



Child Maltreatment in Native American & Alaska Native Communities

A Bibliography

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**Championing and Strengthening the
Global Response to Child Abuse**

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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 the Child Abuse Library Online.

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Child Maltreatment in Native American & Alaska Native Communities

A Bibliography

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 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.

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, 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.

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\(2\), E123–129.](#) 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 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.

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 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, and implications for implementing the Indigenous Wellness Pyramid.

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

Background: 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. Objective: 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 (i.e., sex, age, income, education) to provide a comprehensive understanding of ACEs across diverse populations. Participants and setting: 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. Methods: Descriptive statistics and negative binomial regression analyses were conducted to examine the frequency of ACEs and the eight ACEs domains across racial/ethnic and sex groups. Results: 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 and Hispanic 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, and family incarceration was the lowest. AI/AN females and males had the highest ACEs frequencies in family substance use, witnessing intimate partner violence, and sexual and emotional abuse. Conclusions: Findings have important implications for public health intervention and prevention efforts that may 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 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 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.

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 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.

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

Introduction: 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. Methods: 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 calculated and further stratified by sex, age, household income, education, employment status, sexual orientation, Census region, and state. In addition, frequencies and prevalence of each adverse childhood experience domain (stratified by the same categories) were calculated. Analysis was conducted in 2019. Results: 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 and those with lower incomes

reported higher adverse childhood experience scores, whereas those with higher educational attainment reported lower scores. Conclusions: 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, and 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

Background: 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. Objective: This study examined the recurrent maltreatment of American Indian children in foster and 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. Participants and Setting: 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. Method: Chi-square analyses and a t-test were used to test differences in maltreatment recurrence. Ordinary least squares regression analysis was used to examine the factors that contributed to poly-victimization. Results: 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, and spiritual abuse, as well as poly-victimization in their foster and adoptive homes. Conclusions: 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.

Melton, A. P., Chino, M., Martinez, R., & Duclos, C. (2021). [Effective methods to access exposure to violence and victimization among American Indian and Alaska Native youth: The tribal youth victimization study](#). U.S. Department of Justice.

Violence and victimization compromise the wellbeing of American Indian (AI) and Alaska Native (AN) youth; however, there is limited information regarding the nature and scope of these issues. This data lack has implications for justice, social services, and public health policy and practice. was funded by the National Institute of Justice to develop, implement, and pilot test a survey and protocol for collecting prevalence violence and victimization data of AI and AN youth and young adults to inform a future national effort. The primary study components were to: 1) Develop and test a self-report survey instrument, 2) Assess modes of survey implementation, and 3) Test options for survey provision by considering ethical and practical issues for AI and AN youth who participate. The research established clear definitions of the constructs of import through literature review and stakeholder input, formulated appropriate measures in a self-report survey tool, and tested the reliability and validity of the tool at multiple levels through stakeholder review and assessments. Cognitive testing (CT) included 33 participants age 12 –20 at two urban sites, and Pilot testing (PT) included 359 participants age 13–20 at three sites: two urban and one reservation. During PT, the effect of incentive awareness was tested. CT data were analyzed with standard qualitative analysis methods, while the PT data assessments used a mixed methods approach of qualitative interviewing and quantitative descriptive and factor analyses to test measure structural issues such as validity and reliability and process indicators. The developed survey instrument and protocol appear to be effective at collecting selfreport prevalence data. Invaluable assets for the study administration were the partnerships cultivated throughout the study period. Using the two-parent permission institutional review board (IRB) requirement for more than minor risk studies was noted as a burden to potential participants and hindered recruitment efforts. This, combined with the low utilization of the distress protocol, suggests the study could have been categorized as low risk and used a one parent permission rule. For survey administration the use of a computerized mode with the option of audio was the best choice and is recommended. Factor analyses supported the decisions and inclusions of specific measures,

with only a few question deletions or stem question clarifications. The reliability assessment indicated that all tested domains met moderate to high responses. The paradata analysis showed an average time for survey completion of 28 minutes and a maximum time of 59 minutes for the few with extensive victimization histories. Most of the respondents (71.7%) found the survey very easy or mostly easy. Less than 3% stated that the survey was very difficult or mostly difficult. The prior knowledge of the incentive affected faster time to site enrollment completion. When asked respondents' motivation for participating, 32.3% indicated: to help other youth, 28.8% mentioned cash, 24.0% for curiosity, and 15% not sure. The project unfolded through four phases with time for planning, testing, and reevaluation of focus and methods. The payoff for a large investment in research and development was a lack of unexpected results and confirmation of the initial assumptions and expertise of the research team. Even so, there are a few key issues and lessons learned that have implications for a large-scale study of violence and victimization among AI and AN youth. The end products will help fill critical knowledge gaps and permit comparisons with other U.S. populations of youth and young adults and across AI and AN communities on a future national scale.

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

Background: 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. Objective: We examined 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. Methods: 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. Results: 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. Conclusions: Future research should make a concerted 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

Background: 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. Objective: We 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. Participants and setting: 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. Results: 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. Conclusions: 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.

Rides At The Door, M., & Trautman, A. (2019). Considerations for implementing culturally grounded trauma-informed child welfare services: Recommendations for working with American Indian/Alaska Native populations. *Journal of Public Child Welfare*, 13(3), 368-378. DOI:10.1080/15548732.2019.1605014

Cultural humility in trauma informed practice is of paramount importance when working with underserved minority populations. Societal structures and systems of oppression, such as disproportionate representation of American Indian/Alaska Native children in state foster care systems, intergenerational poverty or overrepresentation of people of color in the justice system, are often sources of trauma for marginalized populations. To practice with cultural humility and implement trauma informed practices, systems of care (e.g. child welfare, justice, school, mental health) must attend to structural inequality and tailor treatment accordingly. This paper will describe cultural considerations for systems, organizations and individuals working with American Indian/Alaska Native individuals, families and communities. Recommendations for infusing cultural humility into trauma informed practice will be provided using the ten implementation domains of trauma informed practice as outlined in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Content will include an application of the ten domains with examples specific to service delivery with American/Indian Alaska Native populations.

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.

Kong, J., Roh, S., Easton, S. D., Lee, Y. S., & Lawler, M. J. (2016). A history of childhood maltreatment and intimate partner violence victimization among Native American adults. *Journal of Interpersonal Violence*, 31(18), 2826–2848. DOI:10.1177/0886260516632353

This study examined the association between childhood maltreatment and intimate partner violence (IPV) victimization among Native American adults. Based on Riggs's theoretical model of the long-term effects of childhood abuse, we also examined the mediating roles of insecure attachment patterns and depressive symptoms. The current study was a secondary data analysis using the 2013 General Well-Being Among Native Americans dataset ($N = 479$). Structural equation modeling was used to examine the hypothesized relationships among key constructs. Consistent with existing literature of revictimization, our findings showed that the experience of childhood maltreatment was positively associated with IPV victimization. Mediation analyses indicated that depression was a significant mediator in the association between childhood maltreatment and IPV victimization. In addition, all the paths linking childhood maltreatment, fearful attachment, depressive symptoms, and IPV victimization were

statistically significant, although the overall mediation effect was not significant. The results of this study suggest that Riggs's model can serve as a useful theoretical framework for understanding the long-term effects of childhood maltreatment among Native American adults. Practitioners in the area of IPV should include maltreatment history and current attachment patterns in client assessments, which could help address conflict and violence within intimate relationships.

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 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.

Barsalou-Verge, X., Gagnon, M. M., Séguin, R., & Dagenais, C. (2015). Current knowledge on child sexual abuse in Indigenous populations of Canada and the United States: A literature review. *American Indian Culture and Research Journal*, 39(3), 65–82.
DOI:10.17953/aicrj.39.3.barsalou-verge

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.

Cooper, R. (2014). [Children's Advocacy Centers and Indian Country](#). *Update*, 24(2), 1-4.

In this article, the author explores the extent to which child abuse professionals in Indian Country have adopted multidisciplinary frameworks and the Children's Advocacy Center model.

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. 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 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.

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.

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

The primary purpose of this chapter is to describe the historical background of American Indians and some of the more common experiences, cultural practices, and beliefs that may influence American Indians’ communication and interaction with interventionists. The last

section of the chapter discusses some of the communication protocols that nonnative interventionists should be aware of when working with American Indian families.

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 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, Seattle Indian Health Board. (2011). [Discussions with urban American Indian and Alaska Native parents: Keeping babies healthy and safe.](#)

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

Steele, P. D. (2009). Child sexual abuse among socially marginalized groups: Cultural and governmental influences perpetuating maltreatment in American Indian country. *Forum on Public Policy: A Journal of the Oxford Round Table*.

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

Werrbach, G., Withers, M., & Neptune, E. (2009). Creating a system of care for children's mental health services in a Native American community. *Families in Society*, 90(1), 87-95.
DOI:10.1606/1044-3894.3849

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

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

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

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

De Ravello, L., Abeita, J., & Brown, P. (2008). Breaking the cycle/mending the hoop: Adverse childhood experiences among incarcerated American Indian/Alaska Native women in New Mexico. *Health Care for Women International, 29*(3), 300-315.
DOI:10.1080/07399330701738366

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

scores were positively associated with arrests for violent offenses, lifetime suicide attempt(s), and intimate partner violence.

Libby, A. M., Orton, H. D., Beals, J., Buchwald, D., & Manson, S. M. (2008). Childhood abuse and later parenting outcomes in two American Indian tribes. *Child Abuse & Neglect*, 32(2), 195–211. 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 relationships between childhood abuse and parenting satisfaction or parenting role impairment, and tested for mediation by depression or substance use disorders. Lifetime substance use disorder fully mediated the relationship between childhood physical abuse and both parenting satisfaction and parenting role impairment in the Northern Plains tribe. There was only partial mediation between childhood sexual abuse and parenting role impairment in the Southwest. In both tribes, lifetime depression did not meet the criteria for mediation of the relationship between childhood abuse and the two parenting outcomes. Instrumental and perceived social support significantly enhanced parenting satisfaction; negative social support reduced satisfaction and increased the likelihood of parenting role impairment. Exposure to parental violence while growing up had deleterious effects on parenting outcomes. Mothers and fathers did not differ significantly in the relation of childhood abuse experience and later parenting outcomes. Strong effects of social support and mediation of substance abuse disorders in the Northern Plains offer direct ways in which childhood victims of abuse could be helped to avoid negative attributes of parenting that could put their own children at risk. Mothers were not significantly different from fathers in the relation of abusive childhood experiences and later parenting outcomes, indicating both are candidates for interventions. Strong effects of social support offer avenues for interventions to parents. The prevalence of

substance use disorders and their role as a mediator of two parenting outcomes in the Northern Plains should focus special attention on substance use treatment, especially among those who experienced childhood victimization. These factors offer direct ways in which childhood victims of abuse can be helped to avoid negative attributes of parenting that could put their own children at risk of violence.

Willmon-Hague, S., & Bigfoot, D. S. (2008). Violence and the effects of trauma on American Indian and Alaska Native populations. *Journal of Emotional Abuse*, 8(1/2), 51-66.
DOI:10.1080/10926790801982410

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

Bigfoot, D. S., & Braden, J. (2007). [Adapting evidence-based treatments for use with American Indian and Native Alaskan children and youth](#). *Focal Point: Research, Policy, & Practice in Children's Mental Health*, Winter, 19-22.

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

Payne, D., & Evensen, K. (2007). [Pathway to hope: Healing child sexual abuse video guidebook](#). Tribal Law and Policy Institute.

This video guidebook is a companion to the “Pathway to Hope” video. It focuses on the process of healing from sexual abuse through a holistic community perspective. While treatment and healing that focuses directly on the individual survivor of child sexual abuse may be helpful in reducing symptoms like anxiety or depression, this approach fails to acknowledge the importance of relationships in Native communities and families. In Tribal communities and villages, pain can be more complex and felt by many, so that the impact of child sexual abuse on the individual is greater because of the way that people relate to each another. Therefore, holistic healing for the survivor of child sexual abuse often occurs in the larger context of the community.

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 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.

Duran, B., Malcoe, L. H., Sanders, M., Waitzkin, H., Skipper, B., & Yager, J. (2004). Child maltreatment prevalence and mental disorders outcomes among American Indian women in primary care. *Child Abuse & Neglect*, 28(2), 131-145.
DOI:10.1016/j.chiabu.2003.06.005

The purpose of this study was to examine (1) the prevalence, types, and severity of child abuse and neglect (CAN) and (2) the relationship between CAN and lifetime psychiatric disorders among American Indian women using primary care services. A cross-sectional study was conducted among 234 American Indian women, age 18–45 who presented for outpatient ambulatory services at a community-based Indian Health Service Hospital in Albuquerque, New Mexico. Dependent measures included mood, substance abuse, and anxiety disorders as well as posttraumatic stress disorder (PTSD) as measured by the Composite International Diagnostic Interview. CAN was assessed using the Childhood Trauma Questionnaire. Approximately three-quarters of respondents (76.5%; 95% CI = 70.4, 81.7) reported some type of childhood abuse or neglect; over 40% reported exposure to severe maltreatment. Severity of child maltreatment was associated in a dose response manner with lifetime diagnosis of mental disorders. After adjusting for social and demographic correlates, severe child maltreatment was strongly associated with lifetime PTSD (prevalence ratio [PR] = 3.9; 95% CI = 1.9, 8.0); and was moderately associated with lifetime substance use disorders (PR = 2.3; 95% CI = 1.6, 3.3); mood disorders (PR = 2.1; 95% CI = 1.4, 3.2); and with two or more disorders (PR = 2.3; 95% CI = 1.6, 3.4). CAN was common in our sample of American Indian women in primary

care and was positively associated with lifetime psychiatric disorders outcomes. Screening for CAN and psychiatric disorders would enhance the treatment of patients seeking primary care services. Primary prevention of child maltreatment might reduce the high prevalence of mental disorders among American Indian women.

Libby, A. M., Orton, H. D., Novins, D. K., Spicer, P., Buchwald, D., Beals, J., & Manson, S. M. (2004). Childhood physical and sexual abuse and subsequent alcohol and drug use disorders in two American-Indian tribes. *Journal of Studies on Alcohol and Drugs*, 65(1), 74-83. DOI:10.15288/jsa.2004.65.74

The purpose of this study was to examine the relationship of childhood physical and sexual abuse to subsequent lifetime alcohol or drug use disorders among American Indians (AIs) by using cross-sectional and retrospective data collected from a structured epidemiological interview. A sample of 3,084 AIs from two tribal populations—Southwest and Northern Plains—participated in a large-scale, community-based study. Participants were asked about traumatic events and family history and were administered standard diagnostic measures of substance use disorders. Prevalence of childhood physical abuse was approximately 7% for both tribes, and childhood sexual abuse was 4%-5%, much higher for females. The Northern Plains tribe had higher prevalences of substance use disorders. Childhood physical abuse had a significant main effect in bivariate models of substance dependence, but remained significant only in the multivariate models of substance dependence for the Northern Plains tribe. Correlates of disorder were psychiatric and medical comorbidity, parental alcohol problems and adult experience of physical attacks. Childhood physical abuse had a stronger effect than childhood sexual abuse on lifetime substance dependence. Childhood sexual abuse, on the other hand, was more associated with lifetime substance abuse. Females more commonly experienced childhood abuse but were less likely than males to develop substance use disorders. Although additional covariates reduced the main effect on disorder, results provide clinical guidance to constellations of risk factors and expand the population at risk to include males.

Steele, P. D., Damon, N., & Denman, K. (2004). [Child sexual abuse on New Mexico tribal land 1999-2004](#). 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.

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.

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.

The Institute for Child and Family Policy. (2003). [*Collaboration with Native American tribes: ICWA and ASFA trainer's guide*](#). U.S. Department of Health & Human Services.

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

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 and mechanisms in place, both cultural and societal, for eons that have guided how Native Peoples addressed safety of children and instructions for adults as to how they behaved with children. These practices have had a significant impact on preventing abusive and neglectful behavior from occurring. Some tribal programs prefer to use traditional systems to protect children, and to address parental difficulties. Some Tribal communities have adopted a "Children's Bill of Rights" to memorialize

their values and beliefs about children and expectations of parents and the community. With contemporary knowledge added to traditional networks and concepts of community responsibility for children, modern teams can develop policies and protocols that can serve the needs of traumatized Native children.

U.S. Commission on Civil Rights (2003). [*A quiet crisis federal funding and unmet needs in Indian Country.*](#)

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

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

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

Baca, K. (2001). [The changing federal role in Indian Country](#). *National Institute of Justice Journal*, 247, 8-13.

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

DeBruyn, L., Chino, M., Serna, P., & Fullerton-Gleason, L. (2001). Child maltreatment in American Indian and Alaska Native communities: Integrating culture, history, and public health for intervention and prevention. *Child Maltreatment*, 6(2), 89-102.
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 Country. They propose that the public health violence prevention model would benefit from incorporating tenets of the history and culture(s) of diverse groups, in this instance American Indians and Alaska Natives. The authors offer an approach that focuses on population-and individual-level risk and protective factors for child maltreatment intervention and prevention in American Indian/Alaska Native communities. They include suggestions and examples for doing the work in Indian Country.

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

This article addresses the role and responsibility of the federal government as guardian and trustee for Indian tribes in dealing with child sexual abuse in Indian country. To fully appreciate the gravity of the problem of child sexual abuse in Indian country, one must first have a basic understanding of child sexual abuse in America. Comparisons can then be made to the unique

circumstances that exist on Indian reservations. Part I discusses child sexual abuse in the United States in general, and Part II follows with a discussion of child sexual abuse in Indian country. Part III addresses the federal government's responsibilities in the fight against child sexual abuse in Indian country and the efforts Congress has made to address this problem. Part IV will discuss what more can be done by the federal trustee to protect Native American children and to bring those who sexually molest Indian children to justice.

Vernon, I. S., & Bubar, R. (2001). Child sexual abuse and HIV/Aids in Indian Country. *WICAZO SA Review*, 16(1), 47-63. DOI:10.1353/wic.2001.0015

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

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 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.

Jones, B. J. (2000). [*Role of Indian tribal courts in the justice system*](#). Office for Victims of Crimes.

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

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

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

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

National Indian Justice Center (1999). [*Bitter Earth: Child sexual abuse in Indian country*](#). 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.).

Gutierrez, S. E., & Todd, M. (1997). The impact of childhood abuse on treatment outcomes of substance abuse. *Professional Psychology: Research and Practice*, 28(4), 348–354.
DOI:10.1037/0735-7028.28.4.348

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

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

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

This paper presents a brief outline of the devastating history of Indian child welfare in the United States and the basic jurisdictional tenets of the Indian Child Welfare Act. It then offers a retrospective view for understanding the current internal upheavals in our tribal communities and suggests a viable solution based on the full exercise of tribal sovereignty and the

commitment of internal tribal resources, both financial and cultural, to attain the ultimate goal of preserving Indian families and communities.

Norton, I. M., & Manson, S. M. (1996). Research in American Indian and Alaska Native communities: Navigating the cultural universe of values and process. *Journal of Consulting and Clinical Psychology*, 64(5), 856–860. DOI:10.1037//0022-006x.64.5.856

The National Institutes of Health's guidelines for recruiting ethnic minorities and women into clinical research have raised numerous questions among investigators. Highlighted in this article are a number of important issues for those researchers seeking to include American Indians and Alaska Natives in their studies; that is, defining the population of American Indians and Alaska Natives for inclusion in a study, participation of the tribes in research and approval by the Institutional Review Board, issues of confidentiality and anonymity of individuals and tribes, identifying potential benefits to American Indian and Alaska Native communities, and the importance of evaluating the scientific merit of a proposed study. Awareness and a commitment to ongoing education regarding these issues will enhance the quality and benefits of research among American Indian and Alaska Native people.

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

Due to cultural and linguistic misunderstandings, racism, and even homophobia, sexual abuse is frequently mishandled by professionals working with minority populations. Research and multiculturalism have led to advances in understanding sexual abuse in its various contexts. The complicated issues which surround such abuse, in nine different cultural settings, are explored in this book. The core of the text is a collection of nine original chapters by authors representing a variety of cultural groups, who are experts in treating sexual abuse among members of their group. Included in this cultural mix are African Americans, Puerto Ricans, Asians, Pacific Islanders, Filipino Americans, Cambodians, Jews, Anglo Americans, Seventh Day

Adventists, gay males, and lesbians. Each culture-specific chapter presents the strengths and challenges of its cultural group in a solution-oriented approach, with the goal of providing a context for understanding the prevention, occurrence, detection, and recovery from sexual abuse. After discussing cultural norms, each chapter explores oppression issues that emerge in encounters with the social service system and how professionals can help families work to counteract this oppression. The book closes with an overview of the general promises and pitfalls of attending to culture when providing services for sexual abuse.

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

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

Schafer, J. R., & McIlwaine, B. D. (1992). Investigating child sexual abuse in the American Indian community. *American Indian Quarterly, 16*(2), 157-167.

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

Carter, I., & Parker, L. (1991). Intrafamilial sexual abuse in American Indian families. In M. Q. Patton (Ed.), *Family sexual abuse: Frontline research and evaluation* (pp. 106-117). Sage Publications, Inc. DOI:10.4135/9781483325613.n7

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

Lujan, C., DeBruyn, L. M., May, P. A., & Bird, M. E. (1989). Profile of abused and neglected American Indian children in the Southwest. *Child Abuse & Neglect*, 13(4), 449-461. 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 and neglect among the Indian tribes in a southwestern state. The period of study covers 1982 through 1985. The study sample consists of 53 children targeted by the local Indian Health Service Hospital Child Protection Team as being abused and/or neglected. In addition, information on the parents, grandparents and, in a number of cases, great-grandparents are examined. The study is a secondary data analysis of clinic and hospital records and interviews with local community health care providers and tribal officials. The results indicate that alcohol abuse was present in 85% of the neglect cases and in 63% of the abuse cases. In addition, child abuse and neglect occurred simultaneously in 6.5% of the sample. Child abuse and neglect are found to be part of a larger phenomenon of multiproblem families which raises the issue of intergenerational perpetuation of these problems. The results underscore the importance of interagency cooperation in surveillance, treatment, and prevention, as well as more careful and thorough documentation of record maintenance.

Piasecki, M. M., Manos, S. M., Biernoff, M. P., Hiat, A. B., Taylor, S. S., & Bechtold, D. W. (1989). Abuse and neglect of American Indian children: Findings from a survey of federal providers. *American Indian and Alaska Native Mental Health Research*, 3(2), 43–62.
DOI:10.5820/aian.0302.1989.43

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

Ashby, M. R., Gilchist, L. D., & Miramontez, A. (1987). Group treatment for sexually abused American Indian adolescents. *Social Work with Groups*, 10(4), 21–32.
DOI:10.1300/J009v10n04_03

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

Fischler, R. S. (1985). Child abuse and neglect in American Indian communities. *Child Abuse & Neglect*, 9(1), 95–106. 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 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 and neglect are currently in effect. They range from anachronistic codes that were promulgated about fifty years ago and have never been revised to recently enacted codes that are innovative and incorporate the best practices in the field of protective services. The efforts, now underway, to collect and analyze Indian tribal codes on child abuse and neglect is supportive of the national interest to improve Indian child welfare services. The knowledge gained will be helpful to Indian tribes as they assess their own codes and will provide a new body of information on the laws in the U.S. on child abuse and neglect. In the past few years, increased national support in the United States has been focused on the protection of the best interest of Indian children with specific resources provided for the support of local Indian children and family programs operated by Indian tribal governments. Many Indian tribes are using these resources to develop and revise their child welfare codes, including those elements pertaining to child abuse and neglect. The momentum under way in the United States to improve Indian child welfare services can be expected to continue to include developments in Indian tribal codes on child abuse and neglect.

White, R., & Cornely, D. (1981). [Navajo child abuse and neglect study: A comparison group examination of abuse and neglect of Navajo children](#). *Child Abuse & Neglect*, 5(1), 9-17. 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 circumstances associated with maltreatment of Navajo children under nine years of age. Records from tribal and state courts, the Bureau of Indian Affairs (BIA), state social services and a sample of ambulatory pediatric cases were reviewed to elicit abuse or neglect status data for calendar year 1975. Data on 365 abuse or neglect cases were compared with 867 nonabused or nonneglected children (comparison group). A double blind case numbering system was employed to ensure confidentiality of data obtained. Abuse cases were dichotomized according to litigation status (e.g., adjudicated versus documented by clinical findings). Neglect cases were categorized by perceived parental control over circumstances leading to the neglect (e.g., voluntary versus involuntary neglect). Reliability sub-studies were conducted by study staff and Navajo volunteers to assess the degree of agreement in the classification of study case status. Tribal census data for 1975 provided baseline information from which the incidence of abuse or neglect involving Navajo children was established. Extrapolated study data suggests up to 8.6% of the reservation resident Navajo children under age 9 to have been abused or neglected. Various sociodemographic characteristics differentiating the abusive and neglectful families from those of the nonabused or nonneglected children in the comparison group are reported.

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

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

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.