multidisciplinary approach to ensure more effective collaboration and improved outcomes. They will address issues in dealing with non-Indian perpetrators.

Panelists:

Michelle Rivard-Parks, Assistant Director, Tribal Judicial Institute; and Former Tribal Prosecutor

Mrs. Parks is a licensed attorney in the state of Illinois and in the U.S. District Court for the District of North Dakota and is an appointed member of the North Dakota Supreme Court State and Tribal Court Committee. In January 2011 Mrs. Parks was appointed by U.S. Attorney Eric Holder to serve on the U.S. Department of Justice Violence Against Women Federal and Tribal Prosecution Task Force. She served as the Chief Prosecutor for the Spirit Lake Nation for approximately four years and served the tribe as Tribal Attorney until the fall of 2012. In 2008 Mrs. Parks was appointed as a Special Judge in the Turtle Mountain Band of Chippewa jurisdiction. In the fall of 2003, Mrs. Parks joined the staff at the University of North Dakota School of Law as an Adjunct Professor and has since taught courses on federal Indian law, tribal economic development and the law, and tribal law. In 2003, Mrs. Parks was hired to serve as a Tribal Justice Specialist for the Tribal Judicial Institute to provide technical assistance to tribal courts in conjunction with a grant from the Bureau of Justice Assistance. In 2005 Mrs. Parks became the Associate Director of the Tribal Judicial Institute at University of North Dakota School of Law.

Edward Reina (*Salt River-Pima Maricopa Indian Community*), Retired Chief of Police

Edward Reina is a member of the Salt River Pima-Maricopa Indian Community (Akimel O'odham) and is a retired Chief Police Executive, who worked for five tribal governments: as Chief of Police for four (the Salt River Pima-Maricopa Indian Community, Fort McDowell Yavapai Nation, Reno-Sparks Indian Colony, and Yavapai Prescott Indian Tribe) and as Director of Public Safety for the Tohono O'odham Nation. He served on GLOBAL, a Federal Advisory Committee dealing with criminal justice information sharing, is a board member of the Tribal Law and Policy Institute, is a lifetime member of the Indian Country Law Enforcement Section of the International Association of Chiefs of Police, was the first Tribal Police Chief to serve as President of the Arizona Association of Chiefs of Police and on the Executive Committee of the International Association of Chiefs of Police, served as chairman of the Indian Country Law Enforcement Section (Arizona Tribal Police Chiefs), and served as a member of National Task Force on Juvenile Justice for Native American and Alaska Native.

Leila Kwar Goldsmith, Child Advocacy Coordinator, Tulalip Tribes of Washington

Leila is Child Advocacy Coordinator with the Tulalip Tribes of Washington. She was born in Saudi Arabia and raised in Amman, Jordan, in a bilingual and bicultural home. After receiving her bachelor's degree from Westmont College in Santa Barbara, California, she did a post baccalaureate year at the University of California at Irvine where she received her teaching credential. In California, Leila taught in public schools and in a hospital-affiliated speech and language clinic with children who had learning disabilities and severe emotional disturbances. Teacher training for mandated reporters of child abuse inspired her to attend law school with the goal of advocating for children in the criminal justice system. At Santa Clara University School of Law she was a public interest scholar focusing on children's issues. She has been a Court Appointed Special Advocate, an Attorney Guardian Ad Litem, and a Family Law Guardian Ad Litem. She developed the comprehensive Advocacy Center for children on the Tulalip Indian Reservation. Most significantly, she is the mother of three children, who inspire her, challenge her to grow, and teach her every single day.

POTENTIAL QUESTIONS FOR PANELISTS

3 Multi-Disciplinary Teams Addressing Children Exposed to Violence Questions separated by Panelists

Michelle Rivard Parks

1. You briefly described the situation of child protection workers presenting child protection cases in tribal courts. Could you explain why this is a problem and how this impacts the safety of children?
2. You described the difference between the MDT (Multi-disciplinary Team) and the CPT (Child Protection Team) with the CPT focusing on civil matters. When these teams are combined, how does this impact the continued civil investigation of child abuse and the service support to children if no criminal action is possible due to insufficient evidence?
3. You mentioned the need for a stable, informed tribal court to hold service providers accountable. In your experience has the lack of the 'separation of powers' in many Indian nations, impacted the ability of tribal courts to provide the checks and balances needed?

Edward Reina

1. You briefly discuss the intervention by multi-disciplinary teams in identifying 'at risk youth', who are not yet involved in the juvenile system. If so, how did the team then provide assessment and services to the youth identified? If this is something you have not done, but think would be helpful, explain how you think this would work.
2. How do tribally based teams and non-tribally based teams differ?
3. Is there a current curriculum for tribally based multi-disciplinary teams? If not, how do you see this would be developed?

Leila Kawar Goldsmith

1. You mention using Project Making Medicine, a Native adaptation of traditional Trauma Based-Cognitive Based Therapy in your program: Could you describe this therapy and how your organization uses it?
2. Dr. Bettelyoun mentioned that Buffalo Star People provided training/services to the Tulalip community: Could you describe your involvement in this training and your opinion of its effectiveness?
3. How do you use multi-disciplinary teams in intervention and identifying of 'at risk youth'? What services do you have in your community to respond to 'at risk youth', when they are identified?

Possible Questions for All Panelists

#3: Multi-Disciplinary Teams Addressing Children Exposed to Violence

1. Describe the effective multi-disciplinary team and explain what disciplines comprise the team and how does it respond to a child who has been physically or sexually abused? Are the parents invited to participate? Are victim advocates invited to participate?
2. Do the prosecutors in your community engage in multi-disciplinary teams?
3. Do statutes in your codes require multi-disciplinary teams?
4. What are the obstacles faced by multi-disciplinary teams relative to children, when dealing with domestic violence? (confidentiality, privilege, record protection, collaboration)
5. What are the obstacles faced by multi-disciplinary teams relative to children, when dealing with sexual abuse?
6. What are the obstacles faced by multi-disciplinary teams relative to children, when dealing with child physical abuse and/or domestic violence?
7. How does the multi-disciplinary team help to ensure children are receiving the help they need? Is there a way this approach could be improved?
8. What improvements would you recommend to the multidisciplinary approach to better identify, screen, assess and treat children exposed to violence in the home? (Systems change, law change, funding changing, policy change)

Written Testimony for Michelle Rivard-Parks

Michelle Rivard-Parks , Assistant Director, Tribal Judicial Institute; and Former Tribal Prosecutor
Mrs. Parks is a licensed attorney in the state of Illinois and in the U.S. District Court for the District of North Dakota and is an appointed member of the North Dakota Supreme Court State and Tribal Court Committee. In January 2011 Mrs. Parks was appointed by U.S. Attorney Eric Holder to serve on the U.S. Department of Justice Violence Against Women Federal and Tribal Prosecution Task Force. She served as the Chief Prosecutor for the Spirit Lake Nation for approximately four years and served the tribe as Tribal Attorney until the fall of 2012. In 2008 Mrs. Parks was appointed as a Special Judge in the Turtle Mountain Band of Chippewa jurisdiction. In the fall of 2003, Mrs. Parks joined the staff at the University of North Dakota School of Law as an Adjunct Professor and has since taught courses on federal Indian law, tribal economic development and the law, and tribal law. In 2003, Mrs. Parks was hired to serve as a Tribal Justice Specialist for the Tribal Judicial Institute to provide technical assistance to tribal courts in conjunction with a grant from the Bureau of Justice Assistance. In 2005 Mrs. Parks became the Associate Director of the Tribal Judicial Institute at University of North Dakota School of Law.

Good afternoon Committee Members, my name is Michelle Rivard Parks and by way of background I am a former tribal prosecutor, tribal attorney, special tribal judge, adjunct Professor of law and I currently serve as the Associate Director of the Tribal Judicial Institute, which is located at the University of North Dakota School of Law. The Tribal Judicial Institute has been providing training & technical assistance to tribes in the lower 48 and villages in Alaska since 1993 on matters such as tribal court development, child welfare, child sexual abuse, domestic violence, sexual violence, alcohol and substance abuse and criminal jurisdiction to name a few. It is an honor to be present before you today to discuss what is possibly one of the biggest challenges currently facing tribal and federal justice system officials, American Indian Children exposed to violence.

How do we reconcile the notion that American Indian and Alaska Native Children are considered sacred in their communities with the factual data that is indicating high rates of exposure to violence? To understand the answer to this question one must gain an understanding of historical trauma and we must acknowledge that American Indian families were systemically attacked for generations in an effort to achieve federal goals of assimilating tribes. American Indian and Alaska Native children who have been exposed to violence suffer from depression, guilt, anger, fear, loss of faith, and many physical injuries and disorders. These children grow into adults and without proper intervention to promote their healing we often see these same children, once viewed as victims, criminalized for their behaviors as adults. The aftermath of attempts to assimilate American Indians and Alaska Natives remains ever present in modern societies and is visible in higher than average rates of suicide, addiction, and in some cases family violence. This reality must be widely acknowledged and accepted if we are going to develop and implement programs and services that are meaningful and that make a difference in the lives of American Indian and Alaska Native children.

I was asked to speak today based upon my experience as a former tribal prosecutor and further based upon my experience as a national training and technical assistance provider on matters relevant to the identification, screening and assessment of children exposed to violence in the home. More specifically I have been asked to focus my comments on the identification of the barriers or gaps in services or systems; to submit recommendations for overcoming identified barriers or gaps; and finally to discuss the importance and effectiveness of multi-disciplinary approaches.

I. BARRIERS & GAPS IN SERVICES OR SYSTEMS

From my experience there are some very core barriers or systemic gaps that contribute to problems in systemic responses to violence or exposure to violence experienced by Native American and Alaska Native children experience. Those core barriers include, but are not limited to:

Personnel shortages. In most law enforcement & child welfare agencies providing services to tribal communities tribes report that there are simply not enough officers or caseworkers to respond to the need of the community. Perhaps more troubling to me is that in many CPS programs caseworkers are also presenting cases in court when they should be providing testimony and evidence. Tribal Social Services agencies should not have child protective workers and child caseworkers pulling double duty. Investigation and case management are distinct functions within a child welfare system but in many tribal communities all services are lumped together and placed upon the desk of a social worker with a caseload that is triple that of neighboring county workers. Hence, like many tribal programs child welfare divisions oftentimes find themselves in survival mode. Trying to address the catastrophe of the day with little to no time or resources to work on prevention or meaningful family reunification. These barriers exist due in large part to funding deficiencies, however additional barriers in addressing such personnel shortages can be linked to rural or remote locations, lack of access to housing, and perceived instability.

Ongoing training & technical assistance. It is one thing to hire individuals to fulfill the basic responsibilities of a law enforcement officer, CPS worker, prosecutor or Judge, however specialized training is needed to understand the nature and complexity of familial violence and exposure to violence. Much of the training and technical assistance that tribes receive is directly related to individual projects funded by federal grants. Hence, absent such funding streams many tribes are not connecting with available training and technical assistance. As providers of such services we attempt to bridge that gap through marketing of services beyond grantee tribes and by offering travel assistance to tribal representatives to attend conferences and training. At the Tribal Judicial Institute we have had measureable success in this regard in part due to our longevity as a training and technical assistance provider however such measures must continue to be supported at the federal level.

Collaboration. There are many agencies and jurisdictions providing services in tribal communities and it is essential that these agencies are collaborating and communicating in a structured manner that minimizes the likelihood that cases will fall through systemic cracks or that valuable and important information or evidence will be tainted or lost. All too often there is a lack of such collaboration in both the criminal cases and in the child deprivation cases.

II. RECOMMENDATIONS FOR OVERCOMING BARRIERS & GAPS

There are many means that can be supported to overcome existing barriers and gaps including the correction of correct funding deficiencies for child welfare programs, law enforcement and tribal courts while promoting continuing education for justice system personnel. I would, however like to use my time to discuss the importance of employing multi-disciplinary approaches when responding to incidents of child maltreatment or exposure to violence.

There are a two very important facts that are important to note, namely that resources within Indian country are limited and that there are multiple jurisdictions all having responsibility to respond to crimes and provide services within Indian Country. So how can we improve justice system response to crimes of violence against children against this complex backdrop? One of the most effective means we have is the

multi-disciplinary approach because it forces collaboration and maximizes the use of existing resources while avoiding duplication of efforts.

It is important from the onset to clearly understand the distinction between Multi Disciplinary Teams (hereinafter “MDT”), and Child Protection Teams (hereinafter “CPT”). While many of the same disciplines may participate in each, the MDT is designed to be prosecution based and criminal justice system focused whereas the CPT is child protection based and focused on civil causes of action. In other words the focus or purpose of the MDT differs from the CPT. In some tribal communities the same team is used to support both criminal and civil causes of action however if the MDT is coordinated by federal officials for purposes of federal prosecution the involvement of service providers may be more restrictive.

The concept of multi-disciplinary teams began in the 1950’s and in accordance with 25 USC 3201 – Indian Child Protection and Family Violence Protection Act, multi-disciplinary teams are mandated within each BIA area office. Despite this legislation there has been little to no follow up to ensure that the legislation is effectively implemented. Importantly, the legislation also supports the establishment of Tribal MDT’s which can be created by tribal code, tribal resolution or via interagency memorandums of agreement or understanding.

MDT’s bring together service providers such as law enforcement, child protective services, mental health providers, advocates and prosecutors to discuss issue in cases involving child abuse and neglect. (See PL 101-630). Others such as school officials, guardians’ ad litem, and court appointed special advocates may be included as needed. The idea behind MDT’s is to minimize trauma to the child victim through the coordination of justice system officials and service providers. The MDT focus should include:

- Child victim-centered practice
- Collaboration
- Policy and written protocol development
- Criminal prosecution

The MDT can develop inter-agency protocols to insure consistency in the investigation thereby promoting effective criminal prosecution. In other words the MDT works to identify systemic strengths and weaknesses, existing resources, training needs and potential collaborations before a case arises. The MDT can also provide a forum for multi-jurisdictional collaboration between tribal, federal and state agencies. Due to the flexibility of the MDT development it can be adapted to meet the specific and unique needs of each tribal community.

To be effective an MDT must have knowledge and understanding of existing tribal and federal law and an understanding of the roles and responsibilities of each agency or discipline. In recent years we have witnessed a re-emergence of the MDT process being coordinated by federal prosecutors including here in North Dakota, and while that is essential it is equally important the support be provided to the development of tribal MDT’s that support the coordination of investigation and services for cases that will be filed in the tribal court.

This process seems simple on paper however coordinating an MDT and providing the framework can be challenging. Technical assistance can and should be offered to teams to help them find a balance between offender accountability and victim safety and to provide guidance should the MDT or CPT encounter obstacles such as lack of participation. It is essential that support be provided through the provision of training and technical assistance for Tribes opting to implement either an MDT or a CPT.

III. CLOSING COMMENTS

In closing the federal government and agencies thereof can provide support Tribes when addressing issues related to children exposed to violence by:

Continuing or developing programs and resources to support staffing and training for first responders, and service providers who are working with American Indian and Alaska Native Children exposed to violence;
Providing culturally appropriate training and technical assistance to tribes as they develop and enhance justice systems and services within tribal communities; and
Providing financial and technical support for the implementation and enhancement of multi-disciplinary approaches that bridge systemic gaps and maximizes programmatic resources for the benefit of the children and families being served.

As a final note I would like to stress that federal support must include support for Tribal Court development. Tribal Courts are a key component to the development of systems that are able to meet the needs of Native American and Alaska Native children exposed to violence. Tribal Courts are able to provide the necessary checks and balances to insure that service providers are following the law in terms of mandatory reporting, investigation and case file management and are equipped to work with children and families in a holistic manner. Absent a stable court system there is little to no accountability on the part of first responders or services providers and equally true there is little direction or support for those same people as they attempt to respond to what are very complicated cases.

The planning, implementation and enhancement of tribal courts will also address the need to hold non-Indian perpetrators accountable. Recent federal legislation such as the Tribal Law and Order Act and the Violence Against Women Act have included provisions that support tribal courts and open doors for enhanced sentencing and the exercise of special domestic violence jurisdiction, however not all tribes have the resources needed to develop the court infrastructure that is necessary to implement these important provisions. It is imperative that tribal courts be supported in efforts to enhance services whether those services are adversarial in nature or programs and projects rooted in the traditions and customs of the Tribe.

Thank you for your time and for taking these comments into consideration.

Written Testimony for Edward Reina

Edward Reina (*Salt River-Pima Maricopa Indian Community*), Retired Chief of Police

Edward Reina is a member of the Salt River Pima-Maricopa Indian Community (Akimel O'odham) and is a retired Chief Police Executive, who worked for five tribal governments: as Chief of Police for four (the Salt River Pima-Maricopa Indian Community, Fort McDowell Yavapai Nation, Reno-Sparks Indian Colony, and Yavapai Prescott Indian Tribe) and as Director of Public Safety for the Tohono O'odham Nation. He served on GLOBAL, a Federal Advisory Committee dealing with criminal justice information sharing, is a board member of the Tribal Law and Policy Institute, is a lifetime member of the Indian Country Law Enforcement Section of the International Association of Chiefs of Police, was the first Tribal Police Chief to serve as President of the Arizona Association of Chiefs of Police and on the Executive Committee of the International Association of Chiefs of Police, served as chairman of the Indian Country Law Enforcement Section (Arizona Tribal Police Chiefs), and served as a member of National Task Force on Juvenile Justice for Native American and Alaska Native.

Mister Chairman and members of the Advisory Committee,

I appreciate the opportunity to appear before you to present the views of law enforcement, on this critical issue that has far reaching effects on the future of our children and families in Indian Country. I am Edward Reina, Jr. Chief Police. I retired, after serving five (5) Tribal governments, in Arizona and Nevada, a total of forty two years.

Law enforcement officers on occasion are overwhelmed by the tragic situations they encounter in family violence calls, particularly when children are the victim. I will never forget the images and heartbreak I felt when I found the lifeless body of a baby that died from hyperthermia after being left alone in an uncooled room in the middle of an Arizona summer, while the parents partied outside the home. At that time there was no support or assistance from service providers. These types of situations, and others, were common at that time and prompted the development of a collaborative approach to address child abuse and family violence. Initial conversations with Social Service providers were contentious. Despite the differences, we shared common concerns, everyone wants to end domestic violence and child abuse, we want our children to be safe, we want to protect the victims' adults and children, and to ultimately improve the quality of life for our community. After several difficult meetings we were able to develop multi-disciplinary programs, such as child protection teams.

The Changing Environment for Law Enforcement in Indian Country

Tribal Law Enforcement received support for implementing the multi-disciplinary approach when the 1990 Indian Child and Family Protection Act was passed; the act included the development of Child Protection teams. These CPT's, included participation of the FBI and local US Attorney. Subsequently President Clinton issued Executive order, 13175 "Consultation and Coordination with Indian Tribal Governments" supported and expanded by President Obama directing Federal Agencies to work in a multi-disciplinary fashion to strengthen Tribal Governments. Subsequently major congressional acts; including Full Faith and Credit of Tribal protection orders, the Tribal Law and Order Act, and the landmark 2013 VAWA that empowered Tribal Governments to protect Indian women, all of these congressional actions and Presidential directives provide tribal governments with the opportunity to make significant improvements to their Justice Systems to enhance public safety in our communities.

Law Enforcement Perspective/Working with Multi-Disciplinary Teams

Truly effective police departments work within the multi-disciplinary environment. Every Tribal community I served used a multi-disciplinary approach to resolve the multitude of problems that contribute to crime and disorder in our communities. Subsequently services were strengthened, service providers no longer felt overwhelmed, particularly the law enforcement officer that previously had to serve as an advocate, provide transportation, a counselor and unfortunately on occasion, because of limited resources, had to leave victims in harm's way because there was no services or resources readily available.

As a positive example, and promising practice I'll discuss the Prevention Coalition on the Tohono O'odham Nation which is a multi-disciplinary approach, to address the problems that contribute to the violence and crime on the Tohono O'odham Nation. The Prevention Coalition includes representatives, from DPS, Law Enforcement, Judicial, Education, Department of Health and Human Services, Housing Authority, Schools, Faith Based Community, Federal Agencies including the FBI, BIA, DEA, Customs and Border Protection, District Council Chairs and citizen volunteers.

Prior to establishing the Prevention Coalition each department was providing services individually that on occasion were overlapping and duplicated services provided by another agency. Because of a series of youth suicides, eight in a years' time, we recognized we had to establish a system of effective services, to close the gaps in the system. The result was the establishment of the Prevention Coalition. Ultimately services were strengthened, communication improved, and personnel and resources were enhanced.

The Coalition met monthly to coordinate services and identify areas of concern. There are five sub-committees 1) Community Policing 2) Community Restoration 3) Prevention Intervention and Treatment 4) Environmental Work group and 5) Law Enforcement. When a concern was identified a joint program was established and if necessary funding was sought. For example the schools were concerned about safety on their campuses and the need for School Resource Officers (SRO). The Chief of Police committed to helping and provided five SRO's, one for each of the schools on the Tohono O'odham Nation.

Another program was the Domestic Violence (DV) Coalition; after completion of an assessment of services, we identified that the Tribal government DV program and the Prosecutors office, both had had victim service programs. As a result a partnership was developed that doubled the number of personnel serving victims. Also the DV Coalition had a concern on the weak DV law. Working, with the Coalition which has representatives from law enforcement, prosecutors, defense advocates and citizens/survivors of domestic violence, they drafted new laws including victims' rights and a stalking law that were accepted for the Tohono O'odham Nation. Also the concern of patrol officers on their inability to provide adequate services to victims was lessened with the help of the Advocates who respond to DV calls when an officer requested assistance.

I emphasize that the multi-disciplinary team concept can be started without funding. It can be part of the tribal departments meeting schedule and responsibility. As noted in my two examples funding was not necessary. For the police department the Chief of Police simply reassigned officers. For the DV Coalition program again there were no additional funds necessary but the program was able to double their services.

Barriers and Gaps in Systems and Services

A substantial weakness frustrating the development of Multi-disciplinary programs is the hesitancy to change. It's necessary to transform Police Chiefs and social service managers to be effective in the use of

MDT programs. They can develop leadership skills that promote inspire, motivate and support the operations of MDT's. The key to overcome this hesitancy is education. I use as an example, the issues we experienced during the development of the multi-disciplinary program with the Domestic Violence program. There was mistrust between law enforcement and victim advocates and several incidents occurred that hampered cooperation. The solution was education and awareness of the roles and responsibilities of both the law enforcement and domestic violence advocates. Joint training and "ride along" were used to close the gap of mistrust and hesitancy until eventually we develop an effective model DV program.

Multi-disciplinary programs are where gaps in the system can be eliminated or minimized. To illustrate this I'll use, as an example, the initial lack of participation from the Indian Health Services in our MDT group, specifically the DV Coalition. We had problems identifying domestic violence victims and providing the necessary data to effectively investigate the crime. IHS service providers were educated on the role and responsibilities of the group, and thereafter willing participated. They were subsequently assigned to the law enforcement sub-committee, which, like a child protection team, ensures that confidentiality and HIPAA regulations are maintained.

It is also necessary that prevention programs be recognized as different from intervention programs. As an example, programs provided by law enforcement include Police Athletic Leagues, (PAL), citizen police academy, neighborhood watch, school resource officers, and others. These prevention programs are excellent but their target is the community at large. Intervention programs target at risk youth and families, the at risk child, generally has problems at school, is a runaway, or they may be children and families that are already in the justice, or social services system. A multi-disciplinary program can identify the at risk child before the child becomes involved in criminal misconduct, or other socially unacceptable mischief.

Recommendations

Development of MDT's is a time consuming but rewarding process. Based on my experience and efforts as a Tribal Police Chief, in coordination and development of multi-disciplinary programs, I recommend the following;

1. Develop Policy & Procedure on "Law Enforcement response to children at domestic violence scenes" Law Enforcement agencies have consistently developed Policy and procedures to guide officers, identify liability concerns and for training. I suggest a model policy and procedure be developed, by a multi-disciplinary group. Including the development of a training key to accompany the model policy and procedure.
2. The BIA Justice Services/Indian Police Academy develop training, to be delivered in the field or on site, based on curriculum developed by a multi-disciplinary group.
3. Prevention/Intervention grant awards be made available specifically to develop multi- disciplinary teams.
4. COPS program focus on intervention in lieu of prevention
5. Ensure there is stable federal funding, to effectively implement and maintain effective programs,
6. All personnel, who have regular contact with families and children i.e. teachers, CPS, law enforcement, basically members of the MDT group, should receive ongoing training on domestic violence and its effect on children.

7. All Federal agencies that have a role in protection and public safety in Indian Country should, participate in tribally based multi-disciplinary groups.

8. Tribal Governments should be educated on multi-disciplinary team concept and through their Legislative or Executive authority direct their departments to adopt multi-disciplinary teams as part of the governmental structure.

Conclusion:

Law enforcement officers are the first responders; they see the tragedy or imminent outcome of at risk youth and families. With resources developed within a MDT an Officer can have in hand the knowledge of how service providers can assist the victims. These resources can be as simple as referrals, providing a contact person, calling a service provider to the scene of the incident. Likewise service providers will understand the role of law enforcement and can also call an officer for assistance knowing the officer has sufficient knowledge of the Child protection services process or other programs.

I will close, by listing six basic but valuable points that will and have occurred as a result of implementing multi-disciplinary programs.

The strength of a MDT program has been shown to; 1) Influence Policy & Legislation, 2) Change Organizational Practices, 3) Foster Coalitions & Networks 4) Educate Service Providers 5) Promote Community Education and 6) Strengthen Individual Knowledge & Skills. *(Larry Cohen, MSW, Prevention Institute)*

Again I appreciate the opportunity to present my views. I will gladly answer any questions

Written Testimony for Leila Kawar Goldsmith

Leila Kawar Goldsmith, Child Advocacy Coordinator, Tulalip Tribes of Washington

Leila is Child Advocacy Coordinator with the Tulalip Tribes of Washington. She was born in Saudi Arabia and raised in Amman, Jordan, in a bilingual and bicultural home. After receiving her bachelor's degree from Westmont College in Santa Barbara, California, she did a post baccalaureate year at the University of California at Irvine where she received her teaching credential. In California, Leila taught in public schools and in a hospital-affiliated speech and language clinic with children who had learning disabilities and severe emotional disturbances. Teacher training for mandated reporters of child abuse inspired her to attend law school with the goal of advocating for children in the criminal justice system. At Santa Clara University School of Law she was a public interest scholar focusing on children's issues. She has been a Court Appointed Special Advocate, an Attorney Guardian Ad Litem, and a Family Law Guardian Ad Litem. She developed the comprehensive Advocacy Center for children on the Tulalip Indian Reservation. Most significantly, she is the mother of three children, who inspire her, challenge her to grow, and teach her every single day.

Overview of Recommendations

1. **MDTs:** Tribal-based, indigenous Multi-Disciplinary Teams (MDTs) are a natural fit for Indian Country, and are a powerful tool to affect systemic improvements on behalf of children who are exposed to violence;
2. **Funding:** Adequate, responsive funding for tribes is essential, so that tribes are not competing with each other for grants that are too limited to create holistic tribal-based centers to serve children;
3. **Training & Support:** Effective resources for tribes to address the needs of children exposed to violence is essential and should include targeted, expert level training for (a) tribal MDT formation, (b) facilitator training to ensure the health and longevity of a team and (c) ongoing support to the facilitator and the team as they face barriers and improve collaboration.

Introduction

Thank you for the opportunity to testify today on behalf of children exposed to violence and the role that Multi-Disciplinary Teams can play in response. My name is Leila Kawar Goldsmith, and I serve as the Child Advocacy Coordinator for the Tulalip Tribes of Washington, located north of Seattle. I have served in the Tulalip community since 2007, working for tribal government. Most of my career has been dedicated to advocating for children. Prior to attending law school I was a teacher in California – both in public school and in a private clinic working with severely emotionally disturbed and language impaired children. My child abuse and mandated reporting training as a teacher provided me the impetus to become an attorney focused on child protection. In the five years previous to coming to Tulalip Tribes, I had worked with high conflict family law cases in Superior Court, representing the interests of children. I am the grateful mother of three wonderful children.

The Tulalip Tribes has approximately 4,000 tribal members, with over half of the membership under the age of 18. The 22,000 acre Tulalip Indian Reservation is hemmed in by the Interstate 5 on the East, and the Salish Sea on the West. We are only 15 minutes from the city center of Everett, Washington. Within the boundaries of the Reservation are two casinos, a resort, and extensive retail shopping and services which are a popular destination for Canadian tourists. I mention these things in part because as I share about the resources we have and what we have done, I realize that it is far different to address the issues we convene about today on the Pine Ridge Reservation, or Rosebud, or on the isolated Hoh

Reservation in Washington State. We do not do battle with geographic isolation, the challenge of serving on an immense land base, or serving a large population, as is true of some tribal nations. However, every tribal community shares challenges: jurisdictional confusion, historic mistrust among agencies (tribal, state, and federal, and sometimes within tribes such as mistrust between tribal police and social services), lack of adequate resources for hurt children, high turnover in staff, dependence upon grant funding which includes competing with other tribes for a small pool of crime victims funds, and the very significant challenge of working in a small community where disclosures of abuse virtually guarantee backlash to the victim and family. Tribes also share tremendous strengths: naturally sharing responsibility for both the problems with and the solutions for child protection; a deep love for the community; an overt longing for community healing; and willingness to do battle for the future, keeping in mind seven generations as decisions are made.

Our Program: The Legacy of Healing Children's Advocacy Center

I came to the Tribe in 2007 and was tasked with creating a children's advocacy center to serve tribal children who were sexually abused. Today, our Advocacy Center team includes four staff: (1) a part time child forensic interviewer, (2) a full time victim advocate, (3) a full time child therapist, and (4) my role as program director (administrator, grant proposal writer and manager, and facilitator of the Multi-Disciplinary Team). We have a well-equipped child interview room and an observation room in our building, so that children can be interviewed on-site. I observe nearly all of the child forensic interviews, along with law enforcement, an ICW social worker, and occasionally a prosecutor. We share our building with the adult victim services program and our interviewer occasionally has interviewed adult victims at the request of law enforcement. We serve Tulalip children and other native children who are sexually abused or who have been severely physically abused. Children have been interviewed at our center who have been sexually assaulted by fathers, brothers, mothers; children who have been severely physically assaulted including strangulation; children who sleep with knives under their pillows and baseball bats under their beds; and children who witnessed a parent being beaten nearly unto death, and some whose parents weren't so lucky.

We focus on three objectives: (1) *Prevention of Child Abuse*: community education to adults and in the schools, directly to the children; (2) *Intervention*: a team response when an allegation is made, including child forensic interviews on site, ensuring medical forensic exams are obtained, support pre-trial, during and post-trial in those rare cases that go to trial; and (3) *Healing*: we offer evidence based treatment using Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with therapists trained with Project Making Medicine, a native adaptation of traditional TF-CBT treatment.

Recommendation I. The Multi-Disciplinary Team (MDT)

Tribal-based, indigenous Multi-Disciplinary Teams (MDTs) are a natural fit for Indian Country, and are a powerful tool to affect systemic improvements on behalf of children who are exposed to violence.

I was invited here to share with you, from a victim advocate perspective, about our tribal Multi-Disciplinary Team, which has been meeting since 2008. The team is at the heart of what we do to serve children who have been harmed by violence. Our objective is to do the hard work of collaboration so that the systems designed to protect victims don't re-victimize these same children, or do so less and less if we stay victim-centered as a team. We sit around the table together, every two weeks, on Tuesday mornings at 10 a.m. Our team includes tribal police detectives, an FBI Special Agent, our tribal child advocate, the FBI Victim Specialist, the Indian Child Welfare supervisor, our child forensic interviewer, a tribal prosecutor, a medical expert and the Assistant U.S. Attorney (AUSA) assigned to Tulalip. I facilitate the team meetings and create the agenda. We focus on collaborating on criminal child abuse cases together, reviewing the status of each case to enhance accountability and responsiveness to the needs of victims. The Multi-Disciplinary Team (MDT) is by far the most challenging and the most centrally important component of our

victim services program. The MDT is the tool by which we slowly but steadily begin to change how victims are served by all of us.

There are few tribal-based Multi-Disciplinary Teams (MDTs) addressing child abuse in Indian Country. When we were forming our team we only had the models from the mainstream non-tribal programs. The tool kits and resources provided by the National Children's Alliance for Children's Advocacy Centers, for example, were sometimes helpful and often confounding; nothing quite fit. There were few resources specifically tailored to creating a team in Indian Country. Some tribes have Multi-Disciplinary Teams that are facilitated by an AUSA, therefore federally run and focused. Some tribes have joined State-run Multi-Disciplinary Teams that already exist rather than create an indigenous, tribal-based team. It is good to start with what is possible, and yet I believe that having a tribal-based, indigenous team is very important if we want to affect systemic change in the long term.

I am told that we are the only Multi-Disciplinary Team meeting regularly for case review among 25 federally recognized tribes on our side of the mountains in Washington. Other tribes have visited us, met with our MDT, and had an interest in forming their own teams. We have discussed the value of beginning a regional MDT for tribes, to address the common challenges we face, leverage resources, and strengthen one another. Wearing many hats, as most of us do, this is an additional role that I have not been able to take on, as much as it is needed. We have opened our doors to other tribes who occasionally bring children for forensic interviews at our center. There is a need for expert, culturally competent consultation to assist other tribes with creating advocacy centers that fit their own communities.

There are federal statutes mandating that federal prosecutors participate in multi-disciplinary teams, if they exist, in Indian Country. We have had good attendance from both the FBI and the U.S. Attorney's Office at our team meetings. If more tribes in our area create MDTs the U.S. Attorney's Office will have to dedicate much more to Indian Country than it currently does to ensure meaningful participation at each MDT meeting. As with any team, the level of collaboration is entirely dependent upon the willingness of each participant to share, remain open minded, and to commit to a collaborative process that is victim-centered. I have never yet had someone around the table at our team meetings who didn't care about victims. We have, however, had people easily distracted from a focus on victims, and who need encouragement to set aside protection of their "turf", ego, and political considerations in favor of victims. This is true on any MDT, anywhere. Special challenges arise in a tribal team, because we are weaving together federal, state, and tribal programs – asking people to prioritize the victim over all other issues, and to trust one another enough to collaborate.

Creating a stand-alone program, regardless of how effective for individual victims, will not replace the collaborative work that can be done by a multi-disciplinary team who sits down together to serve a child, to understand the roles of the other professionals involved, and leverage the strengths of each person in their respective roles: advocate, prosecutor, detective, social worker, nurse, forensic interviewer. Team meetings enhance overall accountability, assist with locating the correct jurisdiction for a case, and keep a case moving forward in spite of jurisdictional or other complexities when it otherwise would fall through the cracks in the systems. When you multiply the systems, as is true in Indian Country, the gaps are also multiplied, and teamwork is essential.

Recommendation II: Adequate, Responsive Funding for Tribal Holistic Centers

Adequate, responsive funding for tribes is essential, so that tribes are not competing with each other for grants that are too limited to create holistic tribal-based centers to serve children.

We have not yet aligned our words and our budgets when it comes to defending childhood and protecting children. Children are quiet victims. They are often invisible victims, and so their needs are almost always under-funded, marginally met, or completely ignored. This is especially true of native children. The federal government has a trust responsibility to enable tribes to protect their people, and especially their children. This must encompass far more than grant funding which often includes restrictions and limitations that essentially cut out many smaller, less resourced tribes entirely and are

inadequate and short-lived for the rest. I say this with humility because our program has been developed with federal grant funding. It continues to be supported by federal grant funding, without which we may have closed our doors in 2014. Tulalip Tribes, as with any other successful tribe, has overwhelming competing interests for limited financial resources. Children who are exposed to violence should be served with adequate funding through crime victim funds overseen by the Office of Victims of Crime. Tribes should not have to compete with other tribes for these tribal-based services. Tribes should not be told to use mainstream programs that receive federal and state crime victims funding, when those programs are known to be severely underutilized by tribal members, and for good reasons. Holistic centers on tribal land, serving children comprehensively, contain simple components including forensic interviewers, trauma-focused therapy, effective advocacy and the essential and low-cost component: an MDT. Native children have a right to culturally-competent forensic interviewers, culturally competent advocates, and culturally competent therapists. When I scan grant funding opportunities I cannot help but be stunned by the disparity between funding levels for adult victims of violence through the Office of Violence against Women (OVW) and the limited funding available for children who are crime victims. Who is fighting for adequate funding to protect our children? Our children cannot fight for themselves.

Recommendation III: Training & Technical Assistance (aka Sharing Expertise)

Effective resources for tribes to address the needs of children exposed to violence is essential and should include targeted, expert level training for (a) tribal MDT formation, (b) facilitator training to ensure health and longevity of a team and (c) ongoing support to the facilitator and the team as they face barriers and improve collaboration.

To be successful, it is essential that there be readily available training for the formation of MDTs, and that team facilitators have access to support from people who have facilitated challenging teams, preferably Indian-Country based teams. Mainstream training, while available through the National Children's Alliance regional chapters, is limited in its effectiveness for tribal MDTs. They receive virtually all of the funding for advocacy centers nationally, leaving a gap for us who work in Indian Country. We need a well-funded resource for assisting tribes that want MDTs, to help create their own teams and then obtain the basic components of a tribal victim advocacy center for children.

Please don't forget about the needs of workers in this field. Meaningfully addressing trauma exposure is essential to developing and keeping talented people with the heart for this work. We ask people to do more with fewer resources, and to look squarely at some of the most horrific, disturbing things that humans do to each other – and go home to meet the needs of their own families, then get up the next day and do it again. All too often I have seen one of two things happen: One, good people leave because the weight of this work is too much to bear for very long; they begin to feel toxic and in order to avoid total burnout, they have to leave as an act of self-preservation. Two, good people cross over into toxicity and burn out, but they stay. They are no longer healers. Is this avoidable?

The most innovative programs, best practices, and model protocols are all infused with life through good people who desire to affect change to protect children. These are women and men who sacrifice to stand between children and harm. I remind my staff, and myself, often: this is a marathon, not a sprint. We must seek to understand how to protect our own spirits, minds and bodies so that we can do this work out of a place of health and strength rather than sickness.

We are in this work because we believe that healing is possible. We believe that childhood is worth defending, and that there are far more of us who would stand between a child and danger than those few who do hurt children. Thank you for your sacrifice and dedication to finding meaningful solutions to meet the real needs of our children, and to bringing those solutions to our communities.

Further Reading

Panel 3: Multi-Disciplinary Teams Addressing Children Exposed to Violence

1. Larry EchoHawk and Tessa Meyer Santiago, *What Indian Tribes Can Do To Combat Child Sexual Abuse*, (2007). Available at http://tlj.unm.edu/tribal-law-journal/articles/volume_4/abuse/content.php, accessed December 3, 2013.
2. Pamela Elton and Michelle Stewart, *How Multidisciplinary Teams Achieve Success in Indian Country*, Office of Victim Assistance, Federal Bureau of Investigation (March 2013). Available at http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=2889&issue_id=32013, accessed December 3, 2013.
3. Eidell B. Wasserman, Ph.D., *Multidisciplinary Teams and Child Protection Teams (March 2002)*. Available at: <https://web.archive.org/web/20120227194108/http://www.icctc.org/MdtCpt-final.pdf>, accessed December 3, 2013.

**Panel 4: Healing from Trauma and Programs for
Children Exposed to Violence in Indian Country
and Urban Communities**

Panel 4: Healing from Trauma and Programs for Children Exposed to Violence in Indian Country and Urban Communities

Introduction: Healing from trauma caused by exposure to violence requires different types of programming for Indian children. This panel discusses the services available in tribal communities that keep children in their homes with their non-offending family members. They identify culturally sensitive and evidence based treatment, programs and trauma-informed services available in rural and urban communities to treat American Indian children. Panelists identify key obstacles/barriers in the systems and institutions that prevent or impede American Indian children exposed to violence from being helped. Panelists make recommendations for culturally based programming.

Panelists:

Terri Yellowhammer (*Standing Rock Lakota*), Technical Assistance Specialist, Native Streams Institute, Education Development Center

Terri Yellowhammer is an enrolled member of the Standing Rock Lakota Tribe and has an extensive background in human services, having practiced as an Assistant Attorney General for the Office of the Minnesota Attorney General and as a Legal Aid Attorney for the Indian Child Welfare Law Center. She gained invaluable experience working across tribal and state governments in her position with the Minnesota Department of Human Services where she was the state's policy consultant on the Indian Child Welfare Act. She also held a state-level position in administrative law for the Minnesota Department of Human Services' Division of Licensing. She is an Indian Child Welfare consultant to the Minnesota Guardian Ad Litem Board and is an Appellate Judge with the White Earth Band of Ojibwe. Ms. Yellowhammer holds an undergraduate degree from St. Catherine University and a JD degree from the University of Minnesota Law School.

Deborah Painte (*Arikara*), Director, Native American Training Institute

Deborah Painte is a member of the Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes) of the Fort Berthold Indian Reservation in North Dakota. She is the director of the Native American Training Institute (NATI) in Bismarck, North Dakota. NATI is an intertribal child welfare training organization created and governed by the four North Dakota Tribal Child Welfare agencies serving the Mandan, Hidatsa, and Arikara Nation; Turtle Mountain Band of Chippewa; Spirit Lake Tribe; and the Standing Rock Sioux Tribe. NATI is a partner with the National Resource Center for Tribes lead by the Tribal Law and Policy Institute in conjunction with the Indian Child and Family Resource Center and University of Denver, Butler Institute for Families. Ms. Painte has more than thirty years of experience working in or with tribal communities in the areas of strategic and program planning, community development, financing strategies, program evaluation, and research in tribal communities.

Cecilia Firethunder (*Oglala Lakota*), President of the Oglala Lakota Nation Education Coalition; and Board of Directors for Little Wound School and Tasunke Wakan Okolakiciye

Cecilia Firethunder left the reservation when she was fifteen years old but returned home in 1987. South Dakota born, she was given the Lakota name of Good Hearted Woman. She is a retired licensed nurse, widely known as an advocate for wellness and women's issues, and for her unique way of reaching the hearts of communities and people. Cecelia has co-written several healing and wellness curricula including the Gathering of Native Americans for SCAP. She has presented at more than fifty national conferences in the United States and Canada. She currently represents the Oglala Lakota Nation Education Coalition, Little Wound School, and Tasunke Wakan Okolakiciye. Her skills include superior translation of English into Lakota, and she is recognized internationally for her traditional doll making. Cecelia's humor, tears, hugs, hope, encouragement, and care have helped others begin their journey to wellness and balance.

Darla Thiele (*Spirit Lake Nation*), Director, Sunka Wakan Ah Ku Program

Darla Thiele is currently the Director of the Sunka Wakan Ah Ku project, a diversionary project within the Spirit Lake Juvenile Court system. The main goal of the program is to reduce juvenile delinquency and the likelihood of repeat offenders through the caring for horses. The program developed as a diversion tool for the Spirit Lake Tribal Court and has expanded to an Equine Assisted Learning (EAL) model. The EAL model correlates with the spiritual and cultural history of the Spirit Lake tribe, and engages the youth to empower them. The program utilizes guided interaction with horses to develop participant's coping skills and establishes trust, respect, and responsibility. Other goals are to promote healthy living, self-identity, to promote unity and sacredness, suicide prevention, and family togetherness. Darla chose to work with the youth of the Spirit Lake reservation because, "they are our future, they will be our leaders one day, and they need to know that they can be anything they want to be."

POTENTIAL QUESTIONS FOR PANELISTS
**# 4 Healing from Trauma and Programs for Children Exposed to
Violence in Indian Country and Urban Communities**
Questions separated by Panelists

Terri Yellowhammer (Absent)

1. You mention the need to update tribal law and policies. Could you describe generally what kind of updates you are referring to?
2. Please, discuss the reasons Child Exposed to Violence (CEV) Worker licensure is important and how it might make a difference in Indian communities?
3. Many times in tribal communities because of the lack of confidence in the legal systems, families seek personal revenge, what are broad range strategies needed in these types of communities?

Deborah Painte

Testimony not available at printing.

Cecilia Firethunder

1. You recommend trauma care in the schools: Could you describe what trauma care is in more detail?
2. Could you discuss in more detail your idea of training early childhood trauma care specialist at tribal colleges? Why tribal colleges? Where would these specialists work?

Darla Thiele

1. What is the National Equine Assisted Learning that you referenced?
2. You expressed the belief that “our children need a cultural identity” and “spiritual relationship”. What can the federal and tribal governments do to support youth in finding their culture and developing spirituality?
3. Could you describe any effective trainings you are aware of that teaches professionals working with tribal youth Dacotah culture or your ideas for training professionals in Dacotah culture?

Possible Questions for All Panelists

#4: Healing from Trauma and Programs for Children Exposed to Violence in Indian Country and Urban Communities

Questions separated by Panelists

1. What are the evidenced based programs available to children traumatized by the exposure to violence? Is there a waiting list for these services?
2. What is historical trauma? Does historical trauma affect trauma healing programs for American Indian children exposed to violence.

Written Testimony for Terri Yellowhammer

Terri Yellowhammer (*Standing Rock Lakota*), Technical Assistance Specialist, Native Streams Institute, Education Development Center

Terri Yellowhammer is an enrolled member of the Standing Rock Lakota Tribe and has an extensive background in human services, having practiced as an Assistant Attorney General for the Office of the Minnesota Attorney General and as a Legal Aid Attorney for the Indian Child Welfare Law Center. She gained invaluable experience working across tribal and state governments in her position with the Minnesota Department of Human Services where she was the state's policy consultant on the Indian Child Welfare Act. She also held a state-level position in administrative law for the Minnesota Department of Human Services' Division of Licensing. She is an Indian Child Welfare consultant to the Minnesota Guardian Ad Litem Board and is an Appellate Judge with the White Earth Band of Ojibwe. Ms. Yellowhammer holds an undergraduate degree from St. Catherine University and a JD degree from the University of Minnesota Law School.

Anpetu Waste, Wicahpe WasteWin imakiyapi ye, Inyan Woslata heciya omawapi. Good afternoon, my name is Terri Yellowhammer, I'm a member of the Standing Rock Lakota Nation. I'm honored to be here today.

I am a Technical Assistance Specialist for the Rocky Boy Chippewa Cree Tribe (Defending Childhood Initiative). I am a tribal judge and also a consultant on Indian Child Welfare for the Minnesota Board of Guardians Ad Litem. I have worked in state government as a policy expert on Indian Child Welfare and tribal relations.

The Rocky Boy Chippewa Cree Tribe is located in northern Montana in a very rural community. At Rocky Boy they say you have to go there on purpose, since it's not on the way to anywhere else. Rocky Boy has a total population of 3,600 residents that includes approximately 900 children and youth under the age of 18.

My colleague Ethleen Iron Cloud Two Dogs is the Technical Assistance Specialist for the Rosebud Sioux Tribe, located in South Central South Dakota. Rosebud has approximately 28,000 enrolled members. The estimated number of children living on the reservation varies. The 2010 census indicates that Todd County, which is entirely within the reservation, is home to about 8,500 American Indians, with approximately 4,000 of that number below the age of 18.

The organization I work for, Native Streams Institute, Education Development Center, partners with Futures Without Violence on this work. FWV is the Lead TA provider for the Defending Childhood Initiative, which is comprised of 8 pilot sites, with Rocky Boy and Rosebud being the only two that are rural and tribally based.

I want to give you a sense of what Rocky Boy and Rosebud have been able to do through the Defending Childhood Initiative:

- Domestic violence programming that provides emergency and ongoing advocacy services to children, teenagers and adults facing violence;
- Advocacy training that defines the roles of advocates and identifies outlets for staff training and developing partnerships with allied organizations;
- Anti-bullying and violence prevention evidence based curricula

- Engaging tribal elders in programming, such as the peacemakers at Rocky Boy
- Primary prevention with youth to promote culture as a protective factor, such as naming ceremonies, drum making and the significance of the buffalo kill
- Resources and assistance with amending tribal laws that are responsive to children exposed to violence

Barriers faced in service provision: infrastructure needs including updates to tribal policies and laws that reflect prevention, intervention and healing for CEV as well as collaboration among community and service providers. For example, all child-serving agencies including law enforcement and health care providers need to have a formal structure for collaboration and for information-sharing (e.g. shared database) which would increase response time to CEV. All of this will take time, money and effort and usually it will require people/agencies being “forced” to collaborate by the powers that be.

“Sustainability” is critical. What no one wants to see is an end to services because the funding runs out.

What is needed to sustain this work?

- Outreach and training to all Tribal Nations and Native communities to plan, develop and implement a CEV prevention initiative. Guidance for how to work across departments. Protocols for open lines of communication for tribal workers coping with the demands of this work and political turmoil.
- Targeted and strategic training for family and community members to respond to CEV and ultimately prevent it. Many family and community members have experienced adverse childhood experiences which has the potential to trickle down to the children in a negative way, the tragedy of CEV is intergenerational and often times the entire community needs healing.
- Licensure and certification of CEV workers that can lead to third party reimbursement funding.

What federal partners can do that would be very helpful to tribal communities – is for the Center for Medicaid and Medicare Services (CMS) to create a pathway for tribes to collect third party funding directly from the Center for Medicaid and Medicare Services and not have to go through the states. This is a huge sovereignty issue and the current system of having to go through the state is a direct affront to that sovereignty.

In preparing for talking with you today about our children, my relative Ethleen Iron Cloud Two Dogs told me, just imagine all the children who have no voice or choice standing behind you, some are still suffering on this earth and many have left this world with so much pain and hurt.

Written Testimony for Deborah Painte

Deborah Painte (*Arikara*), Director, Native American Training Institute

Deborah Painte is a member of the Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes) of the Fort Berthold Indian Reservation in North Dakota. She is the director of the Native American Training Institute (NATI) in Bismarck, North Dakota. NATI is an intertribal child welfare training organization created and governed by the four North Dakota Tribal Child Welfare agencies serving the Mandan, Hidatsa, and Arikara Nation; Turtle Mountain Band of Chippewa; Spirit Lake Tribe; and the Standing Rock Sioux Tribe. NATI is a partner with the National Resource Center for Tribes lead by the Tribal Law and Policy Institute in conjunction with the Indian Child and Family Resource Center and University of Denver, Butler Institute for Families. Ms. Painte has more than thirty years of experience working in or with tribal communities in the areas of strategic and program planning, community development, financing strategies, program evaluation, and research in tribal communities.

Testimony will be added prior to hearing

Written Testimony for Cecilia Firethunder

Cecilia Firethunder (*Oglala Lakota*), President of the Oglala Lakota Nation Education Coalition; and Board of Directors for Little Wound School and Tasunke Wakan Okolakiciye

Cecilia Firethunder left the reservation when she was fifteen years old but returned home in 1987. South Dakota born, she was given the Lakota name of Good Hearted Woman. She is a retired licensed nurse, widely known as an advocate for wellness and women's issues, and for her unique way of reaching the hearts of communities and people. Cecelia has co-written several healing and wellness curricula including the Gathering of Native Americans for SCAP. She has presented at more than fifty national conferences in the United States and Canada. She currently represents the Oglala Lakota Nation Education Coalition, Little Wound School, and Tasunke Wakan Okolakiciye. Her skills include superior translation of English into Lakota, and she is recognized internationally for her traditional doll making. Cecelia's humor, tears, hugs, hope, encouragement, and care have helped others begin their journey to wellness and balance.

Honorable Byron Dorgan, Ms. Joanne Shenandoah, Co-Chairs and members of the Task Force on Defending Childhood Initiatives, thank you for the invitation to testify today. My name is Cecelia FireThunder a citizen of the Oglala Lakota Tribe of South Dakota. I am here today representing Oglala Lakota Nation Education Coalition, as its President, Board of Directors for Little Wound School and Tasunke Wakan Okolakiciye, on the Pine Ridge Reservation and Indian children. The schools in our coalition were the first PL 93-638 programs of which there are seven with one school from the Rosebud Reservation and one BIA school. The recommendations that I am making here today on behalf children who reside on Indian reservations and attend one of 126 (PL 93-638) schools of which there are 28 in the Great Plains or of 57 - BIA schools of which there are 8 in our region. There are an estimated 50,000 Indian students in these schools.

In preparation for this testimony I asked the Oglala Sioux Tribe Department of Public Safety for the most recent report of Crimes Against People for the Tribe (attached) for FY 2013 shows an alarming increase over the past four years on child abuse with 1979 incidents along with 1310 domestic violence incidents. Along with the monthly report I received while President of my Tribe, there were between 400-450 Lakota children in the foster care system on a monthly basis.

Children on the Pine Ridge Reservation experienced 7 out of 9 childhood traumas cited in the Adverse Childhood Experiences study based on the stats from the OST Public Safety report of 2013. The past years report translates into thousands of children being traumatized in their homes by someone that is to care for them, and most of these hurting children are Indian, parents, family, and relatives.

What a reservation like Pine Ridge experiences can be applied to other reservations anywhere in Indian country. I am not concerned about the past, only on the healing needs of our children today, right now and tomorrow.

These traumatic experiences carry over into the classroom and for way to long our educators, teachers, counselors and school leaderships have recognized the need to provide healing services to our children.

There have been many statistics and data cited already on the trauma experienced by our children and will move on into what we need at the community/school level.

1. Conduct a research project similar to the Adverse Childhood Experiences study as the need for strong data translates into funding. Study can be done in one community/school as impact of trauma is the same and all schools on reservations can use data. The study can finally tie into effects of learning and coping.
2. Department of Health & Human Services agencies create a work group to address trauma care for Indian children; create a system of care beginning with diagnosis, and age specific trauma care for Indian children. (There are many models available, however one needs to be created specifically for Indian children on specific types of trauma based on data from law enforcement, social services and health systems.)
3. Immediately meet with SAMHSA – Tribal Advisory Council to begin creating a funding opportunity for tribal schools to plan, develop and implement trauma care within the schools.
4. Review Access to Recovery, define and increase services for children trauma care. This would include family participation.
5. Work with other federal agencies to fund training of early childhood trauma care specialist at the tribal colleges. This could include distance learning in partnership with university's away from reservations for advance training, classes and degree's.
6. CMS be involved in reviewing Medicaid reimbursements for therapeutic services along with changing policy if necessary to support school based programs to bill for reimbursement. Create a new system if needed.
7. Fund and create a community education program for families and parent (s) to understand Early Childhood Trauma.
8. A screening process to be developed with providers from within the community for all children to be screened.
9. With assistance from HRSA create community/school based clinics for children which will include early childhood trauma healing.
10. Strengthen and increase funding for Traditional Healing component for early childhood trauma care, there are best practices using Traditional healing practices from tribal communities.

Tasunke Wakan Okolakiyeye (Medicine Horse Society) has been in the community for many years under another name which was funded by SAMHSA to provide "traditional healing practices for children" and continues to do this work. As a person who uses these healing practices as well as being on the board for TWO I want to encourage this audience to support these practices that were in place and used by our people long before western medicine. (attachments).

Final recommendation is to provide to one of our tribal schools funding to staff positions to begin the development of trauma informed care of Indian children in schools on the reservations (s). My schools would be receptive for this to happen as it will stay within the framework of students, children and schools. Too often resources come into our community and with indirect costs along with other expenses, little gets done. My schools cannot do this under the funding we get, we do know what we want and would

respectfully request an opportunity to be the place where not only learning is taking place but healing as well for our children.

Thank you for this opportunity and am available for future discussions and planning.

Attachment to Testimony:



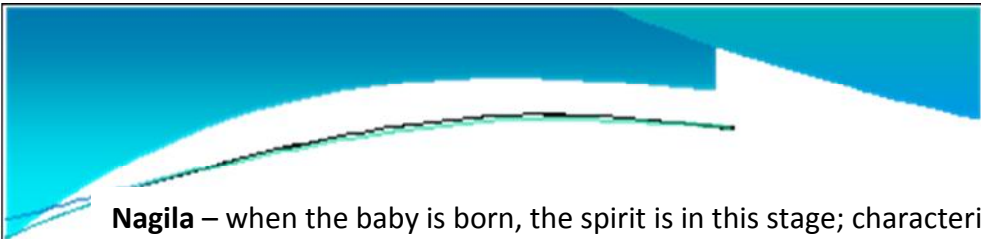
**Wopakinte
(Spiritual Cleansing)**

- One of the healing ceremonies that is relevant is the “Wopakinte” or “wiping off ” ceremony. This signifies wiping away the spiritual residue left by the intergenerational trauma experienced by our ancestors and ultimately transferred to the individual as well as the individual’s own trauma.
- Individual goes into the Inipi, after the Inipi, an Elder (or older person) wipes the individual off with sage. Gender Specific.
- If an Elder is not available, the individual can wipe him/herself off with sage.



NAGI – Spirit

4 Parts



Nagila – when the baby is born, the spirit is in this stage; characterized by purity, sacredness and innocence. This part of the spirit becomes Tun when the baby first speaks and can converse.

Tun – as baby grows the spirit develops his/her personification, e.g. personality. The stage of Tun transitions into the spiritual stage of Sicun.

Sicun – whatever the spirit gathers or accumulates results in their spiritual character make-up and is what can impact level of fortitude and endurance. Sicun transitions into Nagi.

Nagi – the state of wholeness of spirit which is characterized by wisdom, fortitude, woableza (understanding). This stage of spiritual growth is not automatically achieved or guaranteed, the experience of life impacts whether or not the person's Nagi fulfills their greatest spiritual fulfillment. Usually reached in elderhood, when you enter the last stage of life on earth.

A person is born with all four parts of their spirit but the growth to wholeness is dependent upon various factors. When a person experiences trauma, the growth of the spirit is stunted. So when the wopakinte is done, then all four parts of the spirit are wiped clean from the trauma thereby enhancing the spiritual growth.

Materials Needed for Wopakinte

- Peji hota (sage)
- Oinitipi (purification lodge)
- Gender specific – if male, then an older male does the wiping off; if female, then an older female does the wiping off.
- Wagluhtata – offerings including tobacco, spiritual food, e.g. wasna
- Preparation – asking an Elder to help with the ceremony
- New clothing – put on after the ceremony and clothes worn that day are burned to signify new beginning.
- Multiple times may be necessary



It is a Lakota belief that everything has a spirit, therefore grief, loss, anger and rage have a spirit and without a “wopakinte”, individuals can become burdened and become vulnerable. This cultural intervention along with other interventions can prevent transmission of negativity and can lead to a renewed sense of strength.

Wopakinte

- This cultural intervention along with other interventions can prevent transmission of negativity and can lead to a renewed sense of strength.
- Taku sica iyowaniye na awasakapi kpahlayapi na etan ki wasakapi

Apiciya Pi *(Healing from Trauma)*

- When an individual experienced trauma, there were cultural interventions that were immediately applied to prevent the traumatic experience from having a long term effect on the individual.



Today many people have experienced trauma but have not had the opportunity to heal through our own Lakota cultural interventions due to many factors including rejection or fear of the culture, no knowledge that such help exists or little support in accessing such services.

Written Testimony for Darla Thiele

Darla Thiele (*Spirit Lake Nation*), Director, Sunka Wakan Ah Ku Program

Darla Thiele is currently the Director of the Sunka Wakan Ah Ku project, a diversionary project within the Spirit Lake Juvenile Court system. The main goal of the program is to reduce juvenile delinquency and the likelihood of repeat offenders through the caring for horses. The program developed as a diversion tool for the Spirit Lake Tribal Court and has expanded to an Equine Assisted Learning (EAL) model. The EAL model correlates with the spiritual and cultural history of the Spirit Lake tribe, and engages the youth to empower them. The program utilizes guided interaction with horses to develop participant's coping skills and establishes trust, respect, and responsibility. Other goals are to promote healthy living, self-identity, to promote unity and sacredness, suicide prevention, and family togetherness. Darla chose to work with the youth of the Spirit Lake reservation because, "they are our future, they will be our leaders one day, and they need to know that they can be anything they want to be."

Mitakuyeapi- cante waste nape chazapi, wiyakpa winyan omakeyapi, mni wakan oyate. My relatives I greet you with a good heart and a hardy handshake. My Dacotah name is Shining Star Woman. I am an enrolled member of the Spirit Lake Nation in Fort Totten, ND. My English name is Darla Thiele.

I have worked with our youth of the Spirit lake Tribe since 1993. In that time. I have worked in the areas of alcohol and drug prevention (5 yrs), Spirit LakeTribal Court, Juvenile Division (12 yrs) and the Sunka Wakan Ah ku program (5 yrs). I have also obtained two degrees during this time, Liberal Arts and Indian Studies.

The Sunka Wakan Ah Ku Program (Bringing Back the Horses) is a culturally based equine program that utilizes cultural interventions with youth who are in the juvenile justice system and/or abusing alcohol or other substances. These cultural interventions include traditional practices; awareness of tribal history and heritage; cultural knowledge; and the spiritual impacts of our way of life when following the seven teachings of the Dakota: values, wisdom, humility, courage, honesty, respect and fortitude.

As Dacotah people we are bringing back the horse culture, a culture we have strong ties too. The Dakota believe the horse is sacred. He is our relative, and comes from the west direction. The horse is a healer, and speaks for the youth and expresses what they cannot when they working in the arena. (counseling without the couch) Using cultural practices and horse knowledge along with the National Equine Assisted Learning is a great tool for many of our native youth.

I would like to share one example of our work with young girl whose brother and sister were found murdered on May 21, 2011. She found comfort and trusted in the horse to help her deal with this tragedy. After a whole year went by she asked the program to help her find closure and requested a memorial ride in loving memory of her little sister and little brother. We rode ten miles to their grave site. We had a ceremony; fed the people; and had a balloon release. She helped her find closure and move on. We have many youth with stories to tell about how the horses have help them through many trying situations that were beyond their control. They found comfort, trust, and love in the relationship they developed with the horse.

There is a great need for more spirituality among both the youth and adult populations of Spirit Lake. This is coupled with the need for cultural identity and a sense of belonging to the community. These issues are critical, as we are raising youth who don't know the how of our values and the roles within our family units,

which at one time kept everything together. This results in our youth emulating other races by trying to be someone they are not, because they lack the basic knowledge of who they are and where they come from. We (the Decotah) are spiritual people with a belief in Wakan Tanka and we know that prayer is a way of life. There have been a number of times when our youth have said, “We don’t know how to pray, can someone teach us?”

Without a strong belief system and a sustained relationship with Creator, we cannot grow as human beings. In order for us to move forward, we need to come to terms with the past and our ugly history. We need to move past this and push on into the future. We need to start planning for our children, grandchildren, and our generations yet to come.

Our youth need their cultural identity, knowing who they are and where they come from so they can move into the future.

Colonization has taken over the lives of parents and grandparents. They have accepted the teaching of the missionaries that our ceremonies and culture are evil and should no longer be practiced. They then teach this to their children and they don’t allow those young people who want to learn about ceremonies or go to sweats to do so. Our youth don’t know who they are or where they come from. They don’t know their family trees or history.

One of the main barriers both our youth and their families face are professionals, who have the proper credentials required by the state, but lack they lack the cultural knowledge and ability or desire to even try to understanding where our children and their families are coming from.

Examples:

When these ‘professionals’ don’t work with our families to find a workable solution but rather they make all the decisions for the children and/or families, without consulting them in any part of the process. They have set that person or family up to fail. For any solution or assistance to have a chance of being successful it has to involve the family, to come from within the family. A good and positive example of this is the Sacred Child Project. The concept is right on, but most ‘professionals’ could not or would not allow the families to have any control over their own treatment or case plan, thereby making it unsuccessful.

Another way people with the proper credentials required by the state set children, youth and their families up for failure is by refusing to, or being fearful of a relationship with the people they are working with. If these “professionals’ refuse to enter into a caring relationship with our people, they have set up themselves and the people they are serving for failure.

Another way this is done is when providers put their credentials ahead of the needs of the youth. Many “professionals’ have a fear of losing their license by not following the status quo. There are times when what our young people or families need is not part of the prescribed methods of doing things within certain disciplines and professions such as addiction counseling. Children and youth cannot be fooled, they know who is real and who is just there for a job. I know of one therapist, a Licensed Addiction Counselor with a Masters in Social Work who’s treatment methods were not the standard, and believed in her “clients” so much she would not change her course when another Licensed Addiction Counselor complained and threatened to bring her before the licensing board. This action jeopardized her licensure, This person was cleared of the allegations, and this is the type of dedication I am talking about that is needed,

Another barrier comes from within. This is the well-known limited resources tribes have to deal with law enforcement, social services and court services – not enough officers and facilities; overwhelmed social

service agencies without adequate staffing or funding to meet the needs of the children in their care and control; and overwhelmed court systems with limited options because of the limited resources available within their jurisdictions.

Another barrier from within many tribal nations is that is when we do get good caring people, both Indian and non-Indian, in these positions and they are working for positive change and outcomes, some of our own people become resentful, resistant or defensive. They will go to our tribal governments to complain and many times our tribal leadership and/or representatives will give in to the complaints and let these people go, or make their work very difficult in an effort to get them to resign.

One of the recommendations I make is that these “professionals” should display a willingness or openness to learn of the history and heritage of the people they are to serve. For our Native communities that history would include the colonization process and its lasting effects on our populations. They should also have a willingness to learn about the culture and traditional practices of the people they are to serve.

Another recommendation I make is to develop a multi-disciplinary team approach, utilizing the Sacred Child model for child protective services, prevention and treatment planning that will work on a case to case basis.

The answers to our problems lie within our people in our communities and not from someone coming in and trying to solve the problems for us. The Sunkas Wakna Ah ku started with grass roots people who realized that we can no longer wait for people to come in and solve our problems for us or to tell us how to work with our youth.

When the problems at Spirit Lake Tribal Social Services came to light, Meetings were held with government officials, but not one of them went into the communities to ask for the people’s advice or help to resolve the crisis. Finally, it got to the point of the Bureau of Indian Affairs taking over child protective services. And the problems worsened, because of the points made above and trust in the systems deteriorated further.

These are serious matters, especially when it involves the safety of our children and youth. If you want to help, help us to look within our own people and communities for solutions, support our ideas, and help us implement those ideas. But do not do it for us – it will not work. There needs to be dialogue not just testimony. There needs to be sharing of ideas and discussion revolving around those ideas, not just hearing these thoughts, concerns, and ideas; asking questions; and then deciding how to proceed. While that does involve us, it still doesn’t give us the responsibility and ownership.

Further Reading

Panel 4: Healing from Trauma and Programs for Children Exposed to Violence in Indian Country and Urban Communities

1. Ed Buller, *Aboriginal Community Healing Process in Canada*, (Manchester, England 2005), available at http://www.iirp.edu/pdf/man05/man05_buller.pdf, accessed December 3, 2013.
2. Jarem Sawatsky and Rupert Ross, *The Ethic of Traditional Communities and the Spirit of Healing Justice, Studies from Hollow Water, the Iona Community and Plum Village*, Jarem Sawatsky and Rupert Ross; Jessica Kingsley Publisher, (Philadelphia, PA 2007).
3. Dolores Subia BigFoot, Ph.D., and Susan R. Schmidt, Ph.D., *Honoring Children, Mending the Circle: Cultural Adaptation of Trauma-Focused Cognitive-Behavior Therapy for American Indian and Alaska Native Children*, University of Oklahoma Health Service Center (2010). Available at <http://tloa.ncai.org/documentlibrary/2010/09/Mending%20the%20Circle.pdf>, accessed December 2, 2013.
4. Jami Bartgis, Ph.D. and Dolores Subia BigFoot, Ph.D., *The State of Best Practice in Indian Country*, Healthy Indian Country Initiative (2010). Available at [http://www.icctc.org/Bartgis-Bigfoot%20The%20State%20of%20Best%20Practices%20in%20Indian%20Country%20\(2\).pdf](http://www.icctc.org/Bartgis-Bigfoot%20The%20State%20of%20Best%20Practices%20in%20Indian%20Country%20(2).pdf), accessed December 2, 2013.
5. *Federal Partners Report on Women and Trauma: Trauma Informed Approaches: Federal Activities and Initiatives* (September 2013). Available at http://www.nasmhpd.org/Publications/Women_and_Trauma.aspx, accessed December 3, 2013.

Public Testimony

INTERNAL WORKING DOCUMENT MANAGING PUBLIC TESTIMONY

Story Telling

Some of our oral traditions include story telling. Historically, Indian people used storytelling to preserve our history and cultural traditions. Storytelling was most often reserved for winter months and in some tribes they forbid storytelling in the other seasons. When we ask Indian people to share their personal experience or their children's experience who are exposed to and harmed by violence, they may perceive that as being asked to tell their story. For many Indian people who practice their traditions, there is no time limit on storytelling per se, especially elders.

Sensitive Nature of the Issue

The other factor is the problem of children being exposed to violence isn't a new problem and we all know that it is linked to historic and inter-generational trauma. This topic is difficult to bear witness in a few short words. In my travels this topic is so emotionally charged because it has to do with our children and in so many tribal communities children are killing themselves or one another as a result of their exposure to violence. It's much easier for adults who were exposed to violence as children to suppress their feelings but often are unable to do so when it comes to their children such as in the case of battered women who are losing their children because they return to the abuser and get charged with "failure to protect". Those situations are way too common and there is so much anger and grief associated with this problem because it just keeps happening to us as Indian people. So we have to be careful what we are asking and how we are asking it.

Recommendations

- Be clear with time expectation directions (co-chairs and repeat directions prior to public testimony segment).
- ***The Executive Committee and TLPI have assigned Bonnie Clairmont as the public testimony time manager.***
- Best to acknowledge and work within the story telling tradition and then provide gentle direction such as *however....* in the interest of time, in order to bring in as many voices to this, etc. although we have to set some time limits for each person.
- Bonnie Clairmont should be closely available to people during public testimony and stepping up to that person if they are extending their time beyond reasonable limits and gently ask that they bring it to a close.
- Bonnie Clairmont's physical presence for the people testifying can serve as a respectful reminder of both the time constraints and the safe room availability.
- Remind people they can also submit written testimonies and provide information and support on how they can do that (co-chairs and Bonnie Clairmont, TLPI).
- Be aware of secondary trauma issues and provide safe room (safe room availability and directions need to be repeated during throughout the day and hard copies of safe room handouts provided to attendees).

Written Testimony of Marilyn Hudson

PO Box 514
Parshall ND 58770

Nov. 23, 2013

The Honorable Senator Heidi Heitkamp
228 Federal Building
220 East Rosser Avenue
Bismarck ND 58501

Dear Senator Heitkamp:

I am writing in reference to your proposed bill to protect Indian children and also Byron Dorgan's national task force about violence on Indian children. I am very interested in both of these initiatives and hope they are both successful. I would like to tell you about three sisters from Fort Berthold who experienced many abuses and hardships in their lives. They are now adults in their fifties. Their story should be told as a part of the history of the plight of children on reservations.

About 2 years ago, I received a call from "Cheepo", her childhood nickname. She was very happy to find someone who knew her and her family. She and her sisters were trying to put together their early childhood history in Parshall over 50 years ago. I remembered these three little girls who lived across the street from where our family lived. They lived in extreme poverty. Their mother was alcoholic and she passed away when the girls were very young, about 4, 5, 6 years old. She had a 4th child, a son, a half-brother to the girls, who was only an infant when the mother died. Their elderly grandfather tried to care for them but the welfare office placed the children with an aunt in the rural Shell Creek area. This was a dysfunctional home with alcohol, domestic violence and the aunt and children sometimes had to flee the home and seek shelter with the elderly grandfather in Parshall. The 3 sisters were then placed in boarding schools in Wahpeton and the younger half-brother was placed for adoption. They never returned to Fort Berthold but grew up in either boarding schools or foster homes. They lost touch with each other over the years. When Cheepo began her search for her family history, she found that her brother had passed away some years ago. She has reunited with one sister who now lives in Albuquerque and together they began their search and writing their family story. Cheepo has told me that no matter how painful and sad their story is, she and her sister want to know everything about their early childhood. They have no immediate family here on the reservation but do have some relatives whom they do not know. Last summer, Cheepo came to Fort Berthold to visit and to make contact with relatives and to check with BIA since she and her sisters own some small interests in land inherited from her grandfather. She now lives in Texas and is employed at one of the military installations there. She also lived and worked in Iraq several years.

I told Cheepo about the efforts you and Byron Dorgan are making to improve the lives of children on reservations. I asked if I could pass on her story and that of her sisters to you. She

was in full agreement. In an 11-15-13 e-mail she said she would like ***“to become a motivational speaker to encourage parents to bond with their children and for mothers not to be afraid to advance so they do not have to depend on an abusive husband. I have so much to say. I am ready to tell our story, it needs to be told.”***

I am very proud of Cheepo and what she has survived and what she has accomplished. She is a remarkable lady who has overcome many obstacles in her life – she is a survivor. If you are interested in her story, please let me know. I would be happy to put you in touch with each other.

Sincerely,
Marilyn Hudson

P. S. I would like to send this letter to Byron Dorgan also but I cannot find his address anywhere on line. If you have a current address for him, please let me know.

Written Testimony of Cheryl Kary, Enrolled Member of Standing Rock Sioux Tribe

Thank you for allowing me this opportunity to provide input into the work of the Attorney General's Task Force on American Indian/Alaska Native Children Exposed to Violence. As the "Report of the Attorney General's Task Force on Children Exposed to Violence" states, "We invest in the future of our nation when we commit ourselves as citizens, service providers, and community members to helping our children recover from exposure to violence and ending all forms of violence in their lives." I am certainly not an expert on children exposed to violence. But I have learned some things in a long career of working with Tribes and Tribal organizations who serve youth and I would like to share them with you as you prepare to address the issue.

One of the biggest lessons I have learned throughout my work is that violence permeates every aspect of life on the reservation. Let me repeat that – every aspect of life on the reservation. In order to do the work of the task force and to implement the recommendations made in the report, it will take a concerted effort by every stakeholder in the issue. It will take a collaborative effort of all entities that have some measure of impact on this important issue. It will, most importantly, take a controversial approach which must include outside intervention.

When I state that violence permeates every aspect of life on the reservation, I do not simply mean anecdotal evidence of some type of violence exists in each Tribal community, organization, or institution. We know this to be the case already. The issue is much deeper.

Historically, violence has been a part of the American Indian existence for hundreds of years. I will not reiterate the history I'm sure you've all read of violent boarding school experiences, traumatic foster care experiences, inequities in law enforcement, etc. But I will ask you to think of the compounded impact of such systemic violence. Exposures to such sustained phenomenon impacts the way people act, react, think, communicate, respond to crisis, plan (or do not plan) and lead (or do not lead). This is the core issue in dealing with any given "Indian problem" and, most especially, the one of violence in our communities.

The phenomenon of violence in our Tribes is heavily impacted by the current loss of the last generation of elders who grew up in a fairly enculturated and isolated way of life that did not include institutionalized, systemic violence. We are moving into a time period (and have been for the last 10-15 years) in which entire communities have **grown up in violence**. What this means is that violence and all that implies – bullying, physical violence, sexual violence, domestic violence, mental and emotional abuse – have become **a way of life**. Thus, "traditional" remedies and recommendations such as those in the report to the Attorney General, while valuable and sensible (and with all due respect), **will not work** on reservations; not without a more focused intervention from outside entities.

I worked for several years for a non-profit that conducted training for child-serving agencies. In nearly every training we conducted in which we discussed the issue of sexual abuse, participants revealed a deep-rooted fear of disclosing and of even talking about the issue. It is one of the most wide-spread problems on the reservations and yet one of the most un-addressed. This silence results in the type of lateral violence ("acting out" behaviors that come from repressed anger and grief) that make it difficult for traditional interventions to work. And the socio-economic reality of violence is evident in **every single**

institution charged with dealing with the problem – from the Tribal councils to the social service system to the courts to the schools to the parents.

Tribal Councils, for example, are often made up of individuals who are known and/or convicted abusers themselves. Holding them up as leaders tells the community that abusive behavior is a leadership quality. In my own personal experiences, I have seen the worst sort of bullying behavior and intimidation tactics used by Tribal Councils in dealing with their own constituents. Illegal and unethical behavior of the Tribal Councils is not regulated by any agency or entity, nor are internal laws and procedures intended for self-regulation followed. This results in frustration and apathy; the “hopelessness” attributed to all reservations.

The social service system, as well, is often ineffective and stymied by the Tribal politics that ensure no true investigations occur, convictions are few and far between, and social workers who attempt to make the hard decisions of removal are themselves removed from their jobs. This leads to apathy and fear that lets children fall through the cracks or remain in unsafe conditions. Many progressive programs (via grant funding) have been tried in various places with limited success. But when an entire system is not working, one program within that system is set up for failure. This leads to a loss of effective professionals and cynicism among our children and youth.

The court system, also controlled by the Tribal Council, makes decisions knowing that any unfavorable one could mean their jobs. I have seen first-hand the miscarriage of justice by Judges who do not want to make a “political” decision. Despite the glowing reports of separation of Tribal Court and Tribal Council on the Standing Rock Indian reservation, for example, the reality is such reports come from only one perspective and benefit only those who espouse it. From a community perspective, the system does not serve justice. And, since the courts play a major role in creating accountability and administering justice, the lack of ability for independent decision-making is a critical missing link in solutions to violence.

The schools also see the daily impact of administrative bullying and inaction. Parents, because of their own experiences with violence and abuse, often have the mentality that “nobody messes with my kid”. Because of this, any disciplinary action results in a vicious chain reaction in which the parent berates administrators, who in turn blame teachers, who in turn do not discipline students, all resulting in an absence of discipline and teachers who give up on teaching effectively. Administration turns to writing more policies which mean less than the paper on which they are printed.

Finally, parents (the general public) also perpetuate violence by refusing to support the systems of accountability, and the policies supporting greater accountability, which underlie many of the recommendations made in the report to the Attorney General. While the community outwardly says they want accountability, the opinion changes when their own children or family members are the ones involved in actions of violence or abuse. This type of savior syndrome is also indicative of sustained and systemic violence. Since violence and a violent way of life changes the way we act, react, think, communicate, respond to crisis, plan (or do not plan) and lead (or do not lead), the general community finds it hard to embrace the type of “tough love” strategies focused on accountability.

And so the systemic violence continues...

All of this is not to say there are not dedicated and hard-working professionals doing their jobs. Nor is it to say that all programs and institutions are complete failures. On the contrary, there are a great number of individuals who want to see a better future for everyone and who have a deep love for their communities.

However, I believe any effort to address the issue of violence must take into consideration the widespread nature of the problem. I have witnessed the burn- out and frustration of too many intelligent, good-hearted individuals who have sought to make a difference only to face a system in which the dysfunction is overwhelming.

Because of the interlocking complexities of the reservation system, addressing the issue of violence for American Indian/Alaska Native children and our future is no small task. But it is not an impossible one. I firmly believe the key is taking a non-standard approach to the issue when dealing with Tribal communities. A non-standard approach is one which does not focus on pieces within the system but addresses the entire system itself. For example, the Native Nation- building model is one which, while focused on economic development, requires Tribal communities to address the strength and capacity of systems that support economic development. Because this approach is so comprehensive, it will not be easy. But I believe any other approach will likely result in another call-to-action, report, and task force like this one in the next 5 years.

Written Testimony of Don Bartlette

"MACARONI AT MIDNIGHT" a presentation for Educational, Professional, Military, Volunteer, Civic, Fraternal, Governmental, Counseling, Social Work, Correctional, Residential, Motivational, or Inspirational Conferences or Meetings, Student Activities, FHA, FFA, FCA, Leadership, DECA, VICA, Honor Society, Key Clubs, Teen Institute, Students Against Drunk Driving, School Assemblies, Graduation Ceremonies, Banquets, Rallies, Family and Marriage Seminars, Camps, Training Institutes, Rehabilitation and Disability Programs, Prisons, Minority or Diversity Events, Boys & Girls Clubs of America, Child Abuse Programs, School and Family Violence Seminars, Youth Associations, Native American events, and Programs related to Juvenile Delinquency, Foster Care, Suicide, Sexual Abuse, Homelessness, Senior Citizens, Parenting, Alcoholism, Mental Health, CASA, WIC, "People First" Chapters, Wellness Events, Head Start, Health Start, Home Start, Mental Illness, Adoption, Poverty, Athletics, Racism, Special Education, Nutrition, Human and Civil Rights, Men's and Women's Groups, Business-Employment Functions, Grandparenting, Anger in Kids, Character Traits, At-Risk Families, Social Skills for Independent Living, Multi-level Marketing Sales, Special Olympics, PTA, Literacy, Bullying, and Diversity.

Dr. Don Bartlette is a full-time public speaker and is, by training, a social worker, counselor, educator, consultant, and an advocate for minority persons, victims of child abuse, survivors of alcohol addiction, troubled youth and persons with disabilities. A Native American activist, he is married to a former special education teacher and they are the parents of seven daughters and one son.

"Macaroni at Midnight" is an autobiographical profile of the speaker's social, psychological, and educational experiences as a Chippewa Indian child growing up with emotional, speech, and physical disabilities in an environment of poverty, family and school violence, juvenile delinquency, homelessness, child abuse, racism and alcoholism. It relates how one person in his community helped him to overcome childhood disadvantages and to survive in a multi-cultural world.

Having shared this presentation over 10,000 times throughout America and Canada since 1972, Dr. Bartlette has also been on radio and television talk shows. He has appeared before local, state, national, and international groups and conferences. Dr. Bartlette has been a guest lecturer with the Institute for the Development of Educational Administrators, the Jennings Lecture Series for Outstanding Educators in Ohio, National Education Services, and numerous schools and universities. Recognized as a Staley Foundation Distinguished Lecturer, he is also a keynote speaker for the Institutes on Drug Addictions and Alcoholism. Dr. Bartlette was the commencement speaker for the first graduation ceremony at the Jimmy Sandy Memorial Indian School in Schefferville, Quebec. At the 1987 Governor's Conference on Children in Arizona, he was asked to replace Nancy Reagan as keynote speaker. Dr. Bartlette is an honorary member of the Civitan Club and is a national board member of Teen Ranch in Michigan. In 1992 Dr. Bartlette spoke to the Federal Office of Substance Abuse Conference in Washington, D.C. He is the recipient of an honorary diploma from the Chemawa Indian High School in Oregon. He was also honored by Oglala Sioux students at the American Horse School on the Pine Ridge Reservation in South Dakota. In 1994, at the Shakespeare Theatre in Washington, D.C., Dr. Bartlette received the "Award for Individual Achievement" from the National Council for Communication Disorders, an organization representing 31 associations dealing with speech and hearing-impaired problems. The event was hosted by actress Stephanie Beacham. Senator John Glenn of Ohio presented the award to Dr. Bartlette. Dr. Bartlette is a charter member of the National Museum of the American Indian.

The first social worker to be accepted into the American Academy on Mental Retardation, Dr. Bartlette is listed in England's "International Men of Achievement," and "Who's Who in the World." He is a member of the National Association for Native-American Children of Alcoholics and is featured in films titled "When Nobody Loves You" and "Believing for the Best in You." His life story has been portrayed in a stage production and in a song, both titled "Macaroni at Midnight." A past president of the National Minority Affairs Coalition, Dr. Bartlette served as a board member and Poverty Committee Chairman of the National Association for Retarded Citizens and as a consultant to the President's Committee on Mental Retardation. In 1972, he testified before Senator Kennedy's Hearings on the Handicapped and, in 1977, he attended the White House Conference on the Handicapped. He gained national recognition for developing the "Consumer Panel" of handicapped adults in Minnesota and was elected as a "Fellow in the Academy of Educational Disciplines" for his work in special education. In 1980, Dr. Bartlette was named Educational Lecturer for Phi Delta Kappa. He is past chairman of the Advisory Board for Keystone Academy, a school for learning disabled students in Texas. In 1986, the Altrusa Club and Mayor's Office of Cincinnati, Ohio, proclaimed November 15 as "Don Bartlette Day." He is an honorary citizen of Arkansas and West Virginia. In 1995, he addressed the 10th Anniversary of "About-Face," the Canadian-American Association for Persons with Facial Differences. He also spoke to the Ohio Car Wash Association, National American Indian Conference on Child Abuse and Neglect, "Children's Week" at Johns Hopkins University Hospital, Tom Landry Weekend at Williamsburg, VA, and to the North American Indian Missions throughout British Columbia. Selected as one of the "20 Most Interesting People" in Stark County, Ohio, for 1995, Dr. Bartlette

was also nominated for the Marty Mann Award, presented to the outstanding speaker, on alcoholism issues, in America.

The American Indian Leadership Initiative, a component of U.S. West Telephone Corporation, honored Dr. Bartlette, in 1995, at a ceremony in Denver, for his being a role model for his people. An Indian-designed "turtle" blanket was presented him to commemorate his becoming enrolled as a tribal member of the Turtle Mountain Reservation in North Dakota. In 1996 he was selected as the "Outstanding Social Work Alumnus" at the University of North Dakota. A former volunteer with Senior Citizens in Minneapolis, he also spoke to a Senior Citizens' group at Knotts Berry Farm in California. In 1997 Gov. Schafer of North Dakota proclaimed March 8 as "Don Bartlette Day." In November, he was asked to address the Community Anti-Drug Coalition of America at their national convention in Washington, D.C. In 2004, Dr. Bartlette keynoted the National Conference on Homelessness.

Other organizations addressed by Dr. Bartlette include The Nebraska Coaches' Association, The National Abandoned Infants Center in California, Utah's First Annual Conference on Human and Civil Rights, Louisiana's Ft. Polk Military Base, The National Council of Math Teachers, The National Institute for Alternative (Foster) Care Professionals, Family-Career-Community Leaders of America, The Allen Classical-Traditional Academy in Dayton, Ohio, Summer Leadership Retreats for Ohio DECA Camp, Future Farmers of America Chapter Events, numerous Native American and Canadian Tribal Reservations, all branches of the Armed Services (family advocacy and alcohol abuse programs), WIC conferences in Nevada and Hawaii, and the Citywide Leaders' Breakfast in Vancouver, B.C.

In 2004, the Governor of Kentucky commissioned him as an honorary "Kentucky Colonel," bestowed in recognition of his contributions in special education. In that same year, Dr. Bartlette was saluted as a "Hometown Hero" in the Canton Repository newspaper, featuring his speaking on behalf of the disabled, minorities, and victims of violence. He also keynoted The National Conference on Homelessness. In 2005, Dr. Bartlette became a conference speaker for SAFY, a nationally-known organization dealing with foster and adoptive care, and for the Seminole Tribe's "Wellness Week" annual conferences on Marco Island in Florida.

In 2006, Dr. Bartlette keynoted the National Native American Conference on Housing in Hawaii. In 2007, he was featured as an alumnus of North Dakota State University by their Department of Health and Education. He also keynoted the "Week Without Violence" event at Fargo, North Dakota, and was interviewed by the media at a press conference sponsored by the YWCA.

He continued his volunteer work for Chick-Fil-A restaurants (public relations events), Community Harvest's Celebrity Cuisine fundraiser, serving meals to the hungry and homeless weekly at the Salvation Army, guest-lecturing at Brown-Mackie College, Malone College, and Walsh University, and serving as a marshall for the Hall of Fame Parade in Canton. Dr. Bartlette spoke at the graduation ceremonies for Canton Academy, an alternative school for troubled youth in Canton, Ohio, and Brown-Mackie College.

In 2013, Dr. Bartlette was asked to speak at the National Native American Conference on Behavioral Health in New Orleans. He became a board member of Stark County NAACP, Pathway – Caring for Children, and The Greater Canton Urban League. Dr. Bartlette celebrated 40 years of public speaking. He became a member of The National Indian Education Association and continued his membership in The National Museum on American Indians.

Having worked as a program director, community organizer, administrator, direct-care supervisor, and child-care worker from 1957 to 1980 in camps, rehabilitation facilities, residential schools, treatment centers, institutions, educational settings, and city-county-state wide programs with minorities, troubled youth, families in distress, emotionally disturbed, retarded, learning disabled, mentally ill, and physically handicapped persons, Dr. Bartlette was also involved with recruiting, training, and directing professional staff, volunteers, and student interns. He and his wife have been foster parents to kids with special needs. The Bartlettes have a multicultural family.

For further information or to schedule a presentation, contact speaker at
2602 Ocelot St NE, North Canton, OH 44721
or call 330-705-1543
email: donbartlette@juno.com

Education and Training:

- Bachelor of Philosophy degree in Social Work, University of North Dakota, 1962
- Master of Science degree in Education (Counseling), North Dakota State University, 1966
- Doctor of Philosophy degree in Education, Columbia Pacific University, 1981

- On-the-job Training in Social Group Work, University of Minnesota, 1963
- 20th Annual Institute in Social Work, University of Nebraska, 1964
- Training in Behavior Modification, Minneapolis Rehab. Center, 1973
- Training in Consultation, Kenny Institute, Minneapolis, 1973
- Training in Legal Advocacy for Developmentally Disabled, Legal Aid Society, Minneapolis, 1974

**OTHER MOTIVATIONAL AND INSPIRATIONAL PRESENTATIONS
FOR GENERAL AND EDUCATIONAL AUDIENCES**

- "Sweating Through a Bomb Threat" Speaker shares experience of talking to a student assembly in an Ohio public school when bomb-threat occurs.

- "David and the Keys" Impact on speaker and wife in being special educators and foster parents to a minority child.

- "Barb, a Girl in Search of Love" Tragic and humorous experiences of being a social worker and foster parent to an adult at work, at home, and in the community.

- "Cookies for Breakfast" The impact on speaker while home alone for 10 days with 5 daughters (ages 10 mos-6 yrs) during wife's near-fatal illness and hospitalization (emphasizes the importance of being important to others).

- "Turning 40 Ain't Easy" Humorous experiences of speaker's mid-life crisis, resulting in a career change and a garage full of travel mementos.

- "Developing and Utilizing a Client Council in a Residential Program for Handicapped Adults" Speaker shares about his experience in developing a program tool which resulted in the "Consumer Panel" of handicapped adults in Minnesota. The Panel gained national acclaim for its "Telling It Like It Is" program.

- "The O'Hare Incident" Speaker's involvement with an incident concerning a blind passenger on a flight from O'Hare Airport in Chicago to Baltimore, Md.

- "It Only Hurts When I Fly" A trip to Coffeyville, Kansas, nearly ends speaker's travel experiences.

- "An Opryland Experience" A daughter's response to speaker's celebrity status.

"Seeking Educational Excellence" Why speaker and wife, both educators, enrolled their children in a variety of educational programs in Ohio.

"It Happened on a Monday" Speaker's life is threatened by his native family prior to a public appearance in North Dakota (emphasizes the elements of dysfunctional, alcoholic behavior).

"Racial Prejudice in Stark County, Ohio" Several anecdotes illustrate speaker's anger and advocacy.

"Reconciliation with a Priest" Sexual abuse in speaker's childhood is exposed.

"A Journey into Black America" Speaker shares untold memories of a difficult process.

71 "~~A Journey Across Native America~~ *No Reservations*" Speaker shares how he became accepting of his culture through exasperating experiences.

"An Agent Unlike Others" Speaker recruits a massage therapist to be his new agent.

"The Stroked Injun" Suffering a stroke at age 73 becomes a challenge for speaker.

**Written Testimony of Dave Archambault II,
Chairman of Standing Rock Sioux Tribe**

GENERAL STATEMENT OF STANDING ROCK SIOUX TRIBAL COUNCIL MEMBER

REQUESTING TO PROVIDE ORAL TESTIMONY

I am a member of the Standing Rock Sioux Tribal Council, and in such capacity am requesting the opportunity to provide oral testimony at the December 9, 2013 hearing of the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence in Bismarck, North Dakota. The safety and welfare of Native American children is of vital importance to the Standing Rock Sioux Tribe; as an individual elected to represent individuals on the Standing Rock Sioux Reservation, I wish to reserve my right to speak on this issue at the December 9, 2013 hearing.

Also Signed by:

Jessie McLaughlin, Vice Chairman
Adele White, Tribal Secretary
Council of Standing Rock Sioux

Written Testimony of Joseph Vetsch, Prosecutor, Spirit Lake Tribal Court

December 6, 2013

Re: Testimony on effects of violence on Native American and Alaskan Native children in Bismarck, ND on December 9, 2013

To whom it may concern,

My name is Joe Vetsch. I am the Criminal Prosecutor for the Spirit Lake Tribe. I have worked in that capacity since February of 2004. During my time as the Prosecutor for Spirit Lake, I have worked for three or four different administrations and/or chairpersons and approximately twelve different judges. I believe this experience has allowed me to garner a unique perspective on the issues associated with and the effects of violence on Native American children.

I speak today on behalf of the Spirit Lake Tribe. But, I also speak on behalf of Spirit Lake's Multi Disciplinary Team. This team consists of members from various organizations: BIA Criminal Investigators Office, the Fort Totten Police Department, the Department of Justice, the United State's Attorney's Office, the FBI, the FBI victim witness office, Spirit Lake Victim's Assistance, Behavioral Health, Tribal Social Services and BIA Social Services. It is a team that meets a monthly basis and deals first hand with the effects of violence on Native American children.

The purpose of my brief testimony will be to communicate to the Committee some of the issues that we believe the Federal Government could help with.

The first thing I would like to touch on is the need for uniform standards and guidelines for the placement of children in foster homes and in "relative" and/or "family" care homes. It is our understanding that the standards for evaluating homes for relative or family care placement are much lower than for placing children in certified foster care placement. These lower standards or lack of standards entirely leave open the very real possibility of removing a child from a dangerous home and placing him or her in another home that is just as dangerous to the child. These types of placements represent the majority of child removal cases on Spirit Lake and should be held to the same standards of review and evaluation as certified foster care placements.

The second thing I would like to touch on is the need for adequate juvenile detention facilities throughout Indian country. I realize that many native nations have juvenile detention facilities. However, many do not. Spirit Lake is one of the places that do not. Currently this leads to incarceration of juveniles in off reservation facilities... away from their families, friends and school. Depending on the contract, often times those off reservation facilities are unable to provide any sort of educational and/or treatment services. There is a strong need to insure adequate on reservation detention facilities for Native American children. These detention facilities should include all of the typical services that we see elsewhere... adequate probation services, alcohol and drug treatment services, mental health services, educational services, offender treatment services, etc... We must remember that most juvenile offenders are themselves victims and we should make every attempt to treat them as such.

Third, there is a strong need for consistency and continuity in the investigating departments of the BIA and BIA social services as well as increased numbers of investigators and/or officers. Without an adequate number of people assigned to investigate cases of violence against children and without consistency and continuity in how the investigations are handled, we end up with a situation of dysfunction where cases do not get investigated properly and victims and their cases end up falling through the cracks.

Fourth, there is a strong need for funding that would provide for attorneys in cases of child removal and/or placement and/services to present those cases to the Court for the applicable social services agency. The Bureau of Indian Affairs is responsible for a majority of child placement cases. As such, it should be the Bureau's responsibility to provide funding for law trained and licensed attorneys to present those cases to the court to insure all policies, procedures and applicable laws are followed; as well as insure that all deadlines are met and that the proper language is included in petitions and orders.

And finally, there is a strong need for funding for on reservation shelters and group homes. These would be places for victims and their families to live free from fear and receive the necessary treatment and life-skills types of programming and educational services that are desperately needed to help in healing and reuniting victimized families. These facilities would include culturally sensitive curriculums addressing everything from day treatment for substance abuse, to supervised visitation centers, to parental skills programming, to nutritional needs programming and developmental education.

I would like to close by thanking the Committee for the opportunity to speak on behalf of Spirit Lake and our MDT and for taking the time to listen in an attempt to seek resolutions to some of the issues associated with the effects of violence on Native American children today.

Sincerely,

Joseph R. Vetsch
SLN Prosecutor

Written Testimony of Sarah Jumping Eagle, Pediatrician, Oglala Lakota and Mdewakantonan Dakota

December 6, 2013

As a Lakota, a community member, and a Pediatrician, I see many children live and do well in all realms of their worlds, home, school, and in the community. Yet we also know that children are living and existing in group homes, boarding schools, hospitals, psychiatric units, juvenile detention centers, and jails.

As Lakota/Dakota people we are experiencing a resurgence of our ceremonies, our language, our ways, and belief in ourselves as Nations. We know that the true strength in how we will help the Oyate comes from within what we have been taught by the spirits and our ancestors. As we return to these ways, we become stronger and healthier. We must incorporate our ways into rejuvenation of the family unit, food sovereignty, teaching our young people to pray, to respect themselves and others and to stand up for what is right. We will only do well when we all do well, when we have helped our people who are in prison suffering, when we have returned our children from the adoption agencies, from the group homes, from jails – yet we must develop our own pipelines of warriors. These are the young people who will return to our communities and will have families of their own – if they don't have skills to be healthy, what will the next generation hold?

We cannot separate the exposure of American Indian children to violence in the home, from our history as a people, to the governmental policies of genocide, policies of separating children from families, policies which enforced the “kill the Indian save the man”, these policies allowed for dividing up Indian territory into religious divisions, thereby allowing an influx of foreign theologies and allowing our children to be victimized in boarding schools by pedophiles, via physical abuse, emotional abuse, sexual abuse. We are only one generation removed from these policies. The effects of these policies are still being felt now. It is no surprise that our children are now suffering the results of what has been passed down from generations of war, trauma, separated families, substance abuse, loss of language and ceremonies. Yet we all know this. We do not need to study this.

We know that there have been systems set up to keep our children in a pipeline which reinforces our poverty and keeps us struggling on prison camp #334, the Pine Ridge Reservation, or on the Standing Rock Reservation. In South Dakota, the high school graduation rate for American Indians is known to be 47.5%, in Wyoming it is 37.6%, and in 14 other states the AI graduation rates are 60% or lower (including ND, Nebraska, Idaho, Washington, etc) (per NIEA data). High school dropout rates are known to be linked to higher incarceration rates, and higher “at risk” activities, such as substance abuse issues.

AI youth, if they do become involved with the justice system, are more likely to end up with records, to do longer periods of incarceration, and less likely to receive substance abuse treatment or mental health services, which are often the basis of their crime in the first place. Many of the initial crimes committed take place while under the influence of drugs or alcohol. Thus substance abuse treatment is key in prevention of crimes and reducing recidivism. Mental health issues and post-traumatic stress disorder are often the basis of substance abuse issues for our people and these are going unaddressed as well.

You ask how this is related to AI Children's exposure to violence in the home? In Indian Country we have a young population. More than 60% are under the age of 20 years old. We have younger families. We have many families whose families had been disrupted in the past as a result of governmental policies – grandparents who grew up in boarding schools, taught physical and sexual abuse by nuns and priests, becoming parents without knowing how to be parents, passing on this cycle of violence, dealing with their

own trauma with substances. This cycle is passed on. Added to this is a pipeline of school to prison within our communities. Our children are being taught by boarding schools and group homes to be institutionalized – to be ready for prison. There is also often a complete lack of opportunities in our communities which leads to frustration and substance abuse.

There is a significant need for more substance abuse treatment centers and detox centers. Our communities, especially rural reservation communities, need substance abuse inpatient and outpatient resources – especially in the areas of methamphetamines and narcotics (prescription drug abuse, IV drug abuse).

In my experience I see the violence that children are being exposed to is mainly a result of substance abuse issues. Children are seeing violence when their parents are a part of domestic violence, when the children themselves are abused, they may also see violence when there is binge drinking or parties taking place in their homes and random violence takes place. When children are older, as teens, they may experience violence as getting into fights and/or rapes, often as part of “parties” taking place in basements or in fields in very rural areas.

As we work in our communities to build our Nations, we will also develop more parenting classes, more programs such as the Nurse Family Partnership, a program which includes home visits with young parents and has been shown to reduce incidence of child abuse.

Despite the challenges our communities face, we have hope for the future. Here I detail many challenges, yet we have many people working for a brighter day. We are not waiting for anyone else to save us. Hecetu ye!

Written Testimony of Chase Iron Eyes, Attorney, Last Real Indians, Inc.

I was a child exposed to violence in the home, not of Child Abuse but of other violence resulting from unhealthy male-female relationships, poverty culture, colonization's debasing of the Native familial social-kinship structures, upheaval of the Native economies and ways of life, substance abuse, and recurring flare ups of prolonged instability in the family and home. For me, school was a safe-haven. A place where I, and many of my peers, could go to feel safe, be kids, receive a guaranteed hot meal, not have to baby-sit our younger siblings, not have to worry about strangers partying in our home and to seek out our imaginations

When you are exposed to violence in the home you are bound to continue the cycle of violence outside the home and that is what I recognized in my youth. I have spoken to various youth audiences during the spiritual runs, culture camps and other outlets that our organization hosts as well as prison inmates to further understand the impacts of violence in the home and to find solutions to prevent the culture of violence. We come from warrior based social-political structures and we need healthy outlets to express ourselves (this is my opinion alone for young males, this is why I work directly with them), our children need to know we care about them, we commit violence 99% of the time as result of poverty culture (alcohol and loss of values) be it domestic violence, child abuse, sexual abuse, and so on. So, how do we eliminate poverty? First by educating the mind and nurturing the spirit, leading on to a redefinition of wealth and the reinstitution of sober-healthy lifestyles. When we are sober and healthy our esteem is stable and we do not disrespect ourselves or our children by allowing elements of violence to surround them in the home, one of our most sacred places. I feel with education and promotional campaigns in social media and reaching out to parents and children in relevant ways we can create a movement of leaders and families who are committed to living life above the influence. Our nonprofit is already doing this on the Standing Rock and Cheyenne River reservations. Thank you, Chase Iron Eyes