

## Regular Features

Journal Highlights.....	21
Washington Update .....	25
APPSAC News.....	28
Conference Calendar .....	31

## Violence Against Children in Indian Country: What World Do We Leave for Seven Generations to Come? .....2

Alex Graves, BS

The author reviews some of the historical underpinnings of child maltreatment in Indian country, noting that while physical abuse has been historically unacceptable for Native Americans, assimilation into the dominant philosophy and tolerances of today has replaced longstanding indigenous paradigms, ceremonies, and customs. The forced use of boarding schools, role of tribes, federal legislation, and other effects on the family leading to child maltreatment and drug exposed children are reviewed. He concludes by discussing the difficulties of law enforcement in responding to these problems and what we can do to restore healthy communities.

## Child Sexual Abuse in Indian Country: Prevalence, Disclosure, and Criminal Case Outcomes.....8

Paul D. Steele, PhD

The author discusses child sexual abuse (CSA) in Indian country, reviewing what is known about its epidemiology and characteristics of CSA episodes. He also reviews the disclosure rates, the professional responses after disclosure, outcomes, and the problems faced during investigation. He argues that children in Indian country are at increased risk for CSA and that the systems in place to control it have been less effective in protecting them.

## The Invisible Victims of Human Trafficking in Indian Country .....13

Alex Graves, BS

The author discusses the hidden epidemic of human trafficking in Indian country, noting that only recently do we have estimates of the numbers of minors at risk for this form of exploitation. He states that Native females are trafficked at disproportionate levels due to risk factors correlated with prostitution, and in some regions, limited resources on the reservation and jurisdictional complexities create a favorable environment for traffickers to prey upon young Native females. He concludes that any effective response must stop criminalizing the victims, increase access to culturally appropriate housing and holistic care for victims, build community support through honest dialogue, and hold perpetrators accountable.

## At Issue: The Key to Indian Country: Lessons Learned From Front Line Professionals.....18

Victor I. Vieth, JD, and Michael Johnson, BSCJ

The authors recount some experiences of child protection professionals in Indian country, highlighting a handful of recurring themes in order to crystallize for all of us the challenges they face. Beginning with something as simple as lacking a key to the interview suite, they describe the importance of a sled dog, an oral tradition, sharing materials in advance of training, the role of spirituality, recognizing abilities, understanding the depth of pain, and the importance of learning. They conclude that what is important is not what we can bring to Indian country but what child protection professionals in Indian country can bring to all of us.



# APPSAC

*Enhancing the ability of professionals to respond to children and their families affected by abuse and violence.*

# Violence Against Children in Indian Country: What World Do We Leave for Seven Generations to Come?

Alex Graves, BS

The prevalence of child abuse and endangerment in Indian country is tearing apart families and what remains of tribal cultures teetering on the brink of extinction. Left in the turbulent aftermath of violence in the home are children who live in environments replete with tension, danger, and unhealthy behaviors. We have learned to forget that violence hurts not only the victim's body but also the mind and spirit. Assimilation into the dominant philosophy and tolerances of today has replaced longstanding indigenous paradigms, ceremonies, and customs. For Native Americans, physical abuse has been historically unacceptable. For generations, social and cultural norms reinforced respect and reverence to women, children, and elders. Those days are gone. Children in Indian country suffer needlessly, unprotected by their communities and government agencies. What world have we created? What world do we leave for seven generations to come?

## What Has Led to Child Abuse and Neglect in Indian Country?

Much of what has led to the profound occurrences of child abuse and neglect in Indian country originates from a series of systematic institutional abuses associated with the process of relocating Indian tribes to reservations. Indian children being forced into boarding schools has also proved to be a contributing factor. Beginning in 1887, the federal government attempted to "Americanize" Native Americans by sending them against their will and/or the will of their parents to boarding schools located great distances from their homes. By 1900, thousands of such children attended almost 150 boarding schools around the United States. The U.S. Training and Industrial School founded in 1879 at Carlisle Barracks, Pennsylvania, was the model for most of these schools. Boarding schools such as Carlisle provided vocational and manual training and sought to strip away tribal culture systematically. School doctrine insisted that students drop their Indian names, forbade the speaking of native languages, and cut off the long hair of both male and female students. Officials were either ignorant of or ignoring the cultural significance of hair to American Indians.

Military style regimen became the norm at government boarding schools, following the motto of General Richard Pratt: "Kill the Indian, save the man" (1892, p. 46–59). For the government, boarding schools were a way of making savages and heathens "civilized." For Indians, they were instruments of abuse and cultural desecration. Boarding schools prohibited the conduct of traditional religious activities and made Indian people ashamed of their heritage. The trauma of internalized oppression and the resulting shame, fear, and anger among Native Americans have passed from generation to generation. The outcome is the rampant alcoholism, drug abuse, and domestic violence that plague Indian country today.

The collapse of the traditional family structure is partially the result of the federal government's sustained policy of placing Indian children in boarding schools where parental modeling was nonexistent. Newly learned dysfunctional behaviors, such as sexual abuse and physical punishment, were inconsistent with native traditions and relatively unknown in Native American communities prior to European conquest.

Another significant event was the Indian Adoption Project of 1958, which lasted from 1958 through 1967. It placed 395 Native American children from 16 western states with white families in Illinois, Indiana, New York, Massachusetts, Missouri, and other states in the East and Midwest. This program aspired to systematically place an entire child population across lines of nation, culture, and race (Lyslo, 1968). Through five hundred years of assimilation and acculturation, American Indians have internalized Western discursive practices. Newly accepted unhealthy practices manifest in ways mirroring the dominant society in America. Today, Native Americans must maintain an equilibrium and live between two parallel worlds. Tied with gossamer tethers to ancestral ways of life, they struggle to navigate the complexities of the modern, dominant society. Often, individuals intertwine the dominant culture and their Native American identity, resulting in a convoluted cocktail of confusion and self-medication by drug and alcohol abuse to ease the pain and strife.

When comparing child abuse and neglect suffered by Indian children with that of other groups, Indian children experience neglect and abuse at a much greater rate. In 1995, the United States Bureau of Justice reported a per capita rate of one substantiated report of child abuse or neglect for every 30 American Indian children aged 14 or younger (Earle, 2000). Native infants reportedly die at a rate of 8.5 per every 1,000 live births compared with 6.8 per 1,000 for the U.S. all races population (2000–2002 rates) (Indian Health Service, 2006).

People living on reservation communities tend to underreport due to the shame associated with certain crimes, such as child abuse, child neglect, and domestic violence. Culture plays a prominent role in maintaining silence with even the most heinous of crimes. Because of shame, cultural mores, and trepidation from uncertainty that the reservation community will be able to safeguard those who report crimes, much goes undocumented. Another factor that hinders reporting is the inherent intimacy of the community through ceremony, consanguinity, and complex familial and clan relationships among victims, offenders, and also police officers.

Sadly, many tribes have wrapped themselves in a blanket of denial about the complicity of their own tribal members. Despite a popular, long-held belief that federal government employees in Indian schools are the perpetrators of the majority of the child sexual abuse, in reality, the Indian children's relatives, adult authority figures, and community members are the actual ones responsible for the crime. In many Indian families, the traditional extended family has withered to nonexistence. Traditional child-rearing practices and cultural–religious rituals are no longer conducted. Language native to the family is no longer spoken because speakers who would promulgate learning and culture are on the brink of extinction.

### Indian Country Child Abuse Data

According to some studies, Native Americans experience child sexual abuse at a rate consistent with the non-Indian population in America. Other studies assert that child abuse and neglect may be more prevalent in Native American communities (Fischler, 1985). Unfortunately, substantial reliable data regarding child sexual abuse in Indian country are limited, making a definitive analysis difficult.

Seventeen states and ten regional Indian Health Service (IHS) sites provided the data for a study conducted by the National Indian Justice Center (NIJC) in 1994. The NIJC documented that the greatest proportion of abuse cases reported were neglect (48.9%), sexual abuse (28.1%), and physical abuse (20.8%) (National Indian Justice Center, 1994). Thirty-four percent of Indian children were determined to be at risk of becoming victims of abuse and neglect. However, only one in five reported cases of abuse and neglect could be substantiated. It is estimated

that one out of every four girls and one out of every six boys fall victim to molestation in Indian country before the age of 18 (Strong, 1999).

Steven Perry, a statistician with the Bureau of Justice Statistics (BJS), prompted controversy when he reported that nearly four out of five American Indian victims of rape or sexual assault identified their assailants as white (Perry, 2004). How accurate is the BJS data? The problem of effective, accurate criminal justice data collection in Indian country is widely noted by policy makers. Without methods for systematically collecting and analyzing crime data, Indian police departments tend to underreport crime. To further compound the issue, tribal governments are not required to provide crime statistics to the Federal Bureau of Investigation (FBI). Requiring data submission from tribal agencies raises emotional, legal, and political issues of sovereignty and self-governance. To properly address the problem, providing accurate data is required to facilitate the discussion. Without precise information, policy makers and service providers can only at best guess how dire the situation is and only imagine the plight of children in Indian country.

### Tribal Self-Determination

Compounding the complexity of the issues is the varying definition of *child abuse* from jurisdiction to jurisdiction and tribe to tribe. The definition can be limited to behavior that causes intentional inflicted injury or refer to a broad spectrum of actions, including any that might impair the developmental potential of the child. In addition, jurisdictional issues often increase bureaucratic obstacles and impede timely responses, rendering of services, enforcement of laws, and adjudication of legal matters. Governments in the United States, including the federal government, have two comprehensive powers: civil jurisdiction and criminal jurisdiction. Criminal jurisdiction is the power of the people to establish rules of conduct and, subsequently, to punish violators. Typically, a government can exercise full authority within its borders. However, in Indian country, criminal jurisdiction is a confusing hodgepodge of federal, state, and tribal laws. The U.S. government permits an Indian tribe to exercise criminal jurisdiction over Indians under its jurisdiction as a component of retained sovereignty (U.S. v. Wheeler, 1978). Civil jurisdiction regulates taxation, zoning, marriage, divorce, child custody, and adoptions. A government without the ability to regulate civil matters and safeguard the culture and values of the community is a government without an identity.

It is clearly the responsibility of tribal nations in Indian country to ensure the safety of the community (*Official Report*, 1892). However, the ability of tribes to do so was limited by the U.S. Supreme Court decision in *Olipphant v. Suquamish Indian Tribe* (1978). Furthermore, Congress determined the punishment levied by tribal courts be limited to the ability to impose sentencing only up to one year in jail and a maximum fine of

\$5,000. In addition, Indian courts lack necessary criminal jurisdiction over non-Indians.

Congress, which affects every Indian nation to some extent, has passed three laws: (1) Public Law 83-280 (18 U.S.C. Sec. 1162, 28 USC Sec 1360); (2) Indian Country Crimes Act (18 U.S.C. Sec. 1152), and (3) the Major Crimes Act (18 U.S.C. Sec. 1153). Public Law 83-280 requires six “mandatory states” (Alaska, California, Minnesota, Nebraska, Oregon, and Washington) to exercise complete criminal jurisdiction in Indian country with certain reservations within those states being excluded. In the mandatory states, Native Americans are subject to state criminal jurisdiction and may be prosecuted in state court for crimes committed on reservation land. The remaining 44 states (“opinion states”) are permitted to accept similar jurisdiction at their discretion. The Indian Country Crimes Act authorizes the federal government to extend all federal criminal laws to reservation land except (a) crimes committed by an Indian against the person or property of another Indian, (b) crimes adjudicated by tribal court for which the defendant has received a punishment, and (c) crimes that by treaty remain exclusively under tribal jurisdiction. The Major Crimes Act, empowered in 1885, originally gave the federal government jurisdiction over seven “major”

crimes: arson, burglary, larceny, murder, manslaughter, assault with intent to commit murder, and rape. These offenses have been expanded to over a dozen crimes that include kidnapping, incest, sexual abuse of a minor, and sexual assault with a dangerous weapon.

In 1978, Congress passed the Indian Child Welfare Act (ICWA) in response to the high number of Indian children removed from their homes by both public and private agencies. The intent of ICWA is to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” (25 U.S.C. § 1902). ICWA establishes specific federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe. The Indian Child Welfare Act affords tribal governments a powerful voice concerning the custody proceedings of Native children. ICWA gives tribes exclusive jurisdiction over custody cases involving children residing on reservation land and children who are wards of the tribe, as well as concurrent but presumptive jurisdiction with states over off-reservation child foster care placement proceedings (Indian Child Protective Services and Family Violence Prevention Act, 1990). In 1983, President Ronald Reagan endorsed tribal self-determination, saying,

This administration intends to restore tribal governments to their rightful place among governments of this nation and to enable tribal governments, along with State and local governments, to resume control over their own affairs. (p. 4)

The accepted law of the land, however, is that federal courts maintain exclusive jurisdiction over an offense committed on a reservation by a non-Indian against the person or property of an Indian.

### Drug Endangered Children

The roots of dependency on alcohol and drugs in Indian history run deep, nurtured by a constellation of dire socio-economic, cultural, and geographic issues. Native Americans have experienced substantial problems with alcohol since its introduction to their culture by early European settlers. Epidemiological data indicate that elevated morbidity and mortality attributable to alcohol abuse among Native Americans remain at alarming levels. In Indian country, finding culturally appropriate treatment facilities can be difficult, if not impossible. Subsequent to completion of a formal inpatient treatment protocol, outpatient treatment can be difficult to access due of the geographical isolation of most reservations, lack of public transportation, and the common poverty level of the individual.

Hopelessness, despair, and historical trauma combined with drugs and alcohol construct unsafe and unhealthy environments for the children of those caught up in the use of illicit substances. Drug-endangered children (DEC) are at risk from all drugs to which a



child may be exposed. Often the caretaker's substance misuse interferes with his or her ability to parent and provide a safe and nurturing environment. Children living in drug-abusing environments exist in a climate of danger and unhealthy behaviors. They often experience severe neglect and run a higher risk for physical and sexual abuse.

Although crystal methamphetamine use is pervasive in America, it has spread like an aggressive cancer in Indian country. A myriad of complex social issues contribute to the expansion of meth use in Indian country and there are several risks to children (Table 1). A Bureau of Indian Affairs (BIA) survey of tribal law enforcement agencies reported on the outcome of the National Methamphetamine Survey. The BIA stated that 74% of the 96 Indian law enforcement agencies to respond indicated that "methamphetamine poses the greatest threat to the members of the communities they serviced" (Bureau of Indian Affairs, 2006, p. 2). It was reported that American Indian and Alaskan Natives (AI/AN) "use meth at two to three times the rate of Caucasians with the highest rate of use among young people age 15 to 44. Since 2000, the Indian Health Service (IHS) observed profound increases in the number of meth-related problems climbing from 3,000 cases in 2000 to 7,004 cases in 2005. Meth use increased from 6% in 1993 to 20% in 2003" among pregnant American Indian/Alaskan Native women (Generations United, 2006, p. 6). The BIA Law Enforcement Survey also reported an increase in child neglect-abuse cases due to recent increases in meth use. The Yavapai-Apache Nation in Arizona estimated that approximately 90% of its open child welfare cases are related to methamphetamine. The California Indian Legal Services (CILS) estimated that nearly every case involving Indian children being taken from their home has one or both parents using methamphetamine, or the baby had a drug toxicity at birth, indicating exposure to meth (One Skye Center, 2006).

### Law Enforcement in Indian Country

When the reservation system was established in the early 1800s, federal soldiers provided most of the law enforcement. Soldiers

were responsible for maintaining levels of order sufficient to prevent violent activity from spilling beyond reservation boundaries, that is, for enforcing the laws and policies that restricted tribes to reservations. They were responsible for prohibiting activities that were deemed as immoral or criminal, and for overseeing the rationing of food and supplies. Basically, the military arm of a colonial government policed Native American communities.

Today, service calls in remote reservations could commit a police officer for half a day or longer, especially in inclement weather. Facilities and technology supporting Indian country police officers are often in dismal states of disrepair or otherwise inadequate. A typical department is administered either by the tribal government or by the Bureau of Indian Affairs (BIA) through a Miscellaneous Public Law 93-638 contract. A typical agency serving a tribal nation comprises approximately 32 employees (i.e., 9 civilians, 6 detention officers, 16 police officers, and 1-3 command staff). Usually sworn officers are high school graduates and may be graduates of certified law enforcement training academies. Only a slight majority of the officers serving in Indian country are of Native American heritage.

The department's area of responsibility can cover areas up to 500,000 acres without closed borders and lack authority to deny access. It is not uncommon that areas for police to patrol are closely equivalent to a land mass the size of Delaware. The populations served can be up to 10,000, yet they are patrolled by no more than three police officers (and as few as one officer) at any one time. The level of police coverage in Indian country is much lower than in other urban and rural areas of America (Wakeling, Jorgensen, Michaelson, & Begay, 2001). The Navajo Nation and the state of West Virginia are similar in geographic size. West Virginia employs approximately five thousand police officers; the Navajo Nation employs approximately two hundred police officers.

Generally, current law enforcement responses in Indian country do not recognize the nexus between domestic violence and child abuse. A child's exposure to domestic violence is seldom regarded

**Table 1. Risks to Children From Methamphetamine Use and Production**

- Exposure to explosive, flammable, toxic ingredients stored in kitchen cabinets, bathrooms, and bedrooms
- Access to methamphetamine and paraphernalia
- Presence of loaded weapons in the home and booby traps (due to the paranoia of methamphetamine users)
- Physical and sexual abuse
- Exposure to high-risk populations (sexual abusers, violent drug users)
- Neglect, including poor nutrition and poor living conditions

**Source:** National Native American Law Enforcement Association, 2006.



as criminal. Many officers when responding to an incident of domestic violence are either reluctant or completely fail to interview and examine the children. In many Indian country jurisdictions, cross-referrals to Child Protective Services (CPS) do not happen. It is imperative that law enforcement and child protective agencies begin to cross-screen for the presence of domestic violence or child abuse. It is crucial that interagency and cross-profession information exchanges become a norm instead of an anomaly. A nationwide protocol for police and child protective agencies responding to domestic violence cases to examine children for signs of abuse and neglect and conduct preliminary field interviews would be beneficial. Information indicating sexual or physical harm potentially could be gleaned from the field interview and a subsequent forensic interview could be coordinated.

## Child Abuse and Neglect Statistics

Child abuse statistics in Indian country are exclusively representative of child welfare activities. The National Child Abuse and Neglect Data System (NCANDS), a voluntary national data collection and analysis system, does not tally information as rudimentary as the percentage of cases that are reported to tribal law enforcement agencies. Law enforcement data have only recently been collected to provide researchers with a perspective from the criminal justice point of view on child abuse equivalent to the child welfare system perspective generated by NCANDS.

The National Incident-Based Reporting System (NIBRS) for law enforcement agencies was implemented in 1988 to gather more detailed information about crime and its victims. "NIBRS data are derived from local, state, and federal automated records' systems. The NIBRS collects data on each single incident and arrest within 22 offense categories made up of 46 specific crimes called Group A offenses. For each of the offenses coming to the attention of law enforcement, specified types of facts about each crime are reported. In addition to the Group A offenses, there are 11 Group B offense categories," which report only arrest data (Federal Bureau of Investigation, n.d.). Tribal law enforcement agencies have no method of submitting their data directly to the FBI. Some tribal statistics are incorporated into a state's data collection, which is subsequently incorporated as statistics for the respective state and not the specific tribal nation. Unfortunately, criminal justice data from Indian police agencies are not consistently incorporated with local agency data collection.

To properly comprehend the harm inflicted upon children by physical and sexual abuse, agency leaders need a clearer understanding and appreciation of the role played by law enforcement in effectively responding to incidents of child maltreatment. Investigations conducted by child welfare agencies corroborate about one third of allegations made in all child abuse reports. The role of law enforcement in investigations of child abuse varies from state to state and city to city. In a few Indian country jurisdictions, police and child welfare investigators conduct concurrent and often joint child maltreatment investigations.

## Conclusions

Original teachings of Indian people are timeless and still relevant. Historically, the Native American community provided many things for the family, and the most important was a sense of belonging. Once upon a time, how it felt to belong to the people, to Mother Earth, and to the Great Spirit was common. Today, many people in Indian country are unable to conceptualize and appreciate that feeling. The restoration of healthy communities must become a priority so future generations are

guaranteed a safe place to live where culture flourishes and language sustains life ways. In Native American traditions, the focus is not egocentric but on a web of relationships inherited at birth. Connection to something bigger than oneself is important. Without that connection, it is easy to become lost and vulnerable to negative influences. Concern for children in Indian country is essential for their well-being.

Many people talk about their rights, but they never talk about their responsibility. What kind of world have we created? What we do today will affect the next seven generations to come. We must be mindful of our responsibility to them today and always. Each generation has a responsibility to ensure the survival until the seventh generation. Let us put our minds together and see where we could do more. Let us hold not only others but also ourselves accountable for the protection and care of our sacred little ones.

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# Child Sexual Abuse in Indian Country: Prevalence, Disclosure, and Criminal Case Outcomes

Paul D. Steele, PhD

Although there is lack of empirical research concerning child sexual abuse (CSA) in Indian country, a strong argument can be made that CSA is a significant social problem both in terms of its prevalence (U.S. Department of Health and Human Services, 2012) and its profound short- and long-term consequences for Indian children (Barker-Collo, 1999; Blum, Harmon, Harris, Bergeisen, & Resnick, 1992; Boyer & Fine, 1992; Duran et al., 2004; Malley-Morrison & Hines, 2004). A plausible case can be made that Indian children are at relatively greater risk of CSA, and that the systems in place to control it have been less effective in protecting them than those protecting children outside of Indian country.

## Prevalence

It is difficult to collect accurate crime data in Indian country (Earle, 2000; Willeto & Goodluck, 2003), and many crimes are likely underreported and undocumented. Crime rates also vary considerably across the 566 federally recognized tribes, so aggregate results can be misleading for a particular Native community (Harvard Project, 2008). The federal government's Uniform Crime Report (UCR) Program and National Crime Victimization Survey (NCVS) provide little information concerning CSA in Indian country for a number of reasons. Neither system distinguishes between crimes occurring in or outside of Indian country. The UCR does not track CSA as a specific category of crime. The NCVS is a national prevalence sample but is not representative of subgroups, such as state or tribal populations, does not distinguish victims residing in Indian country, and does not survey individual household members younger than 12 years of age.

In 2010, the Tribal Law and Order Act directed federal agencies to study the handling of American Indian and Alaska Native (AIAN) juvenile and adult criminal cases in the federal justice system, improve the collection of crime and justice data in Indian country, and enhance current funding programs to support tribal participation in regional and national criminal

justice databases. As a result, there has been some growth in the number of tribal law enforcement agencies reporting crime data to the federal Uniform Crime Report (UCR) program (U.S. Department of Justice, 2013), but no systematic Indian country crime or victim data analysis has been published since the implementation of the Act.

In spite of the absence of systematic data, other indicators of risk—such as overall violent crime, poverty, and substance abuse rates—lend circumstantial support to the magnitude of the problem. Federal crime reports consistently show that rates of Indian crime and victimization are higher than those for other citizens (Greenfeld & Smith, 1999; Perry, 2004). The average violent crime rate among Native Americans was estimated at 101 per 1000 persons age 12 or older between 1992 and 2001—almost 2 ½ times the U.S. national rate (Perry, 2004). Indian country homicide rates are similar to or exceed those of the most violent cities in the United States (U.S. Department of Justice, 1997). Arrest rates for Indian youth are higher than for other ethnic and racial groups (Bad Wound, 2000), and gang activity continues to grow at an alarming rate (Martinez, 2005; Mydans, 1995), especially among larger tribes (Major, Egley, Howell, Mendenhall, & Armstrong, 2000). Rape, assault, and robbery rates translate into 1 violent crime for every 8 Native Americans 12 years or older, compared with 1 for every 20 residents 12 or older nationally (U.S. Department of Justice, 1999). These crimes are often associated with poverty (Finkelhor & Baron, 1986; Sedlak & Broadhurst, 1996) and alcohol abuse (Mancall, 1995; Perry, 2004; Steele, 2006), both significant problems for Indians.

One in four Indians between the ages of 18 and 24 years becomes a victim of a violent crime (Nessi, 1999), and when victimization rates are high, women and children suffer the most. The violent crime victimization rate for Indian women is 50% higher than that of African American men (Greenfeld & Smith, 1999; Rennison, 2001). Among low-income Native American women, rates of domestic abuse, both physical and sexual, are significantly higher than among all U.S. women (Malcoe, Duran, &



Montgomery, 2004), and Native women are twice as likely as their non-Native counterparts to be raped by a domestic partner (Greenfeld & Smith, 1999).

Jones and associates (1997) found that 61% of Northern Plains youth between the ages of 8 and 11 years had been exposed to some kind of traumatic event and exhibited more trauma-related symptoms than non-Indian children. Child protective service data indicate that CSA rates are higher among Indians than other ethnic groups. In 2011, American Indian–Alaska Native (AIAN) children in the United States were reported to have been abused at a rate of 11.4 per thousand, 44% higher than the 7.9 per thousand for Anglo children (U.S. Department of Health and Human Services, 2012). Survey research found that 21.6% of AIAN females reported sexual abuse by the 12th grade (Blum et al., 1992), and that 49% of adult women from a Southwestern tribe reported they were victims of CSA (Robin, Chester, & Rasmussen, 1997).

### Characteristics of Abuse Episodes

There is little information that describes the nature of CSA episodes in Indian country, but what is available suggests patterns are similar to those among the general population in the U.S. On the one hand, Robin et al. (1997) found that in most cases, offenders were family or persons known to the victim and incidents involved penetration. Navajo officials reported that in cases reported in 1994, all but one of the offenders were males, ranging in age from 5 to 56 (Center for Sex Offender Management, 2001).

On the other hand, Steele and associates (Steele, 2006, 2009; Steele, Damon, & Denman, 2004) found some significant differences in patterns of abuse in a statistical comparison of 393 Indian country CSA cases with a comparison group of 3006 cases involving non-Indian country children. Indian child victims were significantly more likely to be sexually abused by members of their extended family than were non-Indian victims. Also, while older non-Indian child victims were significantly less likely to be abused by a member of their immediate family than their younger counterparts, the same pattern, while slightly apparent, was not statistically significant for Indian children.

### Disclosure of Abuse in Forensic Interviews

When CSA is reported to legal authorities, suspected child victims may facilitate the investigation by disclosing details to law enforcement and child protective service professionals. If their case proceeds into court, they may be called upon to testify against the defendant. Relatively few CSA investigations yield definitive physical evidence (Faller, 2008), so successful prosecutions rely to a large degree on testimonial evidence. Because adult witnesses to the crime are rare, prosecutors must rely on the child victim for a criminal conviction.

Although children might make an outcry to a family member or friend and preliminary statements to first responders, the justice system relies on more complete and formal statements from children made to forensic interviewers. The extensive literature concerning disclosure behaviors in formal forensic interviews identifies many factors that can influence the child's willingness to disclose and affect the completeness of their disclosure. These include characteristics of the child and offender, the abuse episode, family influences, case reporting to authorities, and the manner in which the forensic interview is conducted. Cultural factors are also thought to exert considerable influence on disclosures.

The role of culture in formal disclosure has been examined primarily in cases involving African American child victims, and researchers have concluded from these studies that culture can affect disclosure in a number of ways. Children from minority groups face culture-specific barriers to disclosure that could contribute to delays or denials (Dunkerley & Dalenberg, 1999; Elliott & Briere, 1994; Olafson & Lederman, 2006). For example, groups holding relatively strong prohibitions concerning sexual behaviors, and those emphasizing family preservation and independence from government regulation, are likely to inhibit disclosure (Alaggia, 2004; Fontes, 2009). In some cultures, it is bad taste to discuss personal matters with outsiders (Fontes, 2008). Marginalized cultures in which discrimination, instability, and poverty are commonplace are likely to have lower rates of disclosure as well (Fontes, 2009). Alaggia (2004) concluded, "Children who have been marginalized because of discrimination related to race, ethnicity, and poverty may feel too disempowered to tell about abuse" (p. 1216).

Fontes (2009) observed that children born into ethnic minority groups are actually bicultural in varying degrees. Younger children are particularly acculturated into the values and beliefs of their culture-of-origin and less aware of those of other cultures that are distinctive from their own, including the dominant culture. As children mature, they become more reconciled to the characteristics and behaviors of people from a different cultural heritage. Related to disclosures during formal forensic interviewing, research findings concerning child–interviewer ethnic matching are inconsistent, but some researchers assert that as child victims mature, the preference of Anglo children for Anglo interviewers disappears. However, this process may be retarded by minority group status. Dunkerley and Dalenberg (1999) assert that African American differences in disclosure by race of interviewer stays the same regardless of the child's age, suggesting the internalization of racial mistrust.

Race interacts with the relationship to the offender in that children are often asked to implicate not only another family member but also a member of their racial or ethnic group. Thus black families may be reporting at a later phase than are white families due to the role of secrecy and insulation in the black community (Dunkerley & Dahlberg, 1999).

## Disclosure Rates in Indian Country

Steele (2009) found that even when the interview protocol and interviewers were held constant, Indian children residing in Indian country were significantly less likely to disclose to forensic interviewers than children in non-Indian country cases. The difference between the groups is most pronounced for children younger than 6 years of age. Consistent with Fontes' observations, as children mature the difference in disclosure rates becomes smaller, to the point that Indian country children between ages 12 and 17 years disclose at a slightly higher rate than their non-Indian country counterparts. The disclosure rate for males is significantly lower for both Indian country and non-Indian country cases. Indian country boys are less likely to disclose abuse, and the difference in disclosure rates is most profound among very young boys.

Children from Indian country are less likely to disclose against members of their extended family. While Indian and non-Indian children have similar disclosure rates when the offender is an immediate-family member (i.e., parent, step-parent, or sibling), Indian country children are statistically significantly less likely than their counterparts to disclose abuse at the hands of their extended family and non-family members. Apparently, Indian children make relatively less distinction between immediate family and both extended- and non-family members. However, non-Indians are much more likely to distinguish between nuclear, extended, and non-family members, and imposing this scheme on Native cultures fails to recognize communal networks, including clan members with no biological connection to the child.

A logistic multiple regression analysis allowed Steele and associates to simultaneously determine the relative association of a measure of disclosure in a formal forensic setting (dependent variable) with measures of the child's gender, age, and residence in Indian country; the offender's age, ethnicity, family relationship to the child; and the gender and ethnicity of the interviewer. Like other researchers studying disclosure behaviors, they found that girls, older children, and those who had been abused by an adult male who was not a member of the child's immediate family were more likely to disclose. Relevant to the current topic, they also found that, when taking all of these independent variables into account, children who resided in Indian country were slightly less than two thirds as likely to disclose abuse than were their non-Indian country counterparts (Steele, 2009).

## Criminal Case Outcomes

One of the foundations of our common-law criminal justice system is the notion of intentionality (i.e., offenders intended to commit their crime or acted in an irresponsible manner that resulted in a crime for which they are responsible). Although the rationality and intentionality of sex offenders might be open to discussion, criminal justice policies assume that offenders and

potential offenders are rational and can be deterred from committing crimes. Deterrence, in turn, is based on the following elements: the certainty that if a crime is committed that the offender will be punished, the swiftness with which the penalty will be invoked, and the severity of the punishment.

While policy makers in the United States have emphasized severity of punishment as a deterrent in recent decades, scholars have demonstrated that the certainty that the commission of a crime will result in punishment is the element of greatest influence in deterring crime (Tyler, 2006). As shown with CSA cases occurring in Indian country, low certainty of conviction and punishment are likely to result in a limited criminal justice system deterrent effect.

Although rates vary dramatically, CSA cases overall have low rates of charges filed relative to other felony cases (Cross, Walsh, Simone, & Jones, 2003) and relatively high overall attrition rates in the criminal justice system (Steele, 2008). Federal cases occurring in Indian country seem to be even less likely to result in conviction (Steele, n.d.). Terry Cross (2006), until recently Executive Director of the National Indian Child Welfare Association, reported that in the Northwestern region only 2% of Indian country child abuse cases are prosecuted in federal court, but other than anecdotes and autobiographical statements, it is difficult to determine federal justice system activities in Indian cases.

Still, we can formulate at least a rough estimate of conviction rates for Indian country criminal cases that are handled in federal court by combining information from the U.S. Census Bureau, testimony given before congressional committees, and federal justice agency correspondence. Beginning with testimony provided by Terry Cross to the Senate Indian Affairs Subcommittee (2006), 20% of an estimated 30,000 cases of abuse that occur each year in Indian country are sexual in nature, resulting in an estimated annual rate of 6,000 CSA cases. Cross further estimated that only 10% of CSA cases are criminally investigated, resulting in approximately 600 CSA investigations per year. Since the enactment of Public Law 280 in 1953, states have jurisdiction over criminal matters on Indian lands in California, Minnesota, Nebraska, Oregon, Wisconsin, and (later) Alaska, and on some reservations in other states. Taking into consideration that, according to the 2000 U.S. Census, 20.5% of all Indians in the United States reside in PL-280 states, and assuming similarity in the incidence of CSA cases between PL-280 and non-PL 280 states, we can estimate that 480 criminal investigations are conducted by the Federal Bureau of Investigation (FBI) (out of the 6,000 CSA cases) each year in Indian country.

This estimate grounded in Cross' congressional testimony is remarkably close to FBI reports for 2003–2005 documenting an average of 483 case investigations per year (Swecker, 2006). The

FBI also claims that these cases resulted in 179 CSA convictions in 2004, and 177 in 2005 (Burrus, 2006), yielding a conviction rate per investigation of 36.9%. These federal investigations and convictions do not include cases in Indian country that were investigated by state authorities. Using Cross' estimate of 6,000 CSA cases per year (of which 4,800, on average, occur in non-PL-280 states), offenders stand a 3.7% chance of conviction in federal court. When asked about the low conviction rates in all cases from Indian country, prosecutors asserted that they refuse to prosecute cases, including 61% of CSA cases, due to a lack of admissible evidence (Williams, 2012). Evidentiary problems are complicated by a general mistrust of the federal and state justice systems by Indians who get the message that nothing is being done (Williams, 2012).

Can tribes improve child protection and implementation of justice? Since passage of the Tribal Law and Order Act in 2010, tribal courts have found their sentencing authority increased to a maximum of 3 years for felonies and could conceivably take action in CSA cases declined for prosecution in federal courts. However, U.S. attorneys do not generally turn over their evidence to tribal courts or notify tribes before the tribe's statute of limitations has expired (U.S. Government Accountability Office, 2011). Tribal governments have also been plagued with lack of resources, inconsistency in policies and their implementation, power struggles (Lovett, 2012), and corruption (Snell, 2011). Officer training and coordinated investigations have improved in some Indian nations, but equal protection for Indian children in the United States will require more thoughtful and intensive efforts to minimize personal and community risk factors and to increase both traditional and governmental prevention and intervention efforts.

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# The Invisible Victims of Human Trafficking in Indian Country

Alex Graves, BS

Few hear the silent screams of the disproportionate numbers of Native American women and children being trafficked within the United States. Indigenous children and women are brokered like chattel and relegated to nothing more than objects for sexual gratification, a sustained practice since the colonization of America. Estimates of human trafficking have focused almost exclusively on international victims. Only recent estimates of minors at risk for sexual exploitation come close to estimating human trafficking in the United States. Data specific to certain populations such as Native American victims of trafficking are sparse indeed.

For hundreds of years, American Indians have been subjected to war, forced colonization, slaughter, rape, and other atrocities. Even today, military domination, Indian boarding schools, and forced urban relocation are not commonly regarded as forms of human trafficking (Deer, 2010). However, they are indissoluble aspects of the devastation of tribal culture—culture being the keystone of once great nations. Powerful, strong tribes became fragmented to the point where they could no longer provide safety and protection of their women and children from abduction, deculturalization, and sexual servitude.

In the late 1800s, pious, self-appointed saviors of savages regarded boarding schools as benevolent and necessary to educate and save souls. But to Native Americans, boarding schools were nothing more than interment facilities for the subjugation and deculturalization of themselves as a people. Often during the Boarding School era, children were taken from their homes and families and transported at times hundreds of miles across the country. Those who resisted were threatened with starvation and jail (Morgan, 1973).

The forced “relocation” of Native Americans was not instituted for their benefit. The removal was a remedy to the conflicts between Indians as well as the expansion and domination of the West. The U.S. Army conducted a famous forced migration called the “Trail of Tears.” It traced a march of Southeastern Indians in the 1830s, where many perished along the way (Thornton, 1984). During frequent military escorted relocations of the time, the sexual assault perpetrated against a Native American woman or girl would meet the elements of sex trafficking as promulgated by the federal government. Even when we are confronted with

stories handed down by survivors, we cannot escape the tremendous travesty of justice and mockery of human rights that has evolved like a virus for centuries. Cloaked in self-righteous rhetoric, along with romanticized notions of salvation and deliverance, the objectification of Native women and young girls has been either accepted by the dominant society or ignored. This stigmatism is a source of vexation on multiple fronts to Native Americans, as it should be for all Americans.

The sexual use and abuse of Native women and children has, over the past several hundred years, evolved into a lucrative commercial enterprise. Carnal predators, purveyors of flesh, capitalize on the homeless, desperate, vulnerable, and the poverty stricken in major cities and remote reservations and Alaskan communities. Native women and children have been identified as “among the most economically, socially, and politically disenfranchised groups in the United States” (Poupart, 2003, p. 91). Research conducted by the U. S. Department of Justice found that in some counties murder rates of American and Alaska Native women are more than 10 times the national average (Perry, 2004). Lack of published material, subjects’ geographic isolation, and limited population-based research make calculating an accurate accounting of the number of Native women and young adults difficult. The pervasiveness of human trafficking can at best be estimated. Moreover, the overwhelming amount of research and documentation of human trafficking has concentrated almost exclusively on international trafficking victims. Most research on violence against Native women in the United States does not include prostitution and sex trafficking as forms of sexual violence. Neither a 2007 report by Amnesty International about sexual assault perpetrated against Native American women in the United States, nor a 2010 report on sexual violence against Native American women addressed prostitution and sex trafficking (Deer, 2010).

Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of minors occur each year in the United States (Estes & Weiner, 2001; Laczko & Gozdziaik, 2005). Rates of violent victimization of American Indians are more than twice as high as the national average (Manson, Beals, Klein, & Croy, 2005; Bachman, Zaykowski, Lanier, Poteyeva, &

Kallmyer, 2010). Comprehensive data on violence against women under tribal jurisdiction do not exist because neither a federal or Indian agency nor any other organization systematically collects the information. Victims often remain veiled in secrecy, shame, and feelings of hopelessness. They are vigilant to the authority of police and the possibility of arrest, reprisal from punitive traffickers, and untrusting of public servants wallowing in corruption, ineptitude, unconcern, and complicity with nefarious individuals. Therefore, it is common for Native American victims not to report crimes because of the belief that nothing will be done.

From the limited amount of research available, four key points are worthy of discussion:

1. Sex trafficking of female Native youth within the United States exists.
2. Native females are trafficked at disproportionate levels due to risk factors correlated with prostitution.
3. In some regions, limited resources on the reservation and jurisdictional complexities create a favorable environment for traffickers to prey upon young Native females.



4. Traffickers prey upon a constellation of female Native youth vulnerabilities, such as cultural disassociation, lack of opportunity, and profound poverty.

The legal definition of *human trafficking* for the purpose of this article is as set forth in the Victims of Trafficking and Violence Protection Act of 2000 (2000), which defines severe trafficking in persons as the following:

- (a) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age, or
- (b) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Many Native Americans hold strong to cultural tenets of relation, harmony, balance, spirituality, and wellness as part of valuing the long-held tradition that those beliefs are interrelated and maintained in equilibrium. The traditional culture of a people, and their regard for the care and development of their children, provides clear insight into their society. Without question, the guidance received by a child during the first years of life will affect his or her intellectual, social, and emotional development throughout life. Too often in modern Native American communities, however, adult self-gratification, drug and alcohol dependency, isolation, severe poverty levels, and internalized oppression trump fundamental developmental needs of their precious babies.

Today, many Native American Indians suffer from intergenerational pain: grief, anxiety, and stress. The suffering was initiated hundreds of years ago with the onset of manifest destiny, the belief that American settlers were destined to expand across the continent. What began was the end of freedom for Native peoples—the end of the right to speak their languages, sing their songs, and educate themselves through elders, nature, and their community. Pan-generational mental anguish and trauma over time has resulted in present day disharmony, low self-esteem, shame, and loss of spirit, language, traditions, and identity. The ensuing pain manifested in a lack of extended family and community bonding. As a result, statistics are staggering among Native people for domestic violence, child and elder abuse, alcoholism, and drug addiction.

During the latter portion of the 20th century, a little-known government program created the largest movement of Indians in American history. The final scope and meaning of the massive social experiment are still impacting Native peoples today. It was the intent of the Indian Relocation Act of 1956 (also known as Public Law 959 or the Adult Vocational Training Program) to

encourage Native Americans in the United States again to leave reservations, acquire vocational skills, and assimilate into mainstream America (Bertolet, 2011).

Urban relocation was the next inevitable chapter in the long history of Native peoples being taken far from their homes by an insensitive, hostile foreign power. Razack (2000) postulated that the urbanization process of Native Americans is one in which “slum administration replaces colonial administration.” The intent of the relocation process was to force Native Americans to abandon generations of culture and traditions, to assimilate into mainstream society, and to embrace completely foreign paradigms as evidenced over decades of government initiatives.

For example, in 1940, 7.2% of Native people resided in urban communities (Metcalf, 1982). In 1943, the Bureau of Indian Affairs (BIA) initiated a relocation of Native Americans from reservations to urban communities. A subsequent initiative, the Voluntary Relocation Program, was implemented in 1952 (Ablon, 1965). After nearly 50 years of relocating American Indians off the reservations, where they originally had been placed, the U.S. Census reported in 1990 that approximately 60% of Native Americans reside in urban communities (Sandefur et al., 1996).

As a result of modernization and urbanization, Native Americans live in extremely adverse social and physical environments that place them at high risk of exposure to traumatic experiences. Sexual exploitation and violence against Native women do not occur only on reservations but also in urban areas. A study of Native women in New York City found that over 65% had experienced some form of interpersonal violence, including rape (48%), domestic violence (40%), and childhood physical abuse (28%). Forty percent of the Native women in the study had suffered multiple forms of interpersonal violence (Evans-Campbell, Lindhorst, Huang, & Walters, 2006).

There is a prominent over-representation of Native Americans in the homeless population in the United States as well. The *2009 Annual Homeless Assessment Report* found that Native Americans comprise slightly less than 1% of the general population, but they account for 8% of the country’s homeless population, and 46% of Native American households in reservation communities are overcrowded (U.S. Department of Housing and Urban Development, Office of Community Planning and Development, 2010).

Homelessness is a derivative of poverty, and homelessness is also a primary risk factor for prostitution, which is linked to sex trafficking (Farley & Barkan, 1998). In a Minnesota study, Suzanne Koeplinger reported that 24% of women on probation for prostitution in North Minneapolis are Native American, which is 10 times the proportion of their population of Minneapolis (2.2%, Koeplinger, 2008). When the government and nonprofit agencies are unable to provide adequate shelter for women and children, pimps respond to the need and provide housing via



prostitution. When asked what they need, first on the lists of women in prostitution is housing (Farley & Barkan, 1998).

Today, young Native American girls are prime victims for pimps and sexual predators. The situation of Native American people is consistent with human trafficking. In her book *Reconceptualising Female Trafficking*, Alison Cole (2006) explained,

Female trafficking involves powerful persons enforcing the detainment and exploitation of economically marginalized or otherwise vulnerable women for the purposes of forced prostitution. Trafficking for forced prostitution is distinct from its composite crimes such as rape, torture and unlawful detention because it represents the culmination of all these acts through the complete deprivation of personal autonomy. (p. 790)

Some advocates anecdotally opine cultural trauma, and a long history of abuse and exploitation of Native Americans facilitates inroads of traffickers into American Indian communities. Other risk factors, such as high rates of runaway or “throwaway” youth and the normalization of sex to children, are unfortunately acute in some Native American communities. Findings from the *Second National Incidence Studies of Missing, Abducted, Runaway, and Throwaway Children* (Hammer, Finkelhor, & Sedlak, 2002) offer additional information about the possible prevalence of

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## The Invisible Victims of Human Trafficking in Indian Country

minors trafficked or at risk of being trafficked domestically into the commercial sex industry. For example, in 1999, 1,682,900 youth experienced a period of time in which they could be characterized as a runaway or as a throwaway youth; 71% of these youth were also considered at risk for prostitution (Estes & Weiner, 2001).

Congress articulated in the Victims of Trafficking and Violence Protection Act of 2000 that

Traffickers primarily target women and girls, who are disproportionately affected by poverty, the lack of access to education, chronic unemployment, discrimination, and the lack of economic opportunities in countries of origin. Traffickers lure women and girls into their networks through false promises of decent working conditions at relatively good pay as nannies, maids, dancers, factory workers, restaurant workers, sales clerks, or models. Traffickers also buy children from poor families and sell them into prostitution or into various types of forced or bonded labor. (Deer, 2010, p. 669)

Getting young Native girls into the sex trade is not difficult for savvy traffickers. Sex traffickers use a variety of methods to “condition” their victims, such as starvation, confinement, beatings, physical abuse, rape, gang rape, threats of violence to the victim and the victim’s family, and forced drug use. A 2008 report on sex trafficking found that those involved in domestic human trafficking in Minnesota prey upon individuals perceived to be vulnerable due to the following: age, poverty, chemical dependency, history of abuse, lack of resources or support systems, or lack of immigration status (Bortell et al., 2008). Pimps who control the women and girls tend to be of two different types: “guerilla pimps” and “finesse pimps.” Guerilla pimps primarily use violence and intimidation to control prostitutes. Finesse pimps excel in the psychological tactics needed to

deceive juvenile females and to lure them into trusting and servitude. However distinct the types may be, a pimp uses whichever tactic yields the desired control of the trafficked victim and her activity in the sex industry.

Traffickers typically employ one or multiple means to control young Native American girls:

1. Force – Used in guerilla pimping
  - Physical assault (beatings, burning, hitting, assault with a weapon)
  - Sexual assault, gang rape
  - Physical confinement
  - Isolation (physical and mental/emotional)
  - Kidnapping
  - Street abductions
2. Fraud – Used in guerilla pimping and finesse pimping
  - False employment offers
  - Lies, false promises about work conditions
  - Withholding wages
  - False education
  - Mail-order brides; chance at a better life
3. Coercion – Used in guerilla pimping and finesse pimping
  - Threats to life and safety given to family members or others
  - Threats involving immigration status or arrest
  - Debt bondage: escalating or never-ending debt
  - Withholding legal documents
  - Creating a climate of constant fear
4. Similar to description of violent gang and prostitution ring tactics was recruitment by force
  - Using threats
  - Physical violence
  - Intimidation against the girl or against someone she cares about to coerce her into prostitution

Women gang members play multiple roles. They are pimps, recruiters, groomers, watchers who make sure girls get to and from their assigned locations, and wife-in-laws (other women trafficked by the same pimp) living together and supervised by the pimp or the woman closest to him. Gangs are playing an increasingly large role in the sex trafficking of American Indian girls and women both on reservations and in urban communities. It is unfortunate that the myriad of forms of violence against perpetrated Native Women in a nation as great as the United States has become trivialized. Sadly, many of the adult Native American women working as prostitutes were inducted into the sex trade as children (Baran, 2009).





What can we do in response to the rising trade of the flesh of Native American girls? We can re-frame the issue and stop criminalizing the victims. We can increase access to culturally appropriate housing and holistic care for victims. We can build community support through honest dialogue. We can hold perpetrators accountable. We can modify ineffective criminal justice systems to increase penalties for perpetrators and bring resources into victims. We can prioritize the healing within our communities. We can stand for those who are too weak. We can give voice for those who cannot speak. We can plan and make good decisions; we can ensure the decisions today will benefit our children seven generations into the future so there are silent screams no more.

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AT ISSUE:

# The Key to Indian Country: Lessons Learned From Front Line Professionals

Victor I. Vieth, JD

Michael Johnson, BSCJ

## Introduction: The Importance of Considering Front Line Experiences

In the years we have traveled the country, even the world, working with front line child protection professionals, we have been moved repeatedly by the efforts of those who give their lives to children who are not their own. The experiences of front line professionals have deeply influenced our own teaching and writing, and we are convinced that these experiences must play a greater role in the work of all who address child abuse at a national, regional, or state level.

Sadly, the mantra of “evidence-based practice” often means that if there is no research study to support a certain situation, an individual or collective experience is discounted. This “intellectual snobbery” is so prevalent that, in some instances, researchers have designed and published studies allegedly for the benefit of front line professionals, but research by those who are not active in the field often does not reflect actual front line experience. Individual experience in the field is important and should guide us in concert with evidence. Researchers need to take the time to fully understand the area they are studying. Otherwise, research will never impact front line practice because it will, in many instances, remain irrelevant. As one scholar noted,

individual experience must be considered more carefully, analyzed more crucially, and elevated in importance...[T]he formalized, doctrinal style of argument that characterizes much contemporary legal writing can too easily elude the realities of human experience. (Ogletree, 1993, p. 1244)

The importance of experience for researchers is particularly critical when considering the work of Native American child protection professionals. Because many of them work in the very tribal communities where they grew up, it is not unusual for these professionals to assist victims, offenders, or others they have known for years. These and other dynamics are difficult to put into a research study, but a large body of anecdotal evidence can assist us in incorporating such factors into our training and other work in Indian country.

In this spirit, we recount some of the experiences child protection professionals in Indian country have shared with us in recent years. It is not possible to detail in one article all the challenges to addressing child abuse in Indian country. Instead, we intend simply to highlight a handful of recurring themes that we hope will crystallize the challenges of this practice. The lessons learned from the following eight snapshots from the front lines may not be fully accounted for in peer-reviewed literature—yet that does not make them any less instructive.

## Lesson #1: The Importance of a Key

In describing the challenges of conducting a forensic interview in Indian country, a tribal law enforcement officer told us there was a forensic interviewing room on the reservation—a room with all the modern bells and whistles. Unfortunately, he lamented, the federal government controlled the room and was unwilling to provide a physical key for the facility even to sworn officers working on the reservation. As a result, the officer explained, sexually or otherwise violated children on the reservation had to wait weeks to receive a forensic interview.

This delay in the interview process predictably resulted in a needless loss of evidence. In many instances, the delay in conducting a forensic interview also meant an extended delay in receiving medical and mental health services. In addition to forensic interview training, simply providing this officer with a key would have greatly improved his ability to respond to instances of child abuse and perhaps profoundly improved the lives of the children with whom he worked.

## Lesson #2: The Importance of a Sled Dog

Various national bodies promulgate standards for forensic interviewing, the delivery of medical and mental health care, the conducting of peer review, and completing other necessary components of an effective multidisciplinary team. Unfortunately, many national leaders have worked primarily in urban settings and often fail to understand the unique dynamics in rural communities, including the reservations and villages that make up much of Indian country. On more than one occasion, colleagues

in Alaska have reminded us that much of their population cannot be accessed by any road and that, in some instances, only a sled dog could reach a village.

Likewise, something as simple as preparing a child victim for court can be much more cumbersome in outlying areas. Those of us working at a national level must be much more vigilant in understanding unique characteristics of smaller, geographically diverse communities and willing to adapt our recommendations for national standards accordingly.

### **Lesson #3: The Importance of Oral Tradition**

In one of our forensic interview training courses, students are required to take and pass an essay examination. In one class, several child protection professionals from Indian country shared the importance of oral communications in their culture. Instead of a taking written test, they asked to be questioned orally; and through the telling of stories, they articulated how a forensic interview could be conducted. Although we had learned the importance of oral tradition as early as our college days, it was this concrete example that solidified the lesson for us.

### **Lesson #4: The Importance of Sharing Materials in Advance**

Most of us who provide training to front line child protection professionals know it is important to share our slides and other materials in time for the local conference organizer to make copies and so on. When training in Indian country, this is vital for another reason—the critical need of getting local input. Uniquely positioned tribal courts can have a profound impact in how trial strategies workshops are taught. Also, lack of resources can influence how investigative or other tactics are discussed. For example, a vicarious trauma workshop offering suggestions such as a visit to the spa may not work for professionals who have little income and no spas on the reservation. Similarly, discussion about child protection history is remiss if it does not mention the singular history of child protection in Indian country.

Stated differently, we must realize how little we know and ask our friends in Indian country to assist us in adapting our work to their needs and cultures. In addition to sending the materials in advance, it is also important to arrive early or to stay late, or both. The more a presenter learns about the challenges faced in Indian country, the more effective the outcome will be. In our experience, some national experts have not understood that the reason their training or other work in Indian country has been of limited effect is simply because they failed to take the time to appreciate their audience.

### **Lesson #5: The Importance of Spirituality**

Professionals in Indian country have often asked us to speak on the subject of spirituality. A large and growing body of research



discusses the importance of spirituality to many abused children and how frequently offenders consciously distort the child's spirituality as a means of gaining power over the victim (Vieth, 2010). Therefore, it is not surprising when front line professionals ask presenters to address this topic. What we have learned from colleagues in Indian country, though, is that spirituality here is more diverse and often combines multiple traditions. Accordingly, it is important to understand the unique spiritual dynamics in the community where one is interacting. This happens only by asking questions and otherwise making a concerted, conscious effort to expand our cultural awareness.

### **Lesson #6: The Importance of Recognizing Abilities**

While training on a reservation, a doctor within the community approached one of us on a break and scolded us for the detail of the information we had been providing. According to this doctor, the local child protection professionals in Indian country lacked the skills to handle a complex case of child abuse. In giving them so much information, this doctor reasoned, many of these professionals would now attempt to do things that exceeded their capabilities. His was not a comment we had ever heard before, even when instructing off-reservation MDTs, many of whom also lack significant training on complex cases of child abuse.

In our view, the doctor's comment reflects a lack of respect and trust for the capabilities of professionals in Indian country and an inflated sense of the abilities of those of us from the outside. We are not suggesting that all professionals working in Indian country hold views of this type. However, the fact that this sort of thinking exists at all inhibits all professionals, both Native and non-Native, from working effectively in Indian country.

### Lesson #7: The Importance of Understanding the Depth of Pain

Several years ago, a Native American woman who grew up on a reservation told one of us about her childhood. She said that at least three male relatives and numerous other men had sexually abused her. Often she wore her clothes at night to make it harder for men to rape her. She said that at least 10 friends on the reservation had committed suicide or been murdered. Like so many of her friends and family, she took solace in drugs and alcohol. She said she had never dreamed of rescue—a meaningful intervention was simply not possible in a community with so few resources. Her only hope was to get through life one day at a time.

This is not an isolated anecdote and reflects a level of pain perhaps unequaled in any other community in the United States; however, many national child protection leaders so frequently and shockingly ignore this type of situation. This needs to change. Simply stated, every national child abuse organization needs to make a concerted effort to expand its outreach into Indian country in a manner that is more than lip service. We believe APSAC can play a critical role in this process.

### Lesson #8: The Importance of Learning

In failing to spend time in Indian country or otherwise growing our knowledge of the unique cultures of these proud peoples, we not only limit our ability to work effectively in Indian country but also fail to learn from such dedicated professionals. For example, the dignity and respect often accorded a child abuse victim speaking in a tribal court is something from which attorneys and judges practicing in state and federal courts should learn.

Many MDTs and CACs continue to place child abuse into categories. Indeed, many CACs respond only to cases of child sexual abuse, ignoring the large and growing body of research documenting that when one form of abuse is present, multiple forms of abuse are often present. The Native American communities we have worked with understand the concept of poly victimizations to a much greater extent than many MDTs and often have a much more holistic approach to a family's and community's needs. In sum, it is not just what we can bring to Indian country but what child protection professionals in Indian country can bring to all of us that should be at the heart of our collaboration.

### Conclusion: The Face Behind the Statistics

According to data statistics, Native American children suffer higher rates of abuse than children in the general United States population (US DHHS, 2011). Further, the distrust of federal authorities likely results in underreporting of abuse in Indian country (Fox, 2003). In the end, though, these figures are only numbers on a page. To really understand the pain of the children in Indian country, it is necessary to regularly break bread with the child protection professionals who spend time with families. It is also critical to learn from these professionals, and to listen and respond to their needs and the needs of the children who are depending on us. That is the key to helping abused children in Indian country.

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# Journal Highlights

Vincent J. Palusci, MD, MS

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 expo-

sure 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 under-represented 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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## 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-Indian 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.

Debruyne 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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#### About the Author

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# Washington Update

John Sciamanna

## Introduction

Since the last update, the 112th Congress has demonstrated some progress on a few key issues, but most of that progress was in the U.S. Senate. As a result, the closing months of the year presented a laundry list of unfinished items and a host of potential crises on the horizon.

The main crises points are as follows:

1. appropriations for fiscal year 2014, which starts on October 1, and raising the debt limit with the Treasury Department by mid-October,
2. immigration reform,
3. presidential proposals on universal early childhood education, and
4. mental health funding as a response to school-based gun violence.

## Appropriations

Congress must pass some form of appropriations by October 1 or face a government shutdown. Some Republicans, especially in the House, have wanted to make any appropriations and uninterrupted government contingent upon “de-funding Obamacare,” the Affordable Care Act. House leadership also has discussed that the House should pass a short-term continuing resolution until mid-December and then use the debt-ceiling vote to force the President into budget negotiations.

Congress failed to adopt a joint budget resolution and agreement between the two houses. The House Appropriations Committee adopted a budget allocation that cuts the Labor-HHS-Education appropriations (Labor-HHS) by 20% on top of the current budget sequestration cuts. Such a cut would mean that discretionary funding for the three departments will be set at approximately \$121 billion. That is \$42 billion below 2010 funding—a 26% cut. The House budget pushes cuts into Labor-HHS-Education so that other areas can be held harmless or, in the case of the Defense Department, receive an increase. The House Appropriations Subcommittee attempted to pass a Labor-HHS bill just before leaving in July, but it canceled that hearing and did not release an actual bill.

In July, Senate Appropriators made quick work of their appropriations bill for Labor-HHS when they passed the legislation on party line votes. The bill provides \$164 billion for the three departments, significantly more than the \$121 billion the House intends to provide in its yet-undrafted bill. The legislation funds implementation of the Affordable Care Act (ACA) is something adamantly opposed by Senate and House Republicans.

Child welfare spending programs remained at the same spending levels as FY 2013 (before the reductions currently being imposed through the sequestrations). Foster care, kinship care, and adoption assistance are entitlement programs and will increase or decrease based on state claims of children eligible for the programs. The Child Abuse Prevention and Treatment Act (CAPTA) programs of state grants (\$26 million), discretionary grants (\$26 million), and community-based grants (\$42 million) remained the same. There was a slight increase in Adoption Opportunities funding of \$5 million (\$44 million). The funding increase and new appropriations language around the use of IV-E administrative training funds have been added to address adoptions of older children waiting in foster care. Some models, such as the Dave Thomas Foundation for Adoptions’ Wendy’s Wonderful Kids, have attracted positive attention on Capitol Hill with their recent documented success in moving older children to adoption.

Opportunities funding was the first source of federal funding to address adoptions from child welfare in the late 1970s. It provides grants and funding to promote adoptions and postadoption services. It is intended to increase recruitment (particularly of minority children) and most recently was modified to also emphasize older child adoptions as one of its priorities. Despite the mission of opportunities funding, several grants in recent years have focused on initiatives that don’t necessarily address adoptions, including funding for trauma-informed care and efforts to promote the involvement of fathers with their children in foster care.

The appropriations bill includes the President’s proposal for \$6 million increase in anti-sex-trafficking efforts, but it splits that amount between international victims and domestic sex-trafficking victims. The legislation also includes the President’s request to support gun violence research at the Centers for Disease Control and Prevention (CDC), and it includes the President’s request to expand the National Violent Death Reporting System by increasing funding by \$15 million (just \$5 million less than the request) for expansion to all fifty states. In addition, \$95 million has been set aside for the President’s gun violence-related initiative, titled “Now Is the Time.” Further, the funding would be split with other initiatives: \$15 million for Mental Health First Aid programs for teacher awareness training, \$40 million for state “Project Aware” grants to address school safety and greater student access to mental health services, and \$40 million to help address workforce shortages in the behavioral health field.

The most significant action was in regard to the President's Early Childhood Care and Education proposal, which would fund improvements in the quality of child care, expand Early Head Start, and establish seed money to expand universal pre-kindergarten services. Head Start would increase from \$8 billion to \$9.6 billion; and of that, \$1.4 billion would be for Early Head Start. Child care funding would increase by \$176 million to \$2.5 billion, with most of that for enhanced and aligned quality child care efforts. A total of \$750 million would be for state efforts to expand quality pre-K for 4-year-olds from low- and moderate-income families. For a table of some key programs, go to "More" and the "Federal Budget" on the National Child Abuse Coalition Web site.

While most of Washington was focused on the budget controversy, the Congressional Budget Office (CBO) announced that the projected budget deficit would fall to \$642 billion. That is down by approximately \$200 billion from February, and it is dramatically down from its high of \$1.4 trillion in 2009 at the height of the recession and would be the lowest since 2008.

## Immigration Reform and Child Welfare

In May, the Senate Judiciary Committee approved S.744—the Border Security, Economic Opportunity, and Immigration Modernization Act of 2013—by a vote of 13 to 8. The final vote included all ten Committee Democrats, joined by Republicans Senator Lindsey Graham (R-SC), Senator Jeff Flake (R-AZ), and Senator Orrin Hatch (R-UT). The bill now includes some protections for families and children who may get caught up and separated as a result of a raid by Homeland Security. The Committee had 300 amendments for consideration, and members were allowed to offer a range of proposals from various perspectives. First Focus: Making Children and Families the Priority has developed a useful resource on its Web page that provides descriptions of important children's amendments. Some of these have been viewed as positive and others as having a negative impact on children and families.

The final passage of S.744 received 68 votes of approval and 32 votes against the bill. It gained the support of all 54 Democrats as well as 14 Republicans in a significant bipartisan vote for a major piece of legislation. The 14 Republicans voting "yes" were as follows: Lamar Alexander (R-TN), Kelly Ayotte (R-NH), Jeff Chiesa (R-NJ), Susan Collins (R-ME), Bob Corker (R-TN), Jeff Flake (R-AZ), Lindsey Graham (R-SC), Orrin Hatch (R-UT), Dean Heller (R-NV), John Hoeven (R-ND), Mark Kirk (R-IL), John McCain (R-AZ), Lisa Murkowski (R-AZ), and Marco Rubio (R-FL).

In terms of child welfare issues, the following provisions were approved: flexibility and protection for parents in the termination of parental rights when the family is split up and separated by immigration enforcement actions, assistance in the placement of children with relatives, and parent allowance for certain access to

the courts and to their children if they are swept up during an immigration enforcement raid. Other provisions will help young people, including a version of the "DREAMERS Act," which allows students who were brought here as children to obtain their citizenship if they meet certain conditions such as graduation from high school.

Next up will be action in the House of Representatives, where Speaker John Boehner (R-OH) has vowed not to take up the Senate legislation. House Republicans have varied in their strategies, stating that they would move single bills, but when and what these might be is still unclear. There has been discussion that the House will attempt a debate in October, but others are speculating that ongoing budget fights will complicate that possibility.

## Bryan Samuels Steps Down from ACYF

In September, Bryan Samuels, Commissioner for the Administration on Children, Youth, and Families (ACYF), left his post to accept a position as executive director for the Chapin Hall Center for Children at the University of Chicago. He started the position on September 16, according to the University. Commissioner Samuels has served in the ACYF office since the Senate confirmed his nomination in February of 2012. Under Samuels, ACYF has placed heavy emphasis on the importance of promoting trauma-informed care to address child well-being for children affected by the child welfare system. He has also emphasized using evidence-based and evidence-informed practices in various speaking engagements and presentations. ACYF has oversight of a range of children and youth programs that are more directly supervised under the Children's Bureau and Family and Youth Services. The scope of these services includes adoptions, foster care, child protection, and several youth serving programs.

Mr. Samuels will be returning to his home state of Illinois, where he served as the Chief of Staff within the Chicago Public Schools under Arne Duncan (Duncan is the U.S. Secretary of Education. Before working in education, Samuels was the director for the Illinois Department of Children and Family Services). A statement that was released at the time of the announcement the University said, "As executive director, Samuels will advance Chapin Hall's multidisciplinary, data-driven efforts to improve the well-being of children and youth, their families and their communities. Through its research and policy analysis, Chapin Hall enables people concerned about the welfare of children—policymakers, service providers, families, and communities—to be better informed and supported, and to exercise their responsibilities to children more effectively."

## Waiting for White House Appointments on Child Deaths Commission

On September 6, President Obama announced the appointment of the remaining six presidential members to the Commission to

Eliminate Child Abuse and Neglect Fatalities. The six members are Dr. David Sanders, an Executive Vice President for Casey Family Programs; Theresa Martha Covington, Director of the National Center for the Review and Prevention of Child Deaths; Patricia M. Martin, Presiding Judge of the Child Protection Division of the Circuit Court of Cook County, Illinois; Michael R. Petit, President and Founder of Every Child Matters Education Fund; Jennifer Rodriguez, Executive Director of the Youth Law Center (YLC); and Dr. David Rubin, Attending Pediatrician at the Perelman School of Medicine at the University of Pennsylvania.

In June, Wade Horn became the sixth congressional appointment made to the 12-member Commission. He is a director with Deloitte Consulting, where he advises on state government practices for health and human services. He served as Assistant Secretary for the Administration for Children and Families at the U.S. Department of Health and Human Services under President George W. Bush. Previously appointed congressional members are Amy Ayoub from Nevada (Harry Reid selection); Marilyn Bruguier from Montana (Max Baucus selection); Susan Dreyfus from Wisconsin (via John Boehner); Cassie Bevan from Maryland (by John Boehner); and Bud Cramer from Alabama (by Nancy Pelosi). The Commission is the result of the Protect Our Kids Act (PL 112-275), which was signed into law in January. With all 12 positions filled, the Commission can now begin its work.

## Supreme Court Rules on Indian Child Welfare Act Application

On Tuesday, June 25, the U.S. Supreme Court rejected a South Carolina Supreme Court decision that had placed a child with her birth father. The case of *Adoptive Couple v. Baby Girl* resulted in a five to four U.S. Supreme Court decision rejecting the application of the Indian Child Welfare Act (ICWA) in this case. The Court majority said the relevant section of ICWA does not apply “where the Indian parent never had custody of the Indian child.” The majority also said that

adoption-placement preferences (of ICWA) are inapplicable in cases where no alternative party has formally sought to adopt the child. No party other than Adoptive Couple sought to adopt Baby Girl in the Family Court or the South Carolina Supreme Court. Biological Father is not covered...because he did not seek to adopt Baby Girl; instead, he argued that his parental rights should not be terminated in the first place. (<http://www.law.cornell.edu/supreme-court/text/12-399>, section “Held” 2)

The majority, which included an unusual alliance of Justices—Samuel Alito, John Roberts, Anthony Kennedy, Clarence Thomas, and Steven Breyer—returned the case to the South Carolina State Supreme Court for a decision based on the ruling.

The National Indian Child Welfare Association Web site includes additional information on the court case and the status of the child. The case involves a baby girl being placed with adoptive parents after the mother made arrangements with the couple during her pregnancy. The state courts determined that the proper placement for the child was the baby’s father. Many of the details between the birth mother and father are in dispute as to the specific communications and relationships between the two, but the case focused in part on ICWA and its proper role.

ICWA was enacted in 1977 to address a long history and practice that took place in the United States for much of the twentieth century. This had resulted in state and national practices that sought the intentional removal of Native American children from their families and tribes so that they could be placed in white families. ICWA requires specific safeguards and actions for children with tribal heritage, thus assuring tribal governments, nations, and children certain protections. The legislation came into play in this case because ICWA protections were invoked in the case by the birth father. Lawyers for the proposed adoptive family argued that ICWA was being inappropriately applied. They also argued that the application of ICWA in this case was providing the unwed Native American father with veto power over the non-Native American mother’s decision to place the child in an adoptive home. Some groups sought to make this a case against ICWA and had argued for changes in the national law. The father’s lawyers and the defense of ICWA were supported by numerous amicus curiae briefs, including briefs by 19 states in addition to more than 15 child welfare groups. Since the ruling, the two parties have entered into arbitration forced through the court in Oklahoma, where the father resides.

### About the Author

John Sciamanna is Executive Director of the National Children’s Coalition and was Director of Policy and Government Affairs for the American Humane Association (AHA), overseeing AHA’s legislative agenda in Washington, D.C., and working specifically with the Administration, Congress, and other national groups. For close to 2 decades, he has been working on children’s issues, and in the last decade, he has more specifically focused on child welfare issues. Before joining AHA, he worked in the U.S. Senate as a Legislative Assistant, with the American Public Human Services Association (APHSA) as a Senior Policy Associate, and most recently as Co-director of Government Affairs for the Child Welfare League of America. Contact: [john.sciamanna962@gmail.com](mailto:john.sciamanna962@gmail.com)

# APSAC News

## APSAC Presents Awards at 2013 Colloquium

The American Professional Society on the Abuse of Children (APSAC) recognized outstanding service and commitment within the field of child maltreatment during its Annual Colloquium, June 25–28, 2013, Las Vegas, Nevada. Awards were presented at the Awards Ceremony and William Friedrich Memorial Lecture. This year's awards and recipients are as follows:

### Outstanding Service

*(The Award recognizes a member who has made substantial contributions to APSAC through leadership and service to the society.)*

George Ryan, Investigator, State of North Carolina

### Outstanding Professional

*(The Award recognizes a member who has made outstanding contributions to the field of child maltreatment and the advancement of APSAC's goals.)*

Erna Olafson, PhD, PsyD, Department of Psychiatry,  
University of Cincinnati College of Medicine

### Outstanding Research Career Achievement

*(The Award recognizes an APSAC member who has made repeated, significant, and outstanding contributions to research on child maltreatment over her or his career.)*

Sheree L. Toth, PhD, Mt. Hope Family Center,  
University of Rochester

### Outstanding Service in the Advancement of Cultural Competency in Child Maltreatment Prevention and Intervention

*(The Award recognizes an individual, organization, or agency that has made outstanding contributions to the advancement of cultural competency in child maltreatment prevention and intervention.)*

National Center for Cultural Competence at  
Georgetown University

### Outstanding Front Line Professional

*(The Award recognizes a front line professional—for example, child protection worker, law enforcement personnel, mental health counselor or medical professional—who demonstrates extraordinary dedication and skill in his or her direct care efforts on behalf of children and families.)*

Huda Ibrahim Almutlaq, MD, Maternity and Children's  
Hospital, East Province, Saudi Arabia



*Randell C. Alexander, MD, PhD, University of Florida, Dept. of Pediatrics (pictured in the middle), received the William Friedrich Memorial Award and was the guest lecturer during the Awards Ceremony.*

George Edwards, MD, UT, Southwestern Austin,  
Dell Children's Medical Center

### Outstanding Media Coverage

*(The Award recognizes a reporter or team of reporters in newsprint or broadcast journalism whose coverage of child maltreatment issues shows exceptional knowledge, insight, and sensitivity.)*

Harriet Ryan and Victoria Kim, *Los Angeles Times*

### Outstanding Research Article

*(The award recognizes the authors of a research article judged to be a significant advancement to the field of child maltreatment.)*

Dante Cicchetti, PhD, Institute of Child Development,  
University of Minnesota; and Fred Rogosch, PhD, Mt.  
Hope Family Center, University of Rochester *Gene by  
Environment Interaction and Resilience: Effects of Child  
Maltreatment and Serotonin, Corticotropin Releasing  
Hormone, Dopamine, and Oxytocin Genes*

Carla Kmett Danielson, PhD, National Crime Victims  
Treatment & Research Center, Dept. of Psychiatry &  
Behavioral Sciences *Reducing Substance Use Risk and  
Mental Health Problems Among Sexually Assaulted  
Adolescents: A Pilot Randomized Controlled Trial*

### Outstanding Doctoral Dissertation

*(The award recognizes an individual whose dissertation has the greatest potential for making a significant contribution to the child maltreatment theoretical and applied knowledge base.)*

Stacia Stolzenberg, PhD, Child Development Lab,  
University of Southern California, Gould School of Law



A variety of awards were presented at the APSAC Colloquium in Las Vegas. Pictured here, left to right: Barbara L. Bonner, PhD, University of Oklahoma, Health Sciences Center; Huda Ibrahim Almutlaq, MD, Maternity and Children's Hospital, East Province, Saudi Arabia; Viola Vaughan-Eden, PhD, LCSW (APSAC President); Stacia Stolzenberg, PhD, Child Development Lab, University of Southern California, Gould School of Law; Randell C. Alexander, MD, PhD, University of Florida, Dept. of Pediatrics; Erna Olafson, PhD, PsyD, Department of Psychiatry, University of Cincinnati College of Medicine; Sheree L. Toth, PhD, Mt. Hope Family Center, University of Rochester; George Edwards, MD, UT, Southwestern Austin, Dell Children's Medical Center; Ronald Hughes, PhD, MScSA (APSAC Immediate Past President).

### Outstanding Article in the Journal *Child Maltreatment*

*(The Award recognizing the authors of a research article judged to be a significant advancement to the field of child maltreatment.)*

Laura J. Proctor; Gregory A. Aarons; Howard Dubowitz; Diana J. English; Terri Lewis; Richard Thompson; Jon M. Hussey; Alan J. Litrownik; and Scott C. Roesch *Trajectories of Maltreatment Re-Reports From Ages 4 to 12: Evidence for Persistent Risk After Early Exposure*

### Ronald C. Laney Distinguished Service Award

*(The Award is presented on a periodic and exceptional basis by the APSAC Board of Directors to an individual who has exhibited a lifetime of service to others as exemplified by Ron C. Laney.)*

Barbara L. Bonner, PhD, University of Oklahoma, Health Sciences Center

### William Friedrich Memorial Award

*(The Award is presented by the APSAC Board of Directors to an individual who has demonstrated a career that exemplifies the achievements and character of the late William Friedrich.)*

Randell C. Alexander, MD, PhD, University of Florida, Dept. of Pediatrics

### APSAC Board Takes Office in Las Vegas; Officers Elected

APSAC's Board of Directors met June 23–24 in Las Vegas, Nevada. During the meeting, new officers and Board members were seated. APSAC's Board met during its 21st Annual Colloquium.

#### *Officers elected to serve are as follows:*

President Viola Vaughan-Eden, PhD, LCSW, Child and Family Resources, Newport News, Virginia;  
President-Elect Frank Vandervort, JD, Clinical Assistant Professor at Law, Child Advocacy Law Clinic, University of Michigan Law School, Ann Arbor, Michigan;  
Vice President William Marshall, BS, Detective, Spokane Police Department, Spokane, Washington;  
Treasurer Arne H. Graff, MD, Medical Director, Child and Adolescent Maltreatment Services, Sanford Health, Fargo, North Dakota;

Secretary David L. Corwin, MD, Psychiatrist, University of Utah—Pediatrics, Sandy, Utah;  
Board Member at Large to the Executive Committee Brenda Mirabal Rodriguez, MD, UPR School of Medicine, San Juan, Puerto Rico; and  
Immediate Past President Ronald C. Hughes, PhD, MScSA, Director, Institute for Human Services, Columbus, Ohio.

***Board members elected to 3-year terms are as follows:***

Tricia Gardner, JD, Associate Professor, Center on Child Abuse & Neglect, Oklahoma City, Oklahoma (second term);  
William Marshall, BS, Detective, Spokane Police Department, Spokane, Washington (second term);  
Arne H. Graff, MD, Medical Director, Child and Adolescent Maltreatment Services, Sanford Health, Fargo, North Dakota; and  
Kathleen C. Faller, PhD, University of Michigan School of Social Work, Ann Arbor, Michigan.

***Additional APSAC Board members who are currently completing their terms are as follows:***

Vincent J. Palusci, MD, MS, Loeb Child Abuse Center, New York, New York;  
Julie Kenniston, LSW, Director of Training and Education, Butler County Children Services, Mason, Ohio; Bill S. Forcade, JD, Attorney at Law, Chicago, Illinois;  
Monica Fitzgerald, PhD, Assistant Professor, Medical University of Colorado-Denver, Kempe Center for the Prevention of Child Abuse & Neglect, Denver, Colorado;  
Toni Cardenas, LCSW, JJI Borough Director, New City, New Jersey;  
Michael V. Johnson, BSCJ, Director, Detective (ret), Boy Scouts of America, Irving, Texas;  
Gerri Wisner, JD, Native American Children's Alliance, Muskogee, Oklahoma; and  
Marilyn J. Stocker, PhD, Leadership Development, Chicago, Illinois.

## Three Advanced Training Institutes Scheduled for February

The APSAC Advanced Training Institutes are being held in conjunction with the 27th Annual San Diego International Conference on Child and Family Maltreatment on Monday, January 27, 2014. These seminars offer in-depth training on selected topics. Taught by nationally recognized leaders in the field of child maltreatment, the APSAC Institutes offer hands-on, skills-based training grounded in the latest empirical research. Participants are invited to take part by asking questions and providing examples from their own experience.

**APSAC Pre-Conference Institute #1:**

Monday, January 27, 8 a.m.–4:30 p.m., lunch break on your own (7.5 hours)  
Advanced Issues in Child Sexual Abuse  
*Debra Esernio-Jenssen, MD, and Barbara Knox, MD*

**APSAC Pre-Conference Institute #2:**

Monday, January 27, 8 a.m.–4:30 p.m., lunch break on your own (7.5 hours)  
Exploring Technology in the Forensic Interview and Managing Your Victim Throughout Investigation and Prosecution in the Age of Technology  
*Julie Kenniston, MSW, LSW, and Detective Chris Kolcharno*

**APSAC Pre-Conference Institute #3:**

Monday, January 27, 8 a.m.–4:30 p.m., lunch break on your own (7.5 hours)  
Take Two: Cognitive Processing—Advanced Clinical Strategies for CBT Trauma Therapists  
*Monica Fitzgerald, PhD, and Jessica Gorono, PhD*

Details and registration are available on the APSAC Web site under the Events tab, Event List.

## APSAC's 2014 Colloquium to be Held in New Orleans

APSAC's 22nd Annual Colloquium will take place June 11–14, 2014, at the Sheraton New Orleans Hotel in New Orleans, Louisiana. Colloquium details will be posted at [www.apsac.org](http://www.apsac.org) as they become available.

## 2014 Advanced Forensic Interview Clinics Scheduled

APSAC is offering two forensic interview clinics in 2014. These clinics offer 40 hours of intensive training on investigative interviewing of children.

APSAC pioneered the Forensic Interview Training Clinic model to focus on the needs of professionals responsible for conducting forensic and investigative interviews with children in suspected abuse cases. Interviews with children face intense scrutiny and increasingly require specialized training and expertise. These comprehensive clinics provide a unique training experience that offers personal interaction with leading experts in the field of child forensic interviewing. Developed by top experts, APSAC's curriculum teaches a structured narrative interview approach that emphasizes best practices based on research and is guided by best interests of the child.

Attendees will receive a balanced review of several protocols and will develop their own customized narrative interview approach based on the principles taught during the Clinics.

The first clinic will be held April 28–May 2, 2014, in Norfolk, Virginia. A second clinic is being offered July 14–18, 2014, in Seattle, Washington. Details and registration are available on the APSAC Web site, [www.apsac.org](http://www.apsac.org).

# Conference Calendar

**October 23–25, 2013**

**8th Annual Conference on Differential Response in Child Welfare**

Kempe Center for the Prevention and Treatment of Child Abuse and Neglect at the University of Colorado Denver  
Vail, CO  
303.630.9429

[amy.hahn@childrenscolorado.org](mailto:amy.hahn@childrenscolorado.org)

<http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/DR/Pages/DR-Conference.aspx>

**October 26, 2013**

**American Academy of Pediatrics National Conference and Exhibition**

“Accident, Abuse, or Abnormal Bleeding: A Scientific Approach to Evaluate Bleeding or Bruising That Is Concerning for Abuse”  
Orlando, FL  
847.434.4000

[THurley@aap.org](mailto:THurley@aap.org)

[http://www2.aap.org/sections/childabuseneglect/PDFs/2013\\_NCE\\_schedule.pdf](http://www2.aap.org/sections/childabuseneglect/PDFs/2013_NCE_schedule.pdf)

**October 28–29, 2013**

**32nd Annual Child Abuse and Neglect Conference**

University of Michigan Health System  
Plymouth, MI  
734.763.0215

[bamohr@med.umich.edu](mailto:bamohr@med.umich.edu)

<http://canconferenceofm.org/>

**November 8, 2013**

**Child-Friendly Faith Project Conference 2013**

“How Do We Make Faith Child-Friendly?”  
Austin, TX

[info@childfriendlyfaith.org](mailto:info@childfriendlyfaith.org)

<http://childfriendlyfaith.org/conference-2013>

**January 26–31, 2014**

**The 28th Annual San Diego International Conference on Child Abuse and Neglect**

Chadwick Center for Children and Families  
San Diego, CA  
858.966.5980

[ChadwickCenter@rchsd.org](mailto:ChadwickCenter@rchsd.org)

<http://www.sandiegoconference.org>

**January 27, 2014**

**APSAC Advanced Training Institutes**

American Professional Society on the Abuse of Children  
San Diego, CA  
877.402.7722

[apsac@apsac.org](mailto:apsac@apsac.org)

<http://www.apsac.org>

**April 28–May 2, 2014**

**APSAC Child Forensic Interview Clinic**

American Professional Society on the Abuse of Children  
Norfolk, VA  
877.402.7722

[apsac@apsac.org](mailto:apsac@apsac.org)

<http://www.apsac.org>

**April 29–May 2, 2014**

**19th National Conference on Child Abuse and Neglect**

Children’s Bureau, Administration for Children and Families  
New Orleans, LA  
703.243.0495

[NCCAN@pal-tech.com](mailto:NCCAN@pal-tech.com)

<http://www.pal-tech.com/web/NCCAN19>

**June 11–14, 2014**

**22nd APSAC Annual Colloquium**

American Professional Society on the Abuse of Children  
New Orleans, LA  
877.402.7722

[apsac@apsac.org](mailto:apsac@apsac.org)

<http://www.apsac.org>

**July 14–18, 2014**

**APSAC Child Forensic Interview Clinic**

American Professional Society on the Abuse of Children  
Seattle, WA  
877.402.7722

[apsac@apsac.org](mailto:apsac@apsac.org)

<http://www.apsac.org>

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