NCAC
CALiO™
CHILD ABUSE LIBRARY ONLINE

Child Maltreatment in Native American & Alaska Native Communities

A Bibliography

November 2026

Championing and Strengthening the Global Response to Child Abuse

nationalcac.org | 256-533-KIDS(5437) | 210 Pratt Avenue NE, Huntsville, AL 35801

©2026 National Children's Advocacy Center. All rights reserved.

©2011, 2014, 2016, 2019, 2023, 2026. National Children's Advocacy Center.
All rights reserved.

Preferred citation: National Children's Advocacy Center. (2026). *Child maltreatment in Native American & Alaska Native communities: A bibliography*.

This project was supported by a grant awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice

Scope

This bibliography lists publications that address mental health services, advocacy, prevention, prosecution, medical services, and other topics involving child maltreatment specifically in Native American and Alaska Native communities.

Organization

Publications include articles, book chapters, reports, and research briefs and are listed in date descending order. Links are provided to full text publications when possible. However, this collection may not be complete. More information can be obtained in CALiO™, the Child Abuse Library Online.

Disclaimer

This bibliography was prepared by the Digital Information Librarians of the National Children's Advocacy Center (NCAC) for the purpose of research and education, and for the convenience of our readers. The NCAC is not responsible for the availability or content of cited resources. The NCAC does not endorse, warrant or guarantee the information, products, or services described or offered by the authors or organizations whose publications are cited in this bibliography. The NCAC does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed in documents cited here. Points of view presented in cited resources are those of the authors, and do not necessarily coincide with those of the NCAC.

© 2026. National Children's Advocacy Center. All rights reserved.

Child Maltreatment in Native American & Alaska Native Communities

A Bibliography

Dowdell, E. B., Petreca, V., Mars, M., Dsouza, A., Lapinski, A., & Burgess, A. W. (2026). Murdered indigenous girls: An analysis of victims and perpetrators. *Journal of Forensic Nursing*, *22*(1), E5-E14. DOI:10.1097/JFN.0000000000000575

Exposure to and experiences of violence are identified as factors contributing to the issue of murdered Indigenous girls and women. Descriptive, correlational study of public access data with a sample of 64 murdered Indigenous girls ranging in age from 14 months to 18 years. Indigenous girls under 5 years (59%) had the highest report of domestic violence in their history and were more likely to be in foster care (36.3%; p=0.03). Age of victim was related to perpetrator sex, with girls under age 5 years more likely to be murdered by a familial or caretaker relationship female (78.6%), whereas 100% of adolescent girls were murdered by males with higher rates of sexual assault (74.5%; p=0.003). Forensic nurses and health professionals are in a key position to conduct routine screenings, response-oriented interventions, violence prevention, and education on healthy relationships through person-centered care to Indigenous girls experiencing violence.

Hendrix-Dicken, P. A. D. (2026). Protecting the sacred: Assessing Indigenous child welfare outcomes in Oklahoma using inclusive data practices. *Child Abuse & Neglect*, *181*, 108285. DOI:10.1016/j.chiabu.2026.108285

Little empirical research exists on child welfare outcomes of Indigenous children in the US. The purpose of this study was to determine if cases involving Indigenous children have higher odds of substantiation and child removal compared to cases involving non-Hispanic White children when controlling for public assistance, caregiver substance use, domestic violence, child demographics, and allegation types. Child welfare cases from Oklahoma reported in the federal fiscal year 2019 National Child Abuse and Neglect Data System's child file. Cases were

© 2026. National Children's Advocacy Center. All rights reserved.

classified as involving children who were either non-Hispanic White, Indigenous alone, or Indigenous along with other ethnoracial identities (i.e., Indigenous and White, Indigenous and Black, etc.). Descriptive statistics and logistic regression with clustering were conducted with a significance threshold of $p < 0.05$. Lower odds of substantiation were observed for cases involving Indigenous and White children (AOR: 0.91, 95%CI: 0.85, 0.97). Higher odds of removal were observed for cases involving Indigenous and White (AOR: 1.18, 95%CI: 1.07, 1.31), Hispanic, Indigenous, and White (AOR: 1.53, 95%CI: 1.25, 1.88), Indigenous, White, and Black (AOR: 1.64, 95%CI: 1.28, 2.10), Hispanic, Indigenous, White, and NHOPI (AOR: 5.15, 95%CI: 2.46, 10.77), Indigenous and Black (AOR: 1.41, CI: 1.03, 1.93), and Hispanic, Indigenous (AOR: 1.54, 95%CI: 1.13, 2.09) children. A better picture of Indigenous child welfare outcomes was obtained by disaggregating multiracial data including lower odds of substantiation and higher odds of removal for specific Indigenous subgroups.

Kiaras, S., & Dashora, P. (2026). Indigenous youth in the Canadian child welfare system in the context of trauma: A human ecological perspective. *Child & Youth Services*, *47*(3), 507–530. DOI:10.1080/0145935X.2025.2541601

Overrepresentation of Indigenous children and youth in the Canadian Child Welfare System (CWS) is a well-documented topic in research. Current research focuses on individual factors of trauma for Indigenous youth in the CWS. Through a human ecological framework, this study discusses the experiences of trauma among Indigenous youth in the CWS and relationships between early traumatic experiences in the CWS on youth's well-being. Findings show that trauma experienced within systems surrounding youth during their experience in the CWS significantly impact their well-being. In response, impactful changes at policy level are suggested.

© 2026. National Children's Advocacy Center. All rights reserved.

Asher BlackDeer, A., & Harty, J. (2025). Beyond reform and abolition: Navigating the complexities of Indigenous child welfare. *Families in Society*, *106*(2), 500-519. DOI:10.1177/10443894241303964

Despite the passage of the Indian Child Welfare Act nearly 50 years ago, Indigenous children are persistently disproportionately represented within the child welfare system, yet continue to be overlooked in the debate between abolition and reform in the social work literature. As these disparities continue to widen, social workers fail to recognize the unique struggles of Indigenous children and families upon encountering the child welfare system. The present work provides a historic overview of Indigenous child welfare interaction, grounds discussions in coloniality, and implicates social work's complicity in perpetuating the genocidal fiscal economy of Native child trafficking. Through a lens of Indigenous child welfare, we sift through the abolitionist versus reformist debate, introduce the Indian Child Welfare Act as an example of a non-reformist reform, and conclude with implications for social work practice.

Edwards, K. M., Deutsch, A. R., Gardella, J., Herrington, R., & Schultz, K. (2025). A systematic review of family violence prevention among indigenous populations: A call to center prevention work in strengths, culture, and dignity. *Journal of Family Violence*, 1-21. DOI:10.1007/s10896-025-00853-w

The purpose of this paper is to conduct a systematic literature review focused on prevention initiatives for family violence among Indigenous populations in the U.S. and Canada. The authors of this systematic review identified, critically reviewed, and synthesized findings from nine studies through searches of research databases on family violence prevention among Indigenous populations. Findings from the review highlight that skills-based, strengths-focused, culturally grounded programs targeting families, caregivers, and children have utility in the prevention of family violence among Indigenous populations. There is also some evidence that programs even with minimal cultural adaptations but that include staff cultural competency training may be beneficial in reducing family violence among Indigenous populations. Further, the resilience portfolio model and dignity literatures have great promise for the future of preventing family violence among Indigenous populations. These literatures

© 2026. National Children's Advocacy Center. All rights reserved.

point to the importance of a focus on strengths, culture, and intrinsic value of all people in family violence prevention work in addition to highlighting the importance of early intervention strategies to interrupt intergenerational processes contributing to high rates of family violence. Future research on family violence prevention among Indigenous populations should utilize large samples, randomized trials (as long as they are acceptable by tribal/community partners), methods of data collection beyond self-report only, methods to ensure high rates of enrollment and retention, and intersectional approaches. Macro level initiatives are needed to reduce interlocking systems of oppression that drive disparities in family violence experienced by Indigenous populations.

Kastelic, S. L., & Jorgensen, M. (2025). Tribal self-determination in child protection in the United States: Returning to cultural foundations. *Genealogy*, *9*(4), 106. DOI:10.3390/genealogy9040106

The aim of this paper is to highlight Tribes' efforts to Indigenize their child welfare systems through the instrument of Tribal law. Since its founding, the United States has strategically focused on Native children in its efforts to assimilate Native Peoples. By the mid-twentieth century, federal and state governments removed nearly one in four Native children from their homes—and permanently placed most in non-Native care. In 1978, Congress recognized Tribes' inherent authority to protect their children through the Indian Child Welfare Act. Tribal nations responded by creating their own child welfare laws and programs, but at least initially, most were not predicated on their respective Tribes' cultures, values, and worldviews. This article considers the more recent shift among Tribal nations toward Indigenization of their child welfare systems and points to examples of this shift found in Tribal law. It reviews statements of purpose within the codes, which lay the groundwork for culturally infused child protection; statements about "best interests," which communicate Tribal concepts about the foundations of children's wellbeing; and definitions of "family," which can vary greatly from western views. Reflection on these changes yields several lessons for U.S.-based Tribal nations in their ongoing

© 2026. National Children's Advocacy Center. All rights reserved.

efforts to promote their own visions of child wellbeing and, more generally, for other governments whose responsibilities include improving child welfare.

Lim, S., Allen, M., Aranda-Hughes, V., Edwards, K. M., & Wilson, T. (2025). "We're going to start healing": Perceptions of sexual violence on a rural Indian reservation in the northern Great Plains. *Journal of Interpersonal Violence*, *40*(19-20), 4776-4797. DOI:10.1177/08862605241298299

Indigenous people experience disproportionally higher rates of sexual violence, but we know little about how to prevent sexual violence among this population. The purpose of this study was to understand the perspectives (e.g., causes, prevention) of sexual violence among an Indigenous community residing on a large rural Indian Reservation in the Northern Great Plains. The study conducted seven focus groups with adults, high school students, and middle school students, and a thematic analysis approach was used to assess the gestalt of the data. Three primary themes emerged from the data: (a) causes of sexual violence, (b) characteristics and contexts of sexual violence, and (c) prevention of sexual violence. Specifically, Indigenous relatives desired sexual violence education; however, there was agreement that there is a lack of programming or education from schools and community organizations. Notably, adults focused on how colonization affected the attitudes and behaviors related to sexual violence and the importance of empowering youth. Adolescent boys believed that the general acceptance of physical violence and bullying in their community led to a culture of ambivalence and distrust of sexual assault disclosures. Adolescent girls referenced how gender and social norms that subjugate women/girls have led to rape myth acceptance and victim-blaming. Findings highlight the need for empowerment-based, culturally grounded, gender transformative prevention programs to address the social biases and gender norms that contribute to sexual violence while promoting cultural strengths and community among youth. This research has important implications for informing sexual violence prevention programming across Indian country.

© 2026. National Children's Advocacy Center. All rights reserved.

Richardson, M., Waubanascum, C., Waters, S. F., & Sarche, M. (2025). A decolonial perspective on Indigenous infant and early childhood mental health: Reclaiming Indigenous ways for the next seven generations. *Infant Mental Health Journal*, *46*(4), 361-375. DOI:10.1002/imhj.70000

Indigenous lifeways, perspectives, and ways of knowing in the field of infant and early childhood mental health are underrepresented, especially given the inequitable and unjust prevalence of removal and separation of American Indian and Alaska Native (AI/AN) children from their families and communities by the child welfare system in the United States. Strengthening the infant and early childhood mental health field requires uncovering and addressing the ways in which colonization has intentionally attempted to disrupt and destroy Indigenous family relationships, especially bonds with young children, both historically and perpetuated into the present day. The current article reviews the historical context of Indian child removal as a result of colonization, cultural revitalization efforts, and decolonial frameworks that inform culturally grounded intervention strategies advancing the field of infant and early childhood mental health. Decolonization is highlighted as integral for the reclamation of Indigenous caregiving practices. Community-based and Indigenous-led initiatives such as the Indian Child Welfare Act, Tribal home visiting, and breastfeeding programming are highlighted as diverse strengths-based approaches, informed by Indigenous scholarship to ensure the health and well-being of our future generations.

Ullrich, J. S., Young, J. C., Wilbur, R. E., Nguyen, T., Johnston, P., White, L. F., Bright, J., Contreras, A., Alowa, E., & Tobuk, L. (2025). "It makes my heart smile when I hear them say, 'Hi Grandpa, we're home!'": Relationality, Alaska Native wellbeing and self determination in tribal child protection. *Genealogy*, *9*(3), 85. DOI:10.3390/genealogy9030085

Before colonization, Indigenous child protection looked like an interdependent community. Indigenous knowledges and relational actions kept all within its fold safe and well. Colonial dispossession of land, degradation of subsistence rights, boarding schools, ongoing child removal, capitalism, and systems of oppression attempted to disconnect Indigenous peoples from their language, lands, ceremonial practices, stories, dances, songs, family, community,

© 2026. National Children's Advocacy Center. All rights reserved.

and themselves. However, Indigenous communities have held on, persevered, and have begun to turn the tide of intergenerational trauma through the revival of Indigenous wellness and self-determination. We believe local-based Indigenous relational knowledges can end colonial harm and promote wellbeing for all families and children. Our work builds off an Indigenous Connectedness Framework that recognizes the importance of the interrelated wellbeing of a person, family, community, ancestors/future generations, and the Earth. This framework was adapted based on community feedback to better fit the Nome Eskimo Community (NEC) and Bering Strait regional context. This paper shares results of community focus groups that led to the creation of a NEC Piaġiq (wellness) Framework, and shares intentions for pilot implementation of a wellness curriculum and pilot intervention. We will offer insights and lessons learned. We believe self-determined Indigenous wellbeing efforts can lead to improved outcomes for our sacred children and families for generations to come.

Waters, S. F., Richardson, M., Marris, A., Harris, F., & Parker, M. (2025). What's in your heart? Development of a culturally grounded and trauma-Informed parenting support program with a Pacific Northwest tribe. *International Journal of Environmental Research and Public Health*, *22*(8), 1253. DOI:10.3390/ijerph22081253

The aims of the current study included gathering cultural knowledge and stories regarding parenting young children within a Tribal community and learning community members' perspectives on key components of a promising parenting prevention program. Qualitative data were drawn from a focus group including seven participants and semi-structured phone interviews with 21 additional participants, all of whom were parenting children in the community. Hybrid coding and applied thematic analysis revealed five themes: (1) Desire to Learn and Gain Parenting Skills; (2) Relationships and the Caregiver Role; (3) Culture and Caregiving, which included subthemes of Diversity Among Tribal Bands, Intergenerational Knowledge Sharing, and Reconnection and Revitalization; (4) Historical Trauma and Behavioral Health; and (5) Curriculum Terminology Considerations. The information gathered collectively informed the development of the culturally grounded *stim' aspuʔús* (*What's in Your Heart?*)

© 2026. National Children's Advocacy Center. All rights reserved.

parenting program. This addresses the great need for culturally grounded interventions to support trauma healing within Indigenous families. The development process and implications for program development by and for Indigenous communities is discussed.

Day, A., Barton, E., Cross, S., Miller, C., & Gonzales, J. (2024). Experiences and service utilization of American Indian/Alaskan Native kinship caregivers in Kinship Navigator programs across Washington state. *Families in Society*, *105*(1), 19-36. DOI:10.1177/10443894231193779

Kinship caregiving, especially the phenomenon of grandparents providing sole care for their grandchildren, occurs at a higher rate in American Indian/Alaskan Native (AI/AN) communities than in any other demographic group. In 2017, the State of Washington allocated resources to seven tribes to build and implement culturally relevant kinship navigation programs. Survey results (N = 70) of AI/AN kinship caregivers in the state indicate that caregiver needs, service access, and utilization look different in tribal communities as compared with research conducted in nontribal communities. Specifically, AI/AN caregivers are more likely to report challenges with obtaining housing, transportation, and working with their kinship children's school than nontribal caregivers. Focus groups with tribal kinship navigators (N = 9) from five of these seven programs describe the greatest challenges they've experienced with program implementation including program eligibility, what kinship caregivers most often ask for assistance with, what system-level disparities that exist between tribal and nontribal kinship navigator programs and provide suggestions for program improvement.

Edwards, K. M., Waterman, E. A., Wheeler, L. A., Herrington, R., Mullet, N., Xu, W., Hopfauf, S., Charge, L. L., & Trujillo, P. (2024). Preventing adverse childhood experiences in a sample of largely Indigenous children. *Pediatrics*, *154*(3), e2023065412. DOI:10.1542/peds.2023-065412

The purpose of this study was to develop, pilot, and evaluate a culturally grounded, family-based program to prevent adverse childhood experiences (ACEs) among low-income and

© 2026. National Children's Advocacy Center. All rights reserved.

Indigenous children aged 10 to 14. The Tiwahe Wicagwicayapi program (TWP) is a 7-session program that teaches skills to prevent ACEs and is rooted in Lakota culture, language, and history. A total of 124 families (124 caregivers [96% Indigenous; 90% reported yearly income <$40 000] with 194 children aged 10 to 14 [93% Indigenous]) were randomly assigned to treatment (*N* = 66 families and 173 individuals) or waitlist (*N* = 58 families and 145 individuals) control groups. Caregivers and children completed a baseline, immediate posttest, and 6-month follow-up survey. Treatment effects were detected, indicating, compared with control participants, reductions in the incidence of child ACEs (incidence rate ratio [IRR] = 0.64), bullying victimization (odds ratio = 0.53), depression (*d* = −0.20), and externalizing behaviors (*d* = −0.23) and increased parent–child communication (*g* = 0.27) and child help-seeking behaviors (*d* = 0.28). For caregivers, the effects indicated that the program prevented intimate partner violence victimization (IRR = 0.36) and perpetration (IRR = 0.45), harsh parenting (*g* = −0.35), and depression (*d* = −0.24) and increased emotion regulation (*d* = 0.37), social support (*d* = 0.33), and cultural connection (*d* = 0.34). The TWP holds great promise in preventing ACEs among low-income, Indigenous children, showing potential promise for widespread public health impact. Future rigorous research on the TWP is warranted.

Garcia, A. N., Empey, A., & Bell, S. (2024). Addressing the impacts of racism on American Indian and Alaska Native child health. *Academic Pediatrics*, *24*(7), S126-S131. DOI:10.1016/j.acap.2023.11.016

The legacy of racism toward Native Americans is far-reaching. We will review the topic using the conceptual model of racism as a form of violence as it is inherent in racism, as are prejudice and power. Using the basic frameworks of racism as internalized, interpersonal, institutional, and structural, we will discuss the many types of racism affecting Native Americans today. Racism is the bedrock of generations of trauma experienced in Native communities. The generational/historical trauma of racism has led to epigenetic-level changes affecting Native American people today. We will cover the health impacts of racism and the many institutions built in racist frameworks that continue to perpetuate racism, such

© 2026. National Children's Advocacy Center. All rights reserved.

as family separation and child removal by child protective services, adverse policing, and disparate incarceration. These allow reflection on policies and the intentionality of racist structures. We will conclude with what can and should be done, particularly as clinicians who work within and adjacent to existing systems of oppression.

Kenny, K. S., Wall-Wieler, E., Frank, K., Courchene, L., Burton, M., Dreaver, C., Champagne, M., Bennett, M., Rocke, C., Brownell, M., Anderson, M., & Urquia, M. L. (2024). Infant rates of child protective services contact and termination of parental rights by First Nations status from 1998 to 2019: An example of intergenerational transmission of colonial harm. *Child Abuse & Neglect*, *154*, 106760. DOI:10.1016/j.chiabu.2024.106760

Rates of child removal by child protective services (CPS) in Manitoba are the highest in Canada with a profoundly disproportionate impact on First Nations families. Despite infants constituting the highest proportion of children affected, no research has examined population-level rates of infant contact with CPS. We examined the incidence of infant contact with different levels of CPS, including termination of parental rights (TPR), according to First Nations status. We identified 217,261 infants (47,416 First Nations; 169,845 non-First Nations) born between 1998 and 2014 in Manitoba, Canada and residing in the province until at least age 5. We used linked administrative data to calculate population-level rates of contact with different levels of CPS by First Nations status, including an open file before age 1, out-of-home placement before age 1, and TPR before age 5. Overall 35.8 % of First Nations infants had an open file, 8.5 % experienced out-of-home placement, and 5.4 % experienced TPR. Among other infants, 8.5 % had an open file, 1.3 % experienced out-of-home placement and 0.7 % experienced TPR. The rate of early-stage contact increased the fastest among First Nations infants, with a rise of 22.4 % in our study period, compared to a rise of 1.7 % among all other infants. CPS contact was exceptionally high among First Nations infants compared to other infants, with early-stage contact accelerating most dramatically over time. Findings support calls to greatly reduce the disruption of system contact in the lives of First Nations families.

© 2026. National Children's Advocacy Center. All rights reserved.

Larsen, J. M., Kothe, R., Helm, P. J., Bullman, M., & John-Henderson, N. A. (2024). Childhood trauma exposure, age and self-compassion as predictors of later-life symptoms of depression and anxiety in American Indian adults. *Child Abuse & Neglect*, *153*, 106860. DOI:10.1016/j.chiabu.2024.106860

Although previous research has established a relationship between childhood trauma and later-life anxiety and depression symptoms in American Indian samples, less is known about protective factors that may reduce the strength of this relationship. The purpose of the present study was to investigate in a sample of American Indian adults, whether age moderates the relationship between self-compassion and poor mental health associated with childhood trauma. Seven hundred and twenty-nine self-identifying American Indian adults (age 18–95) residing in the United States completed an online survey. All participants were self-identifying American Indian adults recruited via Qualtrics, which utilized targeted recruiting through managed research panels. Participants self-reported age, gender, income, and completed measures of self-compassion, childhood trauma, and symptoms of anxiety and depression. Lower self-compassion predicted higher levels of both anxiety symptoms and depression symptoms . In line with our hypothesis, there was a significant three-way interaction between age, childhood trauma exposure and self-compassion in predicting later-life symptoms of anxiety (β = -0.68, $t(712)$ = -3.57, p < .001, $R^2change$ = 0.01) and depression (β = -0.54, $t(712)$ = -3.32, p = .001, R^2 *change* = 0.01). The findings indicate that for older American Indian adults, self-compassion may be a particularly promising protective factor for symptoms of depression for those who have experienced high levels of childhood trauma, and for symptoms of anxiety regardless of childhood trauma exposure.

Levy, M., Holder, M., Fairman, M., Bulls, S. T., Ramirez, L., Holmes, C., Jung, E., Hicks, C., & Mendenhall, A. N. (2024). Growing stronger together: Implementing the Strengthening Families program with Indigenous communities. *Child Abuse & Neglect*, *148*, 106241. DOI:10.1016/j.chiabu.2023.106241

Child welfare agencies commonly seek to use evidence-based programs (EBPs) for their demonstrated results. Challenges remain in adapting programs to fit for Indigenous

© 2026. National Children's Advocacy Center. All rights reserved.

populations. We suggest that relationality holds promise as a guide in the implementation of EBPs with Indigenous families and children. We provide the story of a culturally integrated implementation of the EBP, Strengthening Families Program (SFP), with Indigenous families. Insights from the staff who implemented SFP, project leadership and a community steering committee were brought together to create the collective implementation story. A relational approach was used in thematic analysis with a focus on the three Rs - responsibility, respect, and reciprocity- that support Indigenous knowledge organization. Findings offer insight into cultural integrations in the implementation of SFP. The program centered Indigenous and community identities through meals, gifts, parenting practice examples and discussions tailored by each group of families and staff. Practices related to responsibility, respect and reciprocity each proved to be essential concepts in the relationship building among caregivers, children, SFP staff, project leadership, and community supporters that led to program success. Cultural integration created a space that reflected Indigenous knowledge relationality. It respected the uniqueness among groups of families who participated in the evidence-based SFP. Our story supports the importance of having Indigenous staff and group leaders to guide cultural integration in relationship with tribal communities.

Paki Paki, N., King, P. T., Lewis, L., Walker, S., Mackay, H. T. U., Anderson, D., Amante, E., & Kemp, S. P. (2024). Identifying key dimensions of indigenous led child welfare services: A qualitative literature review. *Child & Family Social Work*, *29*(2), 465-481. DOI:10.1111/cfs.13100

National and state governments in settler colonial countries are increasingly committing to policies and practices aimed at strengthening Indigenous frameworks, programmes and leadership in child protection services. However, research-based information on Indigenous child welfare services and programmes is sparse. This qualitative literature review explores and documents key features of Indigenous child welfare and protection models and/or frameworks in an international context, with a specific focus on Indigenous children, young people, families, and communities. Twenty-four publications meeting the inclusion criteria were included in the

© 2026. National Children's Advocacy Center. All rights reserved.

analysis. Published frameworks, models, services, interventions and/or programmes within the broader area of child welfare and children protection that are Indigenous-designed and/or led or developed in partnership or collaboration with Indigenous peoples were identified. The review highlights 11 key dimensions that underpin the frameworks, models, services, interventions and/or programmes. Findings of the review also reveal commonalities across Indigenous cultures and contexts that from an Indigenous perspective are considered fundamental to supporting Indigenous children, young people and families involved with child protective services. Additionally, the findings point to the critical need for ongoing advocacy for Indigenous-designed and led services and programmes, including support for Indigenous research, evaluation and intellectual leadership.

Rollman, J. E., Thomas, M., Mercer Kollar, L. M., Ports, K. A., Clelland, C., Satter, D. E., & David-Ferdon, C. (2024). American Indian and Alaska Native violence prevention efforts: A systematic review, 1980 to 2018. *Injury Epidemiology*, *8*(Suppl 2), 72. DOI:10.1186/s40621-024-00488-3

Violence is a serious public health concern disproportionately experienced by American Indian and Alaska Native (AIAN) people. While the burden and impact of violence may be explained by the presence of risk factors among this group, AIAN communities benefit from unique protective factors and universal strategies which may be tailored with tribal adaptations. We sought to identify and explore violence prevention strategies specific to AIAN populations. A review was conducted to systematically identify violence prevention programs, policies, and practices implemented in AIAN communities. We searched nine electronic databases and relevant gray literature released between January 1980 and June 2018. We included intervention-focused records targeting at least one violence topic area (child abuse/neglect, elder abuse, intimate partner violence, sexual violence, youth violence, and suicide) in a majority (> 50%) AIAN population. A total of 5220 non-duplicate records were screened, yielding 318 full-text records. After applying exclusion criteria, 57 records describing 60 program, policy, or practice implementations of 43 unique interventions were identified. All six violence types

© 2026. National Children's Advocacy Center. All rights reserved.

were represented, although more than half (58%; *n* = 25/43) focused on suicide prevention. Among suicide prevention programs, the most common strategies were identifying and supporting people at risk (80%; *n* = 20), teaching coping and problem-solving skills (56%; *n* = 14), and promoting connectedness (48%; *n* = 12). Two-thirds of the implementations (67%; *n* = 40/60) were in fully (100%) AIAN communities. Programs were implemented across many settings, though schools were the most common (35%, *n* = 21/60) setting. Of the 60 total implementations, a majority (80%; *n* = 48) were new approaches developed by and for AIAN communities, while the remainder were AIAN adaptations of programs previously created for non-AIAN populations. Most implementations (60%; *n* = 36/60) provided some evaluation data although less than half (45%; *n* = 27/60) reported evaluation results. This review identified many violence prevention strategies specific to AIAN populations. While programs developed in one tribe may not be completely generalizable to others, shared tribal risk and protective factors suggest programs could be successful across diverse communities. Findings indicate there is a need to develop and evaluate violence prevention programs, policies and practices for AIAN populations.

Schultz, K., Taylor, E., McKinney, S., & Hamby, S. (2024). Exploring strengths, psychological functioning and youth victimization among American Indians and Alaska Natives in four southern states. *Child Abuse & Neglect*, *148*, 106197. DOI:10.1016/j.chiabu.2023.106197

Identifying factors that support healthy psychological functioning after experiencing violence or other adversities in youth can lead to better prevention and intervention efforts. This is particularly important among communities with disproportionately high rates of adversity resulting from legacies of social and political injustices, such as American Indian and Alaska Native populations. Data were pooled from four studies in the southern U.S. to examine a subsample of American Indian/Alaska Native participants (N = 147; mean age 28.54 years, SD = 16.3). Using the resilience portfolio model, we investigate the impact of three categories of psychosocial strengths (regulatory, meaning making, and interpersonal) on psychological functioning (subjective well-being and trauma symptoms), controlling for youth victimization,

© 2026. National Children's Advocacy Center. All rights reserved.

lifetime adversities, age, and gender. In examining subjective well-being, the full model accounted for 52 % of the variance, with strengths explaining more variance than adversities (45 % vs 6 %). For trauma symptoms, the full model accounted for 28 % of the variance, with strengths and adversities accounting nearly equally for the variance (14 % and 13 %). Psychological endurance and sense of purpose showed the most promise for bolstering subjective well-being while poly-strengths (having a diversity of multiple strengths) was most predictive of fewer trauma symptoms. Building psychosocial strengths offers promising strategies for prevention and intervention in Native nations and communities.

Ullrich, J. S., & Metivier, A. (2024). Recommendations for systemic change to support connectedness within Alaska Native child welfare. *Child Abuse & Neglect*, *148*, 106332. DOI:10.1016/j.chiabu.2023.106332

Ongoing child removal of Indigenous children within child welfare systems is problematic. Alaska Native youth are disproportionately affected by the trauma of separation from important connectedness relationships. To take previous research a step further by identifying relational and systemic changes that need to happen in the Alaska child welfare system so that connectedness is supported for child and collective wellbeing this article summarizes connectedness concepts and directly links knowledge bearers' stories to recommended changes at the direct, agency, and governmental practice levels. Children and youth need to build, maintain, and repair connectedness relationships, especially when child welfare is involved. Authentically engaging youth and listening to lived experience as a relational action can lead to transformational changes that benefit the children and the collective network they are connected to. Our intention is to shift child welfare to a child wellbeing paradigm that is relationally guided by direct recipients of the system.

© 2026. National Children's Advocacy Center. All rights reserved.

Waterman, E. A., Edwards, K. M., Mullet, N., Herrington, R., Hopfauf, S., Trujllo, P., Even-Aberle, N., & Wheeler, L. (2024). Rates of recent adverse childhood experiences among Indigenous children. *Journal of Child & Adolescent Trauma*, *17*(2), 295-305. DOI:10.1007/s40653-023-00587-1

The current paper describes rates of recent (past six months) adverse childhood experiences (ACEs) and examines the association of ACEs with cultural connection & depressive symptoms among Indigenous children aged 10 to 14 (*N* = 177; 48.3% boys; 44.3% girls; 7.4% another gender identity). Children completed baseline surveys as part of a larger evaluation of a culturally grounded, strengths-focused, family-based program to prevent ACEs. Surveys included an inclusive measure of ACEs developed for the current study, an adapted measure of connection to culture, and the Children's Depression Screener. Results for ACEs indicated that 18.6% of Indigenous children reported none, 37.2% reported 1-3, and 44.2% reported 4 or more in the past six months. Importantly, children who reported no ACEs reported greater cultural connection than children who reported 1-3 ACEs. Depressive symptoms were higher among children who reported 1-3 and 4 or more ACEs compared to children who reported no ACEs.

Booth-LaForce, C., Oxford, M. L., O'Leary, R., & Buchwald, D. S. (2023). Promoting First Relationships® for primary caregivers and toddlers in a Native community: A randomized controlled trial. *Prevention Science*, *24*(1), 39-49. DOI:10.1007/s11121-022-01415-y

This study tested the effectiveness of Promoting First Relationships® (PFR), a preventive intervention program aimed at fostering positive caregiver-child relationships in Native families living on a rural reservation. Participants were 162 primary caregivers (96% Native; 93% female) and their Native toddlers (10–31 months old). Families were randomized to a PFR group (*n* = 81) or Resource and Referral (RR) control group (*n* = 81), after baseline data collection (Time 1) to assess the quality of caregiver-child interaction, caregiver knowledge about children's social-emotional needs, caregiver depressive symptoms, & child externalizing behavior. After delivery of the PFR intervention or the RR service, follow-up assessments were repeated immediately post-intervention (Time 2) and 3 months later (Time 3). After controlling

© 2026. National Children's Advocacy Center. All rights reserved.

for baseline assessments, multivariate analyses of covariance revealed that caregivers in the PFR group had significantly higher scores on knowledge about children's social-emotional needs at Time 2 ($p < .01$) and Time 3 ($p < .05$) and less severe depressive symptoms at Times 2 & 3 (both $p < .05$). At Time 3, the quality of caregiver-child interaction was better in the PFR group, an effect that was moderated by severity of depressive symptoms, with PFR having the greatest impact at low levels of initial symptoms. Results support the positive impact of PFR in a Native community & suggest conditions under which the intervention may be most effective.

Ditzenberger, H. (2023). *Native American children and child welfare laws*. National Conference of State Legislatures.

In 2023, the U.S. Supreme Court upheld the Indian Child Welfare Act of 1978. The ICWA is a federal law that governs the removal and out-of-home placement of Native American children. The law established standards for the placement of Indian children in foster and adoptive homes and enabled tribes and families to be involved in child welfare cases. The ICWA was enacted in 1978 after the federal government recognized that Native children were being removed from their homes and communities at much higher rates than non-Native children. Today American Indian and Alaska Native children are still more likely than non-Native children to enter the child welfare system and to be removed from their homes. Understanding the historical and current experiences of Native children, as well as federal and state laws surrounding tribal sovereignty, can help state legislators promote the well-being of Native children in their state.

Edwards, F., Beardall, T. R., & Curtis, H. (2023). American Indian and Alaska Native overexposure to foster care and family surveillance in the US: A quantitative overview of contemporary system contact. *Children and Youth Services Review*, *149*, 106915. DOI:10.1016/j.childyouth.2023.106915

Following a long history of forced assimilation through family separation, American Indian and Alaska Native (AIAN) children continue to be separated from their families by state child

© 2026. National Children's Advocacy Center. All rights reserved.

welfare agencies at exceptionally high rates. This study identifies those states with high levels of contemporary AIAN family separation through non-tribal state and local foster care systems. We describe how these risks vary over childhood and vary in magnitude relative to white children. We then examine three states with exceptionally high rates of AIAN foster care placement, Minnesota, Alaska, and Montana, in detail. We evaluate how child maltreatment reporting contributes to upstream inequalities in family separation through an examination of sources of maltreatment reports and types of alleged maltreatment across childhood. We conclude by arguing that child welfare scholars should understand contemporary AIAN child welfare system contact in the context of historical and ongoing settler colonialism. In order to reduce AIAN inequalities, child protective services should observe tribal sovereignty by deferring to the authority of tribes in caring for Native children and families and increasing the capacity tribes have to help their communities.

Francis, A. M., Hall, W. J., Ansong, D., Lanier, P., Albritton, T. J., & McMillan, A. (2023). Implementation and effectiveness of the Indian Child Welfare Act: A systematic review. *Children and Youth Services Review*, *146*, 106799. DOI:10.1016/j.childyouth.2022.106799

This paper is a systematic review of studies that examined the implementation and/or effectiveness of the Indian Child Welfare Act (ICWA). ICWA was enacted in 1978 in response to the disproportionate number of American Indian children in non-American Indian out-of-home placements and to enhance the stability of American Indian families and tribes. Searches of 7 bibliographic databases and 3 advocacy organization websites yielded 408 studies completed since November 1978. Following duplicate removal and double-independent screening based on a priori inclusion criteria, 16 studies were included for review. Studies on the effectiveness of ICWA were mixed, though numerous positive results were found. Several studies found that children were placed with relatives or tribal affiliates in accordance with ICWA. One study also found active efforts to prevent the break-up of the family. Studies on the implementation of ICWA found limited capacity for many ICWA programs, improvements from cultural training, underfunding for many programs, lack of tracking systems, use of

© 2026. National Children's Advocacy Center. All rights reserved.

qualified experts, communication with tribes, and identification practices for American Indian children. Noteworthy facilitators of ICWA implementation included use of Child and Family Service plans and case worker training on ICWA. Barriers to ICWA included cultural differences between tribes and the child welfare system, lack of a specific unit dedicated to American Indian child welfare, and a lack of American Indian foster homes and tribal resources to respond to notices. Implications for practice, policy, and future research are discussed.

Grinnell Davis, C., Dunnigan, A., & Stevens, B. B. (2023). Indigenous-centered racial disproportionality in American foster care: A national population study. *Journal of Public Child Welfare*, *17*(2), 280–304. DOI:10.1080/15548732.2021.2022565

Exploration into disproportionate representation of marginalized populations in child welfare traditionally focuses on the ratio of child welfare involved youth rather than the disparities in needs, trajectories, and experiences while in foster care. Little is known about how American Indian and Alaskan Native children fare in foster care and no prior research using national data has used the individual as the unit of analysis. This study explores the experiences of Indigenous youth in foster care through their socio-demographic, physical and mental health, and foster care/placement factors. Differences in all domains were found between Indigenous and Non-Indigenous youth.

Hendrix-Dicken, A. D., Passmore, S. J., Baxter, M. A., & Conway, L. K. (2023). McGirt v Oklahoma and what clinicians should know about present-day child abuse and legacies of forced migration. *AMA Journal of Ethics*, *25*(2), E123-E129. DOI:10.1001/amajethics.2023.123.

In 1997, Jimcy McGirt was convicted by the State of Oklahoma for sex crimes against a minor. McGirt appealed his conviction, citing that Oklahoma lacked jurisdiction over the case due to his tribal citizenship, since the crime took place on tribal territory. On July 9, 2020, the Supreme Court of the United States (SCOTUS) reversed the Oklahoma Court of Criminal Appeals' original decision for the case, citing that Congress had failed to disestablish reservations with regard

© 2026. National Children's Advocacy Center. All rights reserved.

to the Major Crimes Act, which gave the federal government jurisdiction over major felony crimes perpetrated by Native Americans on reservations. This ruling has already caused sweeping changes in the investigations and prosecutions of child maltreatment in eastern Oklahoma, as such cases may fall under the jurisdiction of federal agencies or tribal law enforcement. This article details the historic significance of the decision and the experiences of 3 child abuse pediatricians working as part of a multidisciplinary team while jurisdictional changes were implemented following the SCOTUS ruling.

National Indian Child Welfare Association. (2023). *State of American Indian and Alaska Native children and families report*.

The State of American Indian and Alaska Native Children and Families Report is a six-part series of data briefs that presents current data on American Indian and Alaska Native (AI/AN) child and family well-being. Each data brief covers an aspect of well-being data, including economic indicators, adverse childhood experiences (ACEs), child welfare system involvement, mortality rates and causes, and behavioral health and substance use. These data briefs are followed by a set of proposed questions for future directions in policy, practice, and research. This report is funded by the San Manuel Band of Mission Indians.

Negriff, S., Lynch, F. L., Cronkite, D. J., Pardee, R. E., & Penfold, R. B. (2023). Using natural language processing to identify child maltreatment in health systems. *Child Abuse & Neglect*, *138*, 106090. DOI:10.1016/j.chiabu.2023.106090

Rates of child maltreatment (CM) obtained from electronic health records are much lower than national prevalence rates indicate. There is a need to understand how CM is documented to improve reporting and surveillance. This study's objective was to examine whether using natural language processing (NLP) in outpatient chart notes can identify cases of CM not documented by ICD diagnosis code, the overlap between the coding of child maltreatment by ICD versus NLP, and any differences by age, gender, or race/ethnicity. Outpatient chart notes

© 2026. National Children's Advocacy Center. All rights reserved.

of children age 0-18 years old within Kaiser Permanente Washington (KPWA) 2018-2020 were used to examine a selected set of maltreatment-related terms categorized into concept unique identifiers (CUI). Manual review of text snippets for each CUI was completed to flag for validated cases and retrain the NLP algorithm. The NLP results indicated a crude rate of 1.55% to 2.36% (2018-2020) of notes with reference to CM. The rate of CM identified by ICD code was 3.32 per 1,000 children, whereas the rate identified by NLP was 37.38 per 1,000 children. The groups that increased the most in identification of maltreatment from ICD to NLP were adolescents (13-18 yrs old), females, Native American, and those on Medicaid. Of note, all subgroups had substantially higher rates of maltreatment when using NLP. Use of NLP substantially increased the estimated number of children who have been impacted by CM. Accurately capturing this population will improve identification of vulnerable youth at high risk for mental health symptoms.

Rides At The Door, M., & Shaw, S. (2023). The other side of the ACEs pyramid: A healing framework for Indigenous communities. *International Journal of Environmental Research and Public Health, 20*(5), 4108. DOI:10.3390/ijerph20054108

For over two decades, extensive research has demonstrated significant associations between adverse childhood events (ACEs) and a wide range of negative health, mental health, and social outcomes. For Indigenous communities globally, colonization and historical trauma are commonly associated with ACEs, and these effects reverberate through generations. While the ACEs conceptual framework expanded pyramid is a useful model and a visual aid for understanding the historical and present-day dimensions of ACEs in Indigenous communities, a healing conceptual framework is needed to outline a path toward increased community well-being. In this article, we provide a holistic Indigenous Wellness Pyramid that represents the other side of the ACEs pyramid to guide pathways toward healing in Indigenous communities. In this article, the authors describe the Indigenous Wellness Pyramid according to each of the following contrasts with the ACEs pyramid: Historical Trauma—Intergenerational Healing/Indigenous Sovereignty; Social Conditions/Local Context—Thriving Economic and Safe

© 2026. National Children's Advocacy Center. All rights reserved.

Communities; ACEs—Positive Childhood, Family, and Community Experiences; Disrupted Neurodevelopment—Consistent Corrective Experiences/Cultural Identity Development; Adoption of Health Risk Behaviors—Cultural Values and Coping Skills; Disease Burden and Social Problems—Wellness and Balance; Early Death—Meaningful Life Longevity. We provide examples, supporting research, & implications for implementing the Indigenous Wellness Pyramid.

Waubanascum, C., & Sarche, M. (2023). "So, we've been taken away since forever": Indigenous relative caregivers' experiences as a framework for uncovering coloniality in the child welfare system. *Adversity and Resilience Science*, *4*(4), 343-361. DOI:10.1007/s42844-023-00111-2

This study examines to the gravity of the ongoing removal and separation of Indigenous children from their families and nations, the reality of coloniality in the child welfare system, the glaring absence of Indigenous voices and their distinct experiences in the empirical child welfare literature, and dearth of studies that implement Indigenous methodologies. Grounded in Indigenous Storywork methodology, this qualitative study sought to understand (10) Indigenous relative caregivers' experiences with the child welfare system. Findings identified specific forms of colonial violence inflicted upon Indigenous children and families by the child welfare system, such as ongoing removal and separation, as vehicles for colonization and assimilation. Relative caregivers also exposed how the child welfare system continues to impose the modern colonial gender system, continuing a legacy of government sponsored civilizing educations programs to assimilate through racializing and genderizing Indigenous families to justify violence and maintain power and control. Relatives' lived experiences provide a framework for uncovering coloniality in child welfare in relation to continued control over family and gender.

© 2026. National Children's Advocacy Center. All rights reserved.

Cole, A. B., Armstrong, C. M., Giano, Z. D., & Hubach, R. D. (2022). An update on ACEs domain frequencies across race/ethnicity and sex in a nationally representative sample. *Child Abuse & Neglect*, *129*, 105686. DOI:10.1016/j.chiabu.2022.105686

Adverse childhood experiences (ACEs) research has yielded important information regarding ACEs prevalence and impacts; however, few studies have included American Indian/Alaska Native (AI/AN) populations. We aimed to update and expand the ACEs literature by using recent data (2009-2018; over 50% from 2015 to 2017); using a large, nationally representative sample (total N = 166,606) and AI/AN sub-sample (N = 3369); and including additional covariates (sex, age, income, education) to provide a comprehensive understanding of ACEs across diverse populations. Data were from the CDC's BRFSS, a standardized scale used in most ACEs literature, to improve generalizability of study findings, which may contribute to investigating future ACEs trends. Descriptive statistics & negative binomial regression analyses were conducted to examine the frequency of ACEs & the 8 ACEs domains across racial/ethnic and sex groups. AI/ANs had the highest ACEs compared to all racial/ethnic groups. Females had higher mean ACEs compared to males of the same racial/ethnic group; significant differences were identified between non-Hispanic White (NHW) females and NHW males, and between Hispanic females & males. Across all 10 stratified subgroups, AI/AN females had the highest average ACEs followed by AI/AN males. Emotional abuse was the most reported ACEs domain across all individuals. AI/AN females & males had the highest ACEs frequencies in family substance use, witnessing intimate partner violence, and sexual & emotional abuse. Findings have important implications for public health intervention & prevention efforts that mitigate the impact of ACEs across racial/ethnic groups, particularly for AI/AN populations.

Grubin, F., Maudrie, T. L., Neuner, S., Conrad, M., Waugh, E., Barlow, A., Coser, A., Hill, K., Pioche, S., Haroz, E. E., & O'Keefe, V. M. (2022). Development and cultural adaptation of psychological first aid for COVID-19 frontline workers in American Indian/Alaska Native communities. *Journal of Prevention, 43*(5), 697-717. DOI:10.1007/s10935-022-00695-y

The coronavirus disease 19 (COVID-19) pandemic is broadly affecting the mental health and well-being of people around the world, and disproportionately affecting some groups with

© 2026. National Children's Advocacy Center. All rights reserved.

already pre-existing health inequities. Two groups at greater risk of physical and/or mental health detriments from COVID-19 and more profoundly impacted by the pandemic include frontline workers and American Indian/Alaska Native (AI/AN) communities. To provide support and prevent long-term mental health problems, we culturally adapted a psychological first aid guide specifically for COVID-19 frontline workers serving AI/AN communities. We engaged a diverse, collaborative work group to steer the adaptation content and process. We also held two focus group discussions with frontline workers in AI/AN communities to incorporate their perspectives into the adapted guide. Results from the group discussions and the collaborative work group were compiled, analyzed to extract themes and suggestions, and integrated into the adapted content of the guide. Main adaptations included updating language (i.e., to be more culturally appropriate, less prescriptive, and less text heavy), framing the guide from a harm-reduction lens, incorporating cultural activities, values, and teachings common across diverse AI/AN communities (e.g., importance of being a good relative), and validating feelings and experiences of frontline workers. The resulting adapted guide includes four modules and is available as a free online training. Our adaptation process may serve as a guiding framework for future adaptations of similar resources for specific groups. The adapted guide may stand as an enduring resource to support mental well-being, the prevention of mental health problems, and reduction of health inequities during the pandemic and beyond.

Knight, K. E., Ellis, C., & Salois, E. M. (2022). Developing a response to secondary trauma for American Indian and rural service providers. *International Journal of Rural Criminology, 6*(2), 252-272. DOI:10.18061/ijrc.v6i2.8652

How can victim service providers, the organizations they work for, and the communities they serve help respond to the issue of occupation-based secondary trauma? Over the last few years, federal agencies in the United States have spent millions in research and programming to answer this important scientific and policy question. The current study builds on this work by describing and evaluating a community-based participatory research project focused on finding manageable, effective, sustainable, and ethical ways to respond to occupation-based

© 2026. National Children's Advocacy Center. All rights reserved.

secondary trauma in two separate communities: a rural American Indian community, Blackfeet Tribal Nation, and a predominantly white county in Montana, Gallatin County, United States. Findings from evaluation questionnaires (n=178; 80.10% women; 64.60% American Indian; 29.14% White) representing a wide range of occupations document that: (1) the implementation of the project was successful; (2) toolkits created for the project were useful to both individual participants and organizations; (3) training outcomes improved significantly; and (4) findings were consistent across the two different community contexts. Contributions, lessons learned, and future directions are discussed.

Rebbe, R., Sattler, K. M. P., & Mienko, J. A. (2022). The association of race, ethnicity, and poverty with child maltreatment reporting. *Pediatrics*, *150*(2), e2021053346. DOI:10.1542/peds.2021-053346

In order to determine the role of race/ethnicity and poverty in the likelihood of children younger than age 3 years hospitalized because of child abuse and neglect-related injuries being reported to child protective services (CPS) and being assigned a specific maltreatment diagnostic code, we used population-based linked administrative data comprising of birth, hospitalization, and CPS records. Children were identified for maltreatment-related hospitalizations using standardized diagnostic codes. Regression models were used to compute crude and adjusted race/ethnicity estimates regarding the likelihood of being reported to CPS and assigned a specific maltreatment diagnostic code during the maltreatment-related hospitalization. Of the 3907 children hospitalized because of child maltreatment, those with public health insurance were more likely than those with private insurance (relative risk [RR]: 1.29; 95% confidence interval [CI], 1.16-1.42) and those with Asian/Pacific Islander mothers were less likely than those with White mothers to be reported to CPS (RR: 0.78; 95% CI, 0.65-0.93). No differences were found for children with Black, Hispanic, and Native American mothers compared with those with White mothers for CPS reporting. However, children with Native American mothers (RR: 1.45; 95% CI, 1.11-1.90) and public health insurance (RR: 2.00; 95% CI, 1.63-2.45) were more likely to have a specific maltreatment

© 2026. National Children's Advocacy Center. All rights reserved.

diagnostic code, the second strongest predictor of a CPS report. Race/ethnicity and poverty were factors for CPS reports during a child maltreatment-related hospitalization. It is necessary to implement programs and policies that mitigate implicit bias to prevent inequities in which children receive protective intervention.

Rolnick, A. C., & Sekaquaptewa, P. (2022). Trauma informed delinquency interventions for Native children. *Journal of Law, Medicine & Ethics*, *50*(4), 745-757. DOI:10.1017/jme.2023.16

Recognizing the links between childhood trauma and delinquency, many juvenile delinquency systems now emphasize trauma-informed care. This commentary examines established and emerging research on childhood trauma among American Indian and Alaska Native children and contrasts the development and implementation of "trauma-informed" approaches in state and tribal juvenile systems. It identifies three key innovations present in tribal models and calls for further research to identify best practices that work for Native children and tribal communities.

Ross, R. J., Green, J. M., & Fuentes, M. A. (2022). *Preventing child maltreatment in the US*: *American Indian and Alaska Native perspectives*. Rutgers University Press.

This book is part of a concentrated series of books that examines child maltreatment across minoritized, cultural groups. Specifically, this volume addresses American Indian and Alaska Native populations. However, in an effort to contextualize the experiences of 574 federally recognized tribes and 50+ state recognized tribes, as well as villages, the authors focus on populations within rural and remote regions and discuss the experiences of some tribal communities throughout US history. It should be noted that established research has primarily drawn attention to the pervasive problems impacting Indigenous individuals, families, and communities. Aligned with an attempt to adhere to a decolonizing praxis, the authors share information in a strength-based framework for the Indigenous communities discussed within

© 2026. National Children's Advocacy Center. All rights reserved.

the text. The authors review federally funded programs (prevention, intervention, and treatment) that have been adapted for tribal communities (e.g., Safecare) and include cultural teachings that address child maltreatment. The intention of this book is to inform researchers, practitioners, policy makers, and advocates about the current state of child maltreatment from an Indigenous perspective.

Freeman, M., & Ammerman, A. (2021). Adverse childhood experiences and resilience in Native American families and communities. *North Carolina Medical Journal*, *82*(6), 408-413. DOI:10.17615/wbsv-hd29

Native Americans report high rates of adverse childhood experiences (ACEs). ACEs are correlated with a variety of negative outcomes in adulthood and can be attributed in part to historical trauma. Participation in indigenous practices, family support, and social connectedness can contribute to the resilience needed to cope with the adverse impact of ACEs.

Giano, Z., Camplain, R. L., Camplain, C., Pro, G., Haberstroh, S., Baldwin, J. A., Wheeler, D. L., & Hubach, R. D. (2021). Adverse childhood events in American Indian/Alaska Native populations. *American Journal of Preventive Medicine*, *60(*2), 213–221. DOI:10.1016/j.amepre.2020.08.020

Adverse childhood experiences are linked to deleterious outcomes in adulthood. Certain populations have been shown to be more vulnerable to adversity in childhood than others. Despite these findings, research in this area lacks an empirical investigation that examines adverse childhood experiences among American Indian and Alaska Native populations using large, nationally representative data. As such, the authors have compiled what they believe is the largest empirical investigation of adverse childhood experiences among American Indian and Alaska Native individuals to date. Data were collected from the Behavioral Risk Factor Surveillance System from 34 states (2009–2017), whereby all individuals self-report as American Indian and Alaska Native (N=3,894). Adverse childhood experience scores were

© 2026. National Children's Advocacy Center. All rights reserved.

calculated and further stratified by sex, age, household income, education, employment status, sexual orientation, Census region, & state. In addition, frequencies and prevalence of each adverse childhood experience domain (stratified by the same categories) were calculated. Analysis was conducted in 2019. The average adverse childhood experience score among American Indians and Alaska Natives was 2.32, higher than those of individuals identifying as White (1.53), Black (1.66), and Hispanic (1.63). Female participants had a higher average adverse childhood experience score than male participants (2.52 vs 2.12). Generally, younger individuals & those with lower incomes reported higher adverse childhood experience scores, whereas those with higher educational attainment reported lower scores. Compared with the few studies among American Indian and Alaska Native populations that have used either smaller samples or nontraditional adverse childhood experience data (i.e., asking parents about their children's experiences), these results present overall higher adverse childhood experience averages than previously published studies. Nevertheless, aligning with other research on adverse childhood experiences, female individuals, younger adults, & sexual minorities reported higher adverse childhood experiences scores than other categories in their respective demographics.

Landers, A. L., Danes, S. M., Campbell, A. R., & Hawk, S. W. (2021). Abuse after abuse: The recurrent maltreatment of American Indian children in foster care and adoption. *Child Abuse & Neglect, 111,* 104805. DOI:10.1016/j.chiabu.2020.104805

While maltreated children are at risk for recurrent maltreatment, less is known about the maltreatment recurrence of American Indian children in foster and adoptive homes. This study examined the recurrent maltreatment of American Indian children in foster & adoptive homes, specifically the physical, emotional, sexual, and spiritual abuse subtypes, as well as poly-victimization of American Indian children in comparison to their White peers. Data originated from the Experiences of Adopted and Fostered Individuals Project. The sample (n = 230) consisted of 99 American Indian and 131 White participants who experienced foster care and/or adoption during childhood. Chi-square analyses and a t-test were used to test differences in

© 2026. National Children's Advocacy Center. All rights reserved.

maltreatment recurrence. Ordinary least squares regression analysis was used to examine the factors that contributed to poly-victimization. Both American Indian and White participants reported high rates of emotional abuse. American Indian participants were particularly vulnerable to maltreatment recurrence in the forms of physical, sexual, & spiritual abuse, as well as poly-victimization in their foster and adoptive homes. Our findings reflect high rates of maltreatment recurrence in foster care and adoption, which may be the result of retrospective self-report, rather than measures of rereport or substantiated recurrence.

Richards, T. N., Schwartz, J. A., & Wright, E. (2021). Examining adverse childhood experiences among Native American persons in a nationally representative sample: Differences among racial/ethnic groups and race/ethnicity-sex dyads. *Child Abuse & Neglect*, *111*, 104812. DOI:10.1016/j.chiabu.2020.104812

Existing research using nationally representative samples has provided valuable information regarding the prevalence and context of childhood adversity, but Native American persons have largely been absent from these studies. We examine adverse childhood experiences (ACEs) among persons identifying as White, Black, Asian, Hispanic, and Native American in the NESARC, a longitudinal study (Wave 1: 2001–2002; Wave 2: 2004–2005) using a nationally representative sample from the United States. Means tests and negative binomial regression were used to examine the prevalence and variety of ACEs across racial/ethnic groups and race/ethnicity-sex dyads. Native American persons reported the greatest average number and variety of ACEs than persons from any other racial/ethnic group, and reported the highest rates of physical abuse, sexual abuse, parental substance abuse, and witnessing violence than members of any other racial/ethnic category. Native American females reported the greatest rates of emotional abuse, while Native American males reported the greatest rates of physical neglect; the highest rates of parental substance use among the race/ethnicity-sex dyads were reported by both Native American females and males. Significantly higher rates of sexual violence were reported by Native American females compared to other groups; almost 1 in 4 Native American females reported sexual violence. Future research should make a concerted

© 2026. National Children's Advocacy Center. All rights reserved.

effort to broaden examinations of ACEs to include Native American respondents and to include measures of historical trauma and racial discrimination. Broader support for system change as well as increased development and use of culturally responsive prevention and intervention programming is likely necessary to reduce ACEs among Native American persons.

Edwards, K. M., Siller, L., Leader Charge, L., Bordeaux, S., Leader Charge, D., & Herrington, R. (2020). Efficacy of a sexual abuse prevention program with children on an Indian reservation. *Journal of Child Sexual Abuse*, *29*(8), 900–910. DOI:10.1080/10538712.2020.1847229

American Indian youth experience high rates of child sexual abuse (CSA). To date, however, we are aware of no programs that have assessed outcomes associated with an evidence-based CSA prevention program among American Indian children. The purpose of the proposed study was to assess the preliminary acceptability and efficacy of IMpower, a 12-hour curriculum that teaches children how to identify their anatomy, recognize risk, say "no," and tell others if they are being hurt. Using a non-randomized, single-arm pilot trial methodology (N = 48 4th and 5th graders), we found that some domains of children's knowledge of CSA as well as their efficacy to resist an attack increased from pre- to posttest. Moreover, 83% of children reported that they liked IMpower, and 96% of children reported that IMpower helped keep them safe. These data provide preliminary evidence that IMpower is an acceptable and effective CSA prevention initiative that requires further evaluation with American Indian children.

Austin, A. E., Gottfredson, N. C., Zolotor, A. J., Halpern, C. T., Marshall, S. W., Naumann, R. B., & Shanahan, M. E. (2019). Trajectories of child protective services contact among Alaska Native/American Indian and non-Native children. *Child Abuse & Neglect*, *95*, 104044. DOI:10.1016/j.chiabu.2019.104044

Contact with child protective services (CPS) functions as an independent marker of child vulnerability. Alaska children are an important population for understanding patterns of CPS contact given high rates of contact overall and among specific demographic groups. We

© 2026. National Children's Advocacy Center. All rights reserved.

aimed to identify longitudinal trajectory classes of CPS contact among Alaska Native/American Indian (AN/AI) and non-Native children and examine preconception and prenatal risk factors associated with identified classes. We used data from the Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) project, a linkage of 2009–2011 Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) births with administrative data including CPS records. Methods: We conducted growth mixture modeling to identify trajectory classes of CPS contact from birth to age five years. We used Vermunt's three-step approach to examine associations with preconception and prenatal risk factors. Among AN/AI children, we identified three classes: 1) no/low CPS contact (75.4%); 2) continuous CPS contact (19.6%), and 3) early, decreasing CPS contact (5.0%). Among non-Native children, we identified four classes: 1) no CPS contact (81.3%); 2) low, increasing CPS contact (9.5%); 3) early, rapid decline CPS contact (5.8%); and 4) high, decreasing CPS contact (3.3%). Maternal substance use had the largest impact on probabilities of class membership, increasing the probability of membership in classes characterized by CPS contact, among both AN/AI and non-Native children. Results reveal heterogeneity in longitudinal patterns CPS contact across early childhood among Alaska children and identify maternal substance use as an important target for primary prevention.

Joe, A., McElwain, C., Woodard, K., & Bell, S. (2019). A call for culturally-relevant interventions to address child abuse and neglect in American Indian communities. *Journal of Racial and Ethnic Health Disparities, 6*(3), 447-456. DOI:10.1007/s40615018-0531-9

The American Indian population has the highest rate of child abuse and neglect in the country at 14.2 cases per 1000 children. Yet, there is a paucity of child abuse interventions available and an even deeper need of culturally relevant interventions for American Indian families. This paper explores the literature of the existing interventions that are specifically used with American Indian families affected by child abuse and neglect. This paper is also a call for culturally relevant interventions and a proposal of recommendations for child abuse and neglect interventions for American Indian families.

© 2026. National Children's Advocacy Center. All rights reserved.

Braithwaite, J. (2018). Colonized silence: Confronting the colonial link in rural Alaska Native survivors' non-disclosure of child sexual abuse. *Journal of Child Sexual Abuse, 27*(6), 589-611. DOI:10.1080/10538712.2018.1491914

Though there is evidence linking the history of colonialism and oppression of Indigenous people to the high rates of rape and child sexual abuse experienced by this population today, it is less understood how colonial processes, past and present, condition the decision to disclose or report victimization. Drawing on a survivorship storytelling study of rural Alaska Native survivors of child sexual abuse, this paper underscores the importance of centering colonialism in understanding the culture of silence surrounding sexual victimization among Indigenous people. Results show that reasons for nondisclosure are quite embedded within larger social, historical and political themes of colonialism, oppression, and marginalization. Implications for policy and praxes are discussed, as well as a broader mandate of social change to remove barriers to disclosure.

Landers, A. L., & Danes, S. M. (2016). Forgotten children: A critical review of the reunification of American Indian children in the child welfare system. *Children and Youth Services Review, 71,* 137-147. DOI:10.1016/j.childyouth.2016.10.043

Reunification is the preferred permanency path experienced by children following out-of-home placement (Child Welfare Information Gateway, 2011, 2012). Emerging literature suggests a number of child, parent, family, and child welfare case characteristics predict the likelihood of reunification. However, research on the reunification of American Indians in child welfare system is limited. Given the unique historical and cultural context of American Indian families, a need exists to better understand what contributes to achieving permanency through reunification for these families. To develop a better understanding of reunification research, this article provides a critical review of the literature on predictors of reunification that is inclusive of American Indians. A search of the literature resulted in the inclusion of 17 articles. Findings suggest that although awareness of the factors associated with reunification for American Indian families is helpful, without consistent inclusion of child, parent, family, and

© 2026. National Children's Advocacy Center. All rights reserved.

case-related variables across statistical analyses, limited conclusions can be drawn. It is significant to note that a level that is not currently considered in literature is the tribe or band and what is done to assist the child in reunification from the tribal level.

Brockie, T. N., Dana-Sacco, G., Wallen, G. R., Wilcox, H. C., & Campbell, J. C. (2015). The relationship of adverse childhood experiences to PTSD, depression, poly-drug use and suicide attempt in reservation-based Native American adolescents and young adults. *American Journal of Community Psychology*, *55*(3-4), 411-421. DOI:10.1007/s10464-015-9721-3

Adverse childhood experiences (ACEs) are associated with numerous risk behaviors and mental health outcomes among youth. This study examines the relationship between the number of types of exposures to ACEs and risk behaviors and mental health outcomes among reservation-based Native Americans. In 2011, data were collected from Native American (N = 288; 15–24 years of age) tribal members from a remote plains reservation using an anonymous web-based questionnaire. We analyzed the relationship between six ACEs, emotional, physical, and sexual abuse, physical and emotional neglect, witness to intimate partner violence, for those <18 years, and included historical loss associated symptoms, and perceived discrimination for those <19 years; and four risk behavior/mental health outcomes: post-traumatic stress disorder (PTSD) symptoms, depression symptoms, poly-drug use, and suicide attempt. Seventy-eight percent of the sample reported at least one ACE and 40 % reported at least two. The cumulative impact of the ACEs were significant ($p < .001$) for the four outcomes with each additional ACE increasing the odds of suicide attempt (37 %), poly-drug use (51 %), PTSD symptoms (55 %), and depression symptoms (57 %). To address these findings culturally appropriate childhood and adolescent interventions for reservation-based populations must be developed, tested and evaluated longitudinally.

© 2026. National Children's Advocacy Center. All rights reserved.

Sapra, K. J., Jubinski, S. M., Tanaka, M. F., & Gershon, R. R. (2014). Family and partner interpersonal violence among American Indians/Alaska Natives. *Injury Epidemiology*, *1*(1), 1-14. DOI:10.1186/2197-1714-1-7

Family and partner interpersonal violence are common among American Indian/Alaska Native (AI/AN) populations. AI/AN women have the second highest prevalence of violence against women among all racial/ethnic groups in the United States, and child abuse prevalence rates in AI/AN populations are among the highest. Elder abuse in AI/AN is also an important concern, although data on this are sparse. This review describes the epidemiology of child abuse, violence against women, and elder abuse among AI/AN, including prevalence and associated risk factors. The authors discuss potential reasons for the high burden of interpersonal violence among AI/AN, including common risk factors. Important limitations in existing literature are also highlighted, along with recommendations for future research on this topic.

Payne, D., Olson, K., & Parrish, J. W. (2013). Pathway to hope: An indigenous approach to healing child sexual abuse. *International Journal of Circumpolar Health*, *72*, 21067. DOI:10.3402/ijch.v72i0.21067

The Alaska Native (AN) population has endured multiple historical traumatic events. This population has poorer health outcomes on nearly all factors compared with Alaska non-Natives with more than 75% reportedly being physically assaulted in their lifetime, and child sexual abuse nearly 6 times the national average. This article describes the Pathway to Hope (PTH) program, which is an indigenous approach to ending silence and denial related to child sexual abuse and encourages multigenerational healing. PTH was developed by ANs who believe that each community is unique, thus strategies for ending denial and support for healing must be woven from the historical context, cultural strengths of individual communities. Strengths-based solutions built on truth, honesty, compassion and shared responsibility for healing and protecting today's children have been profound and successful. The PTH curriculum addresses child sexual abuse from a historical perspective; that the higher rates of sexual abuse among certain Tribes, regions and communities is linked in part to years

© 2026. National Children's Advocacy Center. All rights reserved.

of victimisation, but may also be perpetuated by internalised oppression and lateral violence among Tribal members. Data suggest that community-based dialogue and wisdom of Native elders and spiritual leaders paired with readiness of community service providers are necessary for sustained change. At all levels, this Indigenous model for learning, sharing, helping and healing brings hope for an end to denial and silence about child sexual abuse for Native people. The PTH program utilises the wisdom and values that have sustained Native people for generations. Ending silence and denial about child sexual abuse and building upon strengths have assisted many Indigenous communities begin the journey toward wellness. Through the PTH, communities have taken steps to accept the challenges associated with establishing safety for children, supporting child victims in healing and to holding offenders accountable.

Bigfoot, D. S., & Funderburk, B. (2011). Honoring children, making relatives: The cultural translation of parent-child interaction therapy for American Indian and Alaska Native families. *Journal of Psychoactive Drugs, 43*(4), 309-318. DOI:10.1080/02791072.2011.628924

The Indian Country Child Trauma Center, as part of the National Child Traumatic Stress Network, designed a series of American Indian and Alaska Native transformations of evidence-based treatment models. Parent-Child Interaction Therapy (PCIT) was culturally adapted/translated to provide an effective treatment model for parents who have difficulty with appropriate parenting skills or for their children who have problematic behavior. The model, Honoring Children—Making Relatives, embeds the basic tenets and procedures of PCIT in a framework that supports American Indian and Alaska Native traditional beliefs and parenting practices that regard children as being the center of the Circle. This article provides an overview of the Honoring Children—Making Relatives model, reviews cultural considerations incorporated into ICCTC's model transformation process, and discusses specific applications for Parent-Child Interaction Therapy within the model.

© 2026. National Children's Advocacy Center. All rights reserved.

Farley, M., Matthews, N., Deer, S., Lopez, G., Stark, C., & Hudon, E. (2011). *Garden of truth: The prostitution and trafficking of native women in Minnesota*. Minnesota Indian Women's Sexual Assault Coalition and Prostitution Research & Education.

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

Parrish, J. W., Young, M. B., Perham-Hester, K. A., & Gessner, B. D. (2011). Identifying risk factors for child maltreatment in Alaska: A population-based approach. *American Journal of Preventive Medicine*, *40*(6), 666-673. DOI:10.1016/j.amepre.2011.02.022

Child maltreatment has been linked to multiple negative health outcomes and many leading causes of death. Statewide population-based evaluations are needed to identify high-risk populations early in life for targeted interventions. To assess the utility of combining Pregnancy Risk Assessment Monitoring System (PRAMS) data with child protective services (CPS) records to identify risk factors associated with Protective Services Reports (PSR) suggestive of child maltreatment. This was a retrospective population-based cohort study conducted in the spring of 2010 using weighted survey data from Alaska PRAMS for birth years 1997–1999. PRAMS responses were linked with CPS records for the sampled child. The outcome of interest was any PSR made to CPS after the survey was returned through 48 months after birth. Validation of the PRAMS data set occurred through direct comparison between the total population and PRAMS weighted sample for birth certificate factors. Multivariate logistic regression models were

© 2026. National Children's Advocacy Center. All rights reserved.

constructed to identify risk groups. In the final multivariate model among the main effect variables, three of the top five strongest associated factors were derived all or in part from PRAMS. Public aid as a source of income had a significant interaction with Alaska Native status, and among Alaska non-Natives had an AOR of 3.37 (95% CI=2.2, 5.1). Six significant modifiable factors were identified in the multivariate model. Three quarters (75%) of the maltreatment cases occurred among children with two or more of these factors, despite being found in about one third (32%) of the total population. Although birth certificates remained a valuable source of risk factor information for child maltreatment, PRAMS identified additional risk factors not available from birth certificates.

Urban Indian Health Institute. (2011*). Discussions with urban American Indian and Alaska Native parents: Keeping babies healthy and safe*. Seattle Indian Health Board

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

Bigfoot, D. S., & Schmidt, S. R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive behavioral therapy for American Indian and Alaska Native children. *Journal of Clinical Psychology, 66*(8), 847-856. DOI:10.1002/jclp.20707

Recent research has identified the disparities in mental health services for American Indian and Alaska Native populations. The New Freedom Commission on Mental Health reported that the United States mental health system has yet to meet the needs of racial and ethnic minorities, including American Indian and Alaska Native populations (NFCMH, 2003). The

© 2026. National Children's Advocacy Center. All rights reserved.

system of services for treating mental health problems in Indian Country is a complex and inconsistent set of tribal, federal, state, local, and community-based services (Manson, 2004). The need for mental health care is significant, but the services are lacking, and access can be difficult and costly. American Indian and Alaska Native (AI/AN) children are more likely to (a) receive treatment through the juvenile justice system and inpatient facilities than non-Indian children, (b) encounter a system understaffed by specialized children's mental health professionals, and (c) encounter systems with a consistent lack of attention to established standards of care for the population.

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

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

Libby, A. M., Orton, H. D., Beals, J., Buchwald, D., & Manson, S. M. (2008). Childhood abuse and later parenting outcomes in two American Indian tribes. *Child Abuse & Neglect, 32*(2), 195-211. DOI:10.1016/j.chiabu.2007.07.006

To examine the relationship of childhood physical and sexual abuse with reported parenting satisfaction and parenting role impairment later in life among American Indians (AIs). AIs from Southwest and Northern Plains tribes who participated in a large-scale community-based study (n = 3,084) were asked about traumatic events and family history; those with children were asked questions about their parenting experiences. Regression models estimated the

© 2026. National Children's Advocacy Center. All rights reserved.

relationships between childhood abuse and parenting satisfaction or parenting role impairment, and tested for mediation by depression or substance use disorders. Lifetime substance use disorder fully mediated the relationship between childhood physical abuse and both parenting satisfaction and parenting role impairment in the Northern Plains tribe. There was only partial mediation between childhood sexual abuse and parenting role impairment in the Southwest. In both tribes, lifetime depression did not meet the criteria for mediation of the relationship between childhood abuse and the two parenting outcomes. Instrumental and perceived social support significantly enhanced parenting satisfaction; negative social support reduced satisfaction and increased the likelihood of parenting role impairment. Exposure to parental violence while growing up had deleterious effects on parenting outcomes. Mothers and fathers did not differ significantly in the relation of childhood abuse experience and later parenting outcomes. Strong effects of social support and mediation of substance abuse disorders in the Northern Plains offer direct ways in which childhood victims of abuse could be helped to avoid negative attributes of parenting that could put their own children at risk. Mothers were not significantly different from fathers in the relation of abusive childhood experiences and later parenting outcomes, indicating both are candidates for interventions. Strong effects of social support offer avenues for interventions to parents. The prevalence of substance use disorders and their role as a mediator of two parenting outcomes in the Northern Plains should focus special attention on substance use treatment, especially among those who experienced childhood victimization. These factors offer direct ways in which childhood victims of abuse can be helped to avoid negative attributes of parenting that could put their own children at risk of violence.

Wasseman, E. (2005). *Understanding the effects of childhood trauma on brain development in Native children*. Tribal Law & Policy Institute.

The information in this article was compiled to assist victim advocates who work with children and their caretakers to understand how the trauma affects the child's development when abuse has occurred – especially when it occurs early in the child's life. This article should also

© 2026. National Children's Advocacy Center. All rights reserved.

be helpful to Tribes and Tribal agencies seeking to develop programs and services that will promote healing and wellness for Tribal children. This article also provides basic information that will help extended family members, foster parents, teachers and others who are involved with a child that has suffered trauma early in life.

Blackstock, C., Trocme, N., & Bennett, M. (2004). Child maltreatment investigations among Aboriginal and Non-Aboriginal families in Canada. *Violence Against Women, 10*(8), 901-916. DOI:10.1177/1077801204266312

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

Steele, P. D., Damon, N., & Denman, K. (2004). *Child sexual abuse on New Mexico tribal land 1999-2004*. New Mexico Criminal Justice Analysis Center.

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

© 2026. National Children's Advocacy Center. All rights reserved.

Bohn, D. K. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicidal attempts among Native American women. *Issues in Mental Health Nursing, 24*(3), 333-352. DOI:10.1080/01612840305277

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

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

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

© 2026. National Children's Advocacy Center. All rights reserved.

Koss, M. P., Yuan, N. P., Dightman, D., Prince, R. J., Polacca, M., Sanderson, B., & Goldman, D. (2003). Adverse childhood exposures and alcohol dependence among seven Native American tribes. *American Journal of Preventive Medicine, 25*(3), 238–244. DOI:10.1016/s0749-3797(03)00195-8

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

© 2026. National Children's Advocacy Center. All rights reserved.

Payne, D. (2003). *Child abuse protocol development guide.* Tribal Law and Policy Institute.

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

Goodluck, C. (2002). *Native American children and youth well-being indicators: A strengths perspective.* National Indian Child Welfare Association.

This paper builds upon ongoing research about well-being indicators for Native American children & youth, by primarily exploring the strengths perspective. Most previous research focused on the deficits of children, families, and tribes. The literature is therefore very limited on the strengths topic. To complete this study, materials pertaining to this topic were gathered. This project represents an innovative and creative leap into this new area of inquiry.

DeBruyn, L., Chino, M., Serna, P., & Fullerton-Gleason, L. (2001). Child maltreatment in American Indian and Alaska Native communities: Integrating culture, history, and public health for intervention and prevention. *Child Maltreatment, 6*(2), 89-102. DOI:10.1177/1077559501006002002

This article addresses child maltreatment intervention and prevention among American Indians and Alaska Natives. The authors argue that history and culture must be included as context and variables for developing and implementing prevention programs in Indian

© 2026. National Children's Advocacy Center. All rights reserved.

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

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

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

Bigfoot, D. S. (2000). *History of victimization in Native communities*. U.S. Department of Justice.

The disproportionate amount of victimization risk among Native Americans today can be traced to the policies and practices of early explorers and missionaries and sustained by the Federal Government. The effects of these policies and their implementation have changed the political, economic, social, cultural, and spiritual pathways that previously held tribal groups together. The Federal Government used boarding schools, missions, agents, treaties, and

© 2026. National Children's Advocacy Center. All rights reserved.

removal to undermine the structure and traditions of tribes, which eventually destroyed the unity and stability of the family and the ability of Native communities to govern themselves, hold criminal behavior accountable, and administer justice. In short, Native communities were deprived of their ability to protect themselves through informal and formal social control. This paper provides a chronology of events and Federal policies that have brought Native communities to their current state of vulnerability to victimization, beginning prior to 1492 and encompassing Federal legislation and policies through 1998. Regarding current victimization risk, Native women are at high risk for domestic violence; Native men are at high risk for suicide and homicide; and Native children are at high risk for abuse, neglect, and injury. This paper lists the distinctive barriers to crime-victim services faced by Native Americans. On a positive note, however, victim services are beginning to be framed within traditional Native teachings of spirituality and cultural relevancy, and Native families are rebuilding. Still, Native families need support services that will increase their sense of empowerment and provide opportunities for them to develop protective social and economic resources.

Borowdky, W., Resnick, M. D., Ireland, M., & Blum, R. W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatric and Adolescent Medicine, 153*(6), 573-580. DOI:10.1001/archpedi.153.6.573

American Indians and Alaska Natives have the highest suicide rates of all ethnic groups in the United States, and suicide is the second leading cause of death for American Indian and Alaska Native youth. To identify risk and protective factors associated with suicide attempts among native male and female adolescents. The 1990 National American Indian Adolescent Health Survey examined schools of reservation communities in eight Indian Health Service areas included 11,666 7th- through 12th-grade American Indian and Alaska Native youth. Responses were compared among adolescents with and without a self-reported history of attempted suicide. Independent variables included measures of community, family, and individual characteristics. Separate analyses were conducted for boys and girls. Ever attempting suicide was reported by 21.8% of girls and 11.8% of boys. By logistic regression done on boys and girls

© 2026. National Children's Advocacy Center. All rights reserved.

separately, suicide attempts were associated with friends or family members attempting or completing suicide; somatic symptoms; physical or sexual abuse; health concerns; using alcohol, marijuana, or other drugs; a history of being in a special education class; treatment for emotional problems; gang involvement; and gun availability. For male and female youth, discussing problems with friends or family, emotional health, and connectedness to family were protective against suicide attempts. The estimated probability of attempting suicide increased dramatically as the number of risk factors to which an adolescent was exposed increased; however, increasing protective factors was more effective at reducing the probability of a suicide attempt than was decreasing risk factors. A history of attempted suicide was associated with several risk and protective factors. In addition to targeting youth at increased risk, preventive efforts should include promotion of protective factors in the lives of all youth in this population.

National Indian Justice Center. (1999). *Bitter earth: Child sexual abuse in Indian country*. U.S. Department of Justice.

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

© 2026. National Children's Advocacy Center. All rights reserved.

Jones, M. C., Dauphinais, P., Sack, W. H., & Somervell, P. D. (1997). Trauma-related symptomatology among American Indian adolescents. *Journal of Traumatic Stress, 10*(2), 163-173. DOI:10.1023/a:1024852810736

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

Pharris, M. D., Resnick, M. D., & Blum, R. W. (1997). Protecting against hopelessness and suicidality in sexually abused American Indian adolescents. *Journal of Adolescent Health, 21*(6), 400-406. DOI:10.1016/S1054-139X(97)00166-3

The purpose of this study was to identify factors protective against the adverse health correlates of sexual abuse in reservation-based American Indian and Alaskan Native adolescents. Data were taken from the National American Indian Adolescent Health Survey administered in 1988–1990 to 13, 923 youths. Included in this analysis were 991 females and 166 males who reported a history of sexual abuse. Chi-square analysis was used to identify significant protective factors in sexually abused youths who did not report suicidality or hopelessness. Discriminant function analysis was used to determine which factors distinguished this group from those who experienced adverse health correlates. Separate multivariate analyses for boys and girls demonstrated that for girls, family attention, positive feelings toward school, parental expectations, and caring exhibited by family, adults, and tribal leaders were associated with absence of suicidality and hopelessness. For suicidality in boys, significant protective factors were enjoyment of school, involvement in traditional activities,

© 2026. National Children's Advocacy Center. All rights reserved.

strong academic performance, and caring exhibited by family, adults, school people, and tribal leaders. No significant protective factors against hopelessness were identified for boys. To minimize hopelessness and suicidal involvement among youth who have been sexually abused, strategies should be planned, implemented, and evaluated that support family caring and connectedness, strengthen school attachment and performance, and improve tribal connectedness.

Robin, R. W., Chester, B., Rasmussen, J. K., Jaranson, J. M., & Goldman, D. (1997). Prevalence, characteristics, and impact of childhood sexual abuse in a southwestern American Indian tribe. *Child Abuse & Neglect, 21*(8), 769-787. DOI:10.1016/s0145-2134(97)00038-0

There were two objectives; first, to investigate the prevalence and characteristics of child sexual abuse in an American Indian community, and second, to determine whether persons with histories of child sexual abuse are at greater risk to develop psychiatric disorders and behavioral problems than persons who report no such history. A sample of 582 Southwestern American Indian tribal members was collected for a genetic and linkage study on alcoholism and psychiatric disorders in three large and interrelated pedigrees. Subjects were recruited from the community without knowledge of their clinical histories or those of their relatives. Child sexual abuse and psychiatric disorders were assessed using a semi-structured psychiatric interview. Females were more likely to be sexually abused as children (49%) than were males (14%). Intrafamilial members accounted for 78% of the reported child sexual abuse. Sexually abused males and females were more likely to report childhood and adult behavioral problems than were nonabused subjects. There was a strong relationship between multiple psychiatric disorders and child sexual abuse, with sexually abused males and females more likely to be diagnosed with ≥3 psychiatric disorders, both including and excluding alcohol dependence or abuse, than were nonabused subjects. Child sexual abuse in this population is both an index of family dysfunction and community disorganization as well as a predictor of later behavioral patterns and psychopathology.

© 2026. National Children's Advocacy Center. All rights reserved.

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

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

Lujan, C., DeBruyn, L. M., May, P. A., & Bird, M. E. (1989). Profile of abused and neglected American Indian children in the Southwest. *Child Abuse & Neglect, 13*(4), 449-461. DOI:10.1016/0145-2134(89)90049-5

From both knowledge gained working in Indian communities and a major data collection program, this article examines child abuse & neglect among the Indian tribes in a southwestern state. The period of study covers 1982-1985. The study sample consists of 53 children targeted by the local Indian Health Service Hospital Child Protection Team as being abused and/or neglected. In addition, information on the parents, grandparents and, in a number of cases, great-grandparents are examined. The study is a secondary data analysis of clinic & hospital records and interviews with local community health care providers & tribal officials. The results indicate that alcohol abuse was present in 85% of the neglect cases and in 63% of the abuse cases. In addition, child abuse and neglect occurred simultaneously in 6.5% of the sample. Child abuse & neglect are found to be part of a larger phenomenon of multiproblem families which raises the issue of intergenerational perpetuation of these problems. The results underscore the importance of interagency cooperation in surveillance, treatment, & prevention, as well as more careful and thorough documentation of record maintenance.

Fischler, R. S. (1985). Child abuse and neglect in American Indian communities. *Child Abuse & Neglect*, *9*(1), 95-106. DOI:10.1016/0145-2134(85)90097-3

Child abuse and neglect have recently been found to occur among American Indians at rates comparable to other American population groups. Little is known about the clinical spectrum

© 2026. National Children's Advocacy Center. All rights reserved.

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

Wichlacz, C. R., & Wechsler, J. G. (1983). American Indian law on child abuse and neglect. *Child Abuse & Neglect, 7*(3), 347-350. DOI:10.1016/0145-2134(83)90013-3

A wide variety of American Indian tribal codes on child abuse & neglect are currently in effect. They range from anachronistic codes that were promulgated about fifty years ago and have never been revised to recently enacted codes that are innovative and incorporate the best practices in the field of protective services. The efforts, now underway, to collect and analyze Indian tribal codes on child abuse & neglect is supportive of the national interest to improve Indian child welfare services. The knowledge gained will be helpful to Indian tribes as they assess their own codes and will provide a new body of information on the laws in the U.S. on child abuse & neglect. In the past few years, increased national support in the United States has been focused on the protection of the best interest of Indian children with specific resources provided for the support of local Indian children and family programs operated by Indian tribal governments. Many Indian tribes are using these resources to develop and revise their child welfare codes, including those elements pertaining to child abuse & neglect. The

© 2026. National Children's Advocacy Center. All rights reserved.

momentum under way in the United States to improve Indian child welfare services can be expected to continue to include developments in Indian tribal codes on child abuse & neglect.

White, R., & Cornely, D. (1981). Navajo child abuse and neglect study: A comparison group examination of abuse and neglect of Navajo children. *Child Abuse & Neglect, 5*(1), 9-17. DOI:10.1016/0145-2134(81)90072-7

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

© 2026. National Children's Advocacy Center. All rights reserved.

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

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

Wischlacz, C., Lane, J., & Kempe, C. (1978). Indian child welfare: A community team approach to protective services. *Child Abuse & Neglect, 2*(1), 29-35. DOI:10.1016/01452134(78)90004-2

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

© 2026. National Children's Advocacy Center. All rights reserved.