Journal Highlights

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A number of articles have begun to examine epidemiology, interventions, and prevention related to child maltreatment (CM) in Indian country. Although the number of publications is few and the problems facing Native American children are many and long-standing, we are beginning to develop culturally-specific evidence that will inform our strategies and shape public policy to reduce child abuse and neglect in this vulnerable population.

Child Maltreatment Epidemiology

In an early analysis, Earle and Cross (2001) noted that while published rates of child abuse and neglect (CAN) among American Indian/Alaska Native children were higher than those for other racial and ethnic groups, the data used to calculate these rates were incomplete. Researchers found high rates of neglect, more violence and alcohol abuse among American Indian/Alaska Native families, a higher likelihood that American Indian/Alaska Native children were in foster care, and an increase in reported and substantiated cases over time. The authors evaluated the data on the abuse and neglect of American Indian/Alaska Native children from published reports from the U.S. Department of Health and Human Services (DHHS), the Bureau of Indian Affairs (BIA), and Indian Health Service (IHS) and found they differed substantially. All of these data used incidents of abuse and neglect, rather than numbers of individual children who are the victims of child abuse and/or neglect, as the point of analysis. Earle and Cross concluded that this may lead to inflated rates, especially of American Indian/Alaska Native children, who are significantly more likely than whites to appear more than once in the data. Using data from DHHS's archives for individual children at Cornell University, the authors found lower rates of physical and sexual abuse among American Indian/Alaska Native children when compared with white children and noted the importance of controlling for Hispanic ethnicity.

Duran and colleagues (2004) examined the prevalence, types, and severity of child abuse and neglect and the relationship between CAN and lifetime psychiatric disorders among American Indian women using primary care services. Using a cross-sectional study with 234 American Indian women ages 18–45 who presented for outpatient ambulatory services at a community-based Indian Health Service Hospital in Albuquerque, New Mexico, they measured mood, substance abuse, and anxiety disorders as well as posttraumatic stress disorder (PTSD) and history of child abuse and neglect. Approximately 75% of respondents reported some type of childhood abuse or neglect, and 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 and was moderately associated with lifetime substance abuse. The authors concluded that child abuse and neglect were common in American Indian women in primary care and were associated with lifetime psychiatric disorders. Screening for CM and psychiatric disorders was recommended to enhance the treatment of patients seeking primary care services and to reduce the high prevalence of mental disorders among American Indian women.

Yuan et al. (2006) studied the prevalence and correlates of adult physical assault and rape in six Native American tribes and found that 45% of women reported being physically assaulted and 14% reported being raped since age 18. For men, figures were 36% and 2%, respectively. Demographic characteristics, adverse childhood experiences, adulthood alcohol dependence, and cultural and regional variables were assessed. Using logistic regression, predictors of physical assault among women were identified as marital status, an alcoholic parent, childhood maltreatment, and lifetime alcohol dependence. Predictors of sexual assault among women were marital status, childhood maltreatment, and lifetime alcohol dependence. Among men, only childhood maltreatment and lifetime alcohol dependence predicted being physically assaulted. Tribal differences existed in rates of physical assault (both sexes) and rape (women only). The authors concluded that these results underscore the problem of violence victimization among Native Americans and point to certain environmental features that increase risk of adulthood physical and sexual assault.

In a review article, Miller and Cross (2006) examined the use of ethnicity in 489 empirical research articles published in three major child maltreatment specialty journals from 1999 to 2002. Of the American samples, 12.5% focused on ethnicity, 76.2% reported the ethnic composition of participants, and 33.8% used ethnicity of participants in analyses. The authors found that ethnicity had a significant effect in 52.3% of articles in which it was used, suggesting its importance as a variable in a wide range of studies. African Americans and Native Americans were underrepresented in research samples. The authors found there is more attention to ethnicity in American research than previously noted but highlighted the need for continued expansion in focusing on, reporting, and using ethnicity in research.

Ryan and colleagues (2013) sought to determine whether neglect is associated with recidivism for moderate and high-risk juvenile offenders in Washington State while specifically looking at Native American populations. Statewide risk assessments and administrative records for child welfare, juvenile justice, and adult corrections were analyzed. Official records from child protection were used to identify juvenile offenders with a history of child neglect and to identify juvenile offenders with an ongoing case of neglect. Event history models were developed to estimate the risk of subsequent offending. The authors found that adolescents with ongoing neglect were significantly more likely to continue offending compared with youth who had no official history of neglect. They also discovered that interrupting the trajectories of offending is a primary focus of juvenile justice. They concluded that ongoing dependency issues among Native Americans play a critical role in explaining the outcomes achieved for adolescents in juvenile justice settings.

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Ryan, J. P., Williams, A. B., & Courtney, M. E. (2013). Adolescent neglect, juvenile delinquency, and the risk of recidivism. *Journal of Youth and Adolescence, 42*, 454–465.

Yuan, N. P., Koss, M. P., Polacca, M., & Goldman, D. (2006). Risk factors for physical assault and rape among six Native American tribes. *Journal of Interpersonal Violence, 21*(12), 1566–1590.

Intervention and Prevention

Fischler (1985) noted that little is known about the clinical spectrum of Indian maltreatment, its 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 addition, solutions for removing children from families are thought to be largely inappropriate and ineffective. The author assessed community agencies and found mistrust of outsiders plus a lack of trained personnel and available community resources. According to the author, federal policies and laws clearly place the responsibility for child welfare in the hands of Indian tribes and tribal courts; however, the non-lndian health professional also has an important albeit limited role in providing technical expertise and in aiding development of community resources, taking care to support yet not usurp the emerging leadership of Indian people.

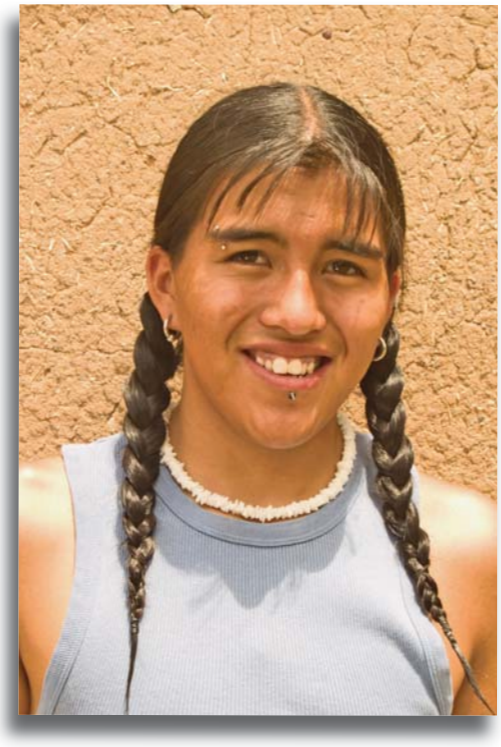
Debruyn et al. (2001) addressed child maltreatment intervention and prevention among American Indians and Alaskan natives. They argued that history and culture must be included as context and variables for developing programs in Indian country. They proposed a violence prevention model that incorporates the history and culture of these diverse groups and offers an approach based on individual and population-based risk and protective factors, giving examples based on these constructs for use in Indian country.

The National Child Welfare Resource Center for Tribes, a member of the Children's Bureau Child Welfare Training and Technical Assistance Network, conducted a national needs assessment of tribal child welfare to explore current practices in tribal child welfare to identify unique systemic strengths and challenges and organizational capacity of tribal child welfare programs throughout Indian country. A culturally-based, multi-method design yielded findings in five areas: tribal child welfare practice, foster care and adoption, the Indian Child Welfare Act, legal and judicial, and program operations. Leake et al. (2012) recognized that the more than 565 federally recognized tribes are each unique and distinguished by important differences, such as geography, size, government, culture, values, and philosophy. Despite a number of methodological approaches to increase representation, such as stratified sampling based on geography and size, readers were cautioned not to generalize these findings to all tribes. The purpose of Leake and colleagues' assessment was neither to

vaguely generalize all tribes into a common whole in which distinctions disappear (as is commonly done when referring to tribes) nor to compile an exhaustive list of how each tribe is unique and differs from others. The intent instead was to look for common themes in regard to tribal child welfare programs' strengths and challenges, tribal child welfare stakeholders' experiences, and the characteristics and factors that either facilitate or hinder effective practice.

The authors also found that many tribes are interested in implementing changes to increase the efficiency of program delivery, such as staff training, standardized assessment, documented practice models, and updated Children's Code and management information systems to manage case-level data and track outcomes. In particular, practice model development for tribes is an exciting area of emerging organizational capacity-building for both states and tribes. Many tribes find themselves ready to engage in the work of identifying practice principles and values, operationally defining standards, outcomes, and accountability measures and committing to an implementation strategy to use the model to guide practice. The authors concluded that tribes seek strategies that resonate with their cultural values and preserve or build on existing strengths, such as engaging with families, restoring balance and health within families and communities, and keeping children within the tribe connected to their families and culture. Despite the ever-present and daunting struggles of limited staff and funding, tribal agencies are motivated to provide the spectrum of child welfare services (including legal services, foster care, and adoption), to run their own child welfare programs, and to restore health and balance to the children and families that are their community.

Lucero and Bussey (2012) began with the premise that preventing the breakup of the American-Indian family is the fundamental goal of the Indian Child Welfare Act (ICWA), but they discovered that few models exist to provide CPS workers and other practitioners with effective and practical strategies to help achieve this goal. Their work presented a collaborative and trauma-informed family preservation practice model for Indian Child Welfare services with urban-based American Indian families, encompassing both systemic and direct practice efforts that assist families facing multiple challenges in creating a nurturing and more stable family life. They noted that system-level interventions improve the cultural responsiveness of providers, encourage partnerships between CPS and community-based providers, and support ICWA compliance and direct practice interventions in the form of intensive case management and treatment services. These interventions also help parents and caregivers become more capable of meeting their own and their children's needs by addressing family challenges, such as substance abuse, trauma and other mental health challenges, domestic violence, and housing instability. The authors concluded that the practice model shows promise in preventing out-of-home placement of Native children while at the same time improving parental capacity, family safety, child well-being, and family environment.



In a statewide program implementation, Chaffin et al. (2012) found that the manualized SafeCare home-based model was effective in reducing child welfare recidivism and producing high-client satisfaction. A subpopulation of 354 American Indian parents was drawn from a larger trial that compared services with modules of the SafeCare model. The authors measured 6-year recidivism, pre/post/follow-up measures of depression and child abuse potential, and post-treatment consumer ratings of working alliance, service satisfaction, and cultural competency. They found that recidivism reduction among American Indian parents was equivalent for non-Indian SafeCare families, but when their theory was extended to cases outside customary inclusion boundaries, there was no apparent recidivism advantage or disadvantage. They concluded SafeCare had higher consumer ratings of cultural competency, working alliance, service quality, and service benefit and that these findings support using SafeCare with American Indians parents who meet customary SafeCare inclusion criteria. However, these findings do not support concerns in the literature that a manualized, structured, evidence-based model might be less effective or culturally unacceptable for American Indians.

Marcynyszyn et al. (2012) described an adapted Family Group Decision Making (FGDM) practice model for Native American communities, the FGDM family and community engagement process, and FGDM evaluation tools. The authors described the challenges and successes associated with the implementation and

evaluation of implementation in the context of key historical and cultural factors, such as intergenerational grief and trauma, as well as past misuse of data in native communities. Among tribal families in South Dakota, they noted the concerns that children are being placed unnecessarily in foster care, with children 7 times more likely to be in foster care in South Dakota than non-Native children. They concluded that this evaluation effort represents a unique collaboration between Sicangu Child and Family Services on the Rosebud Reservation, Lakota Oyate Wakanyeja Owicakiyapi on the Pine Ridge Reservation, Casey Family Programs, and the University of Minnesota Duluth.

Scannapieco and Iannone (2012) reviewed statistics for the 565 federally recognized tribes in the United States who are independent sovereign nations. They noted that tribes have varying capacities to manage and administer child welfare programs, and most provide some type of child welfare service to the children and families within their tribal land. The authors also noted that there were no national resources to document the number children in foster care or the extent of abuse and neglect in the families served by tribal child welfare agencies because information is known only about those Native American/Alaska Native families and children who are reported to state child protection agencies. The authors reported the outcomes after intensive implementation services (3–4 days per month on-site, plus team status conference calls) over an 18-month period and used business process mapping tactics to develop practice models in Indian country.

The process and implementation of child welfare practices and procedures put into place by the three tribal child welfare agencies resulting in systemic changes were also described. The authors concluded that (1) state staffs tend to not trust that the "work and/or process" will be any different in tribes, and the staff on the projects with tribes tends to not trust the "people"—but once established, they flow well with the process; (2) it is essential to understand that each tribe has a unique identity with different languages, customs, and traditions and to incorporate that identity into the delivery methods; and (3) it is important to note that every general lesson learned as it relates to the projects with tribal child welfare agencies has additional layers of complexity from the gap in the access to technology and technical solutions and the isolation of tribal agencies in rural, insular communities.

Barlow et al. (2013) sought to examine the effectiveness of Family Spirit, a paraprofessionally delivered, home-visiting pregnancy and early childhood intervention, in improving American Indian teen mothers' parenting outcomes and mothers' and children's emotional and behavioral functioning. Pregnant American Indian teens (N=322) from four southwestern tribal reservation communities were randomly assigned in equal numbers to the Family Spirit intervention plus optimized standard care or to optimized standard care alone. Parent and child emotional and behavioral outcome data were collected at baseline and at 2, 6, and 12 months postpartum using self-reports, interviews, and observational measures. The authors found that at 12 months postpartum, mothers in the intervention group had significantly greater parenting knowledge, parenting self-efficacy, and home safety attitudes and fewer externalizing behaviors, and that their children had fewer externalizing problems. In a subsample of mothers with any lifetime substance use at baseline (N=285; 88.5%), children in the intervention group had fewer externalizing and dysregulation problems than those in the standard care group, and fewer scored as clinically "at risk." The authors concluded that the Family Spirit intervention improved parenting and infant outcomes that predict lower lifetime behavioral and drug use risk for participating teen mothers and children.

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Chaffin, M., Bard, D., Bigfoot, D. S., & Maher, E. J. (2012). Is a structured, manualized, evidence-based treatment protocol culturally competent and equivalently effective among American Indian parents in child welfare? *Child Maltreatment, 17*(3), 242–52.

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Scannapieco, M., & Iannone, M. A. (2012). Native American Indian child welfare system change: Implementation of a culturally appropriate practice model across three tribal child welfare systems. *Child Welfare, 91*(3), 157–172.

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