NICWA

National Indian Child Welfare Association

SENATE COMMITTEE ON INDIAN AFFAIRS

HEARING ON NATIVE AMERICAN CHILD PROTECTION ACT – H.R. 1688

TESTIMONY OF PRESIDENT GIL VIGIL REPRESENTING THE NATIONAL INDIAN CHILD WELFARE ASSOCIATION

JULY 14, 2021

I would like to start by thanking the Chairman and Vice-Chairman of the committee for holding this hearing. I am Gil Vigil, and I am a member of the Pueblo of Tesuque in New Mexico and Executive Director of the Eight Northern Indian Pueblos Council also located in New Mexico. Today I am providing testimony on behalf of the National Indian Child Welfare Association (NICWA) located in Portland, Oregon where I serve as the President of the Board of Directors. NICWA is in full support of H.R. 1688 and has long advocated for the reauthorization of this important law so tribal nations and urban Indian programs may have the opportunity to effectively address child maltreatment and domestic violence in American Indian and Alaska Native (AI/AN) communities.

Our understanding of these issues comes from more than 40 years of experience working with tribal governments, their child welfare programs, and the communities themselves. We have developed this knowledge as nationally recognized providers of training and technical assistance, leaders in federal and state policy development, and researchers that examine key issues in Indian child welfare. We do this work in close partnership with both Indian and non-Indian organizations, such as the Child Welfare League of America and the National Congress of American Indians (NCAI). These partnerships allow us to participate in work that supports increased access to healing services for affected AI/AN children and families and improve tribal and urban Indian organization capacity to provide culturally based prevention and treatment services. From 1998 to2018, we provided technical assistance to the System of Care Children's Mental Health tribal grantees who were on the front lines designing and operating culturally based mental health services for AI/AN children with serious mental health disorders. We understand the impact of trauma on children and their families and the toll it takes on communities, especially when the trauma goes unaddressed or untreated. Our experience has taught us the importance of supporting tribal self-determination and the important roles tribal governments play in developing sustainable and culturally based solutions to child abuse and neglect and domestic violence.

Our testimony will focus on:

- The historical context of, and past government responses to, child maltreatment in tribal communities
- The current research and data available on the risk factors for, and rates of, AI/AN child maltreatment
- The current challenges to tribal program funding and data collection related to AI/AN child maltreatment
- Tribal-state relationships and their impact on efforts to address AI/AN child maltreatment
- Solutions that are working in tribal and urban AI/AN communities

We also want to note that child maltreatment comes in a variety of forms, including sexual abuse, physical abuse, and neglect, among others. Among these different forms of child maltreatment, neglect is by far the most frequent occurring within AI/AN families— 89% of all AI/AN child maltreatment victims were the result of child neglect (National Child Abuse and Neglect Data Center Technical Team **[**NCANDS], 2014). Child neglect is often a form of child maltreatment that responds best to prevention and treatment efforts, which fits well with the purposes of the grant programs contained within H.R. 1688.

UNDERSTANDING CHILD MALTREATMENT IN INDIAN COUNTRY

> "The diversity of American Indian and Alaska Native tribes and villages cannot be overemphasized when thinking about child maltreatment in Indian Country. Tribes, villages, reservations, and urban Indian communities have vastly different resources, social and economic conditions, and cultural and traditional practices. These differing conditions affect child abuse and neglect and mean that no statements about child maltreatment can apply to all tribes, villages, and urban communities across the country" (Crofoot, 2005, p. 123).

The Historic Context

To understand the context of child maltreatment for AI/AN children, it is essential to understand that AI/AN communities are at high risk for child maltreatment in large part because of disparate treatment of

AI/AN families and communities by federal and state governments, such as funding and service limitations. It is equally important to understand the lingering effects of historical governmental policies and practices—including the placement of AI/AN children in boarding schools, the relocation of AI/AN peoples to major cities, and the large numbers of AI/AN children removed from their families, often unnecessarily, by public and private child welfare agencies.

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

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

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

From the 1860s through the 1970s, the federal government and private agencies established large boarding schools, far from tribal communities, where AI/AN children were involuntarily placed (Crofoot, 2005; Cross et al., 2000). Indian agents had the authority to withhold food and clothing from parents who resisted sending their children away (Crofoot, 2005; Cross et al., 2000). The boarding schools operated under harsh conditions; children were not able to use their Native languages or traditional customs, were required to wear uniforms and cut their hair, and were subjected to military discipline and standards (Crofoot, 2005). The rate of deaths among AI/AN children that were sent to boarding schools was extremely high with many dying from infectious diseases, overworking, harsh discipline, child abuse, and extreme mental or emotional trauma.

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

The outcome of these assimilation efforts is heightened risk factors for child maltreatment in AI/AN communities. These policies left generations of parents and grandparents subjected to prolonged institutionalization without positive models of family life and family discipline (Crofoot, 2005). These individuals, many of them current parents and grandparents of AI/AN children, may subject their children or their relatives' children to the harsh discipline and child maltreatment they endured in boarding school. Further, boarding schools and relocation efforts to large cities have resulted in the destruction of kinship networks and traditional understandings of child-rearing and protection, damaging the natural safety net that was in place traditionally (Crofoot, 2005). It was not until 1978, with the passage of the Indian Child

Welfare Act (ICWA), that the federal government acknowledged the inherent sovereign right of tribal governments and the critical role that they play in protecting their children and maintaining their families. After two centuries of the United States usurping tribal nation's rights to care for their families and significant erosion of the natural helping system in tribal communities, the federal government enacted ICWA to end the earlier policies that brought so much trauma to AI/AN children and families.

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

The pattern of mistreatment of AI/AN people and communities over the course of centuries described above, has had an additional effect on AI/AN families that creates a heightened risk for child maltreatment: historical trauma. The concept of historical trauma in AI/AN people and communities originates from studies that examined the lingering effects that the Holocaust had on the children and grandchildren of families affected (Brave Heart & DeBruyn, 1998). Researchers and experts believe that the shared experience by AI/AN people of historic traumatic events such as displacement, forced assimilation, suppression of language and culture, and boarding schools creates a legacy of unresolved grief that, when left untreated, is passed down through generations (Cross, 2006; Brave Heart & DeBruyn, 1998), and experienced in ways that reflect reactions to trauma, such as increased mental health disorders, substance abuse, stress, and social isolation—all risk factors for child maltreatment.

Risk Factors for Child Maltreatment

There is little information on the risk factors for child maltreatment in AI/AN families specifically (Bigfoot, 2005). This is problematic because national policy and child welfare practice focus on the prevention of child maltreatment, and successful prevention programming requires an understanding of culturally specific risk factors. (Centers for Disease Control, 2012; Children's Bureau, 2011; Administration for Children and Families, 2003)

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

Although not ideal, mainstream child maltreatment risk factors can be used to provide a general understanding of the likelihood of risk of child maltreatment in AI/AN communities. The following national statistics show that AI/AN families appear to be particularly vulnerable to child maltreatment.

Parental Risk Factors

- AI/AN children are more likely to live in households that are below the poverty line. Thirty-four percent of AI/AN children live in households with incomes below the poverty line as compared to 20.7% of children nationwide (Maternal and Child Health Bureau, 2012).
- AI/AN parents are more likely to struggle with substance abuse. Eighteen percent of AI/AN adults needed treatment for an alcohol or illicit drug use problem in the past year compared to the national average of 9.6% (SAMHSA, 2009).
- AI/AN parents are more likely to struggle with mental health issues and distress related to unresolved trauma. Among U.S. adults ages 18 and over who reported only one race, AI/ANs had the highest rate of serious psychological distress within the last year (25.9%), and the highest rate of a major depressive episode within the last year (12.1%) (Urban Indian Health Institute, 2012).
- AI/AN children are more likely to live in families where no parent has full-time, year-round employment than the national average. Forty-nine percent of AI/AN children are in homes where

no parent has full-time, year-round employment compared to 25% of White homes (Annie E. Casey, 2012).

- AI/AN mothers are likely to be a young age at the birth of their children. AI/AN women on average have their first child at age 21.9, younger than all other races and ethnicities; the average age of first birth for the U.S. population is 25.0 years (Mathews & Hamilton, 2011).
- AI/AN parents are less likely to have high educational attainment. In 2007, 20% of AI/AN adults over 25 had not attained their high school diploma; 36% of AI/AN adults over 25 had completed high school but did not continue to postsecondary school (DeVoe & Darling-Churchill, 2008). In 2006, 74.7% of AI/AN graduation-aged students, compared to 87.8% of the general population, received their high school diploma (DeVoe & Darling-Churchill, 2008).
- AI/AN families are more likely to be single-parent than the average family. Fifty-two percent of AI/AN children are raised in single-parent households, while nationally only 34% of children are raised in single-parent households (Annie E. Casey, 2012).

Family Risk Factors

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

Community and Structural Risk Factors

- AI/AN individuals are more likely to live in communities where they will experience high rates of criminal victimization and where there is limited law enforcement presence (Wells & Falcone, 2008; Wakeling, Jorgensen, Michaelson, & Begay, 2001).
- AI/AN families are more likely to live in communities where there is a high level of unemployment. The rate of joblessness on or near reservation communities is 49% (BIA, 2005).
- AI/AN families are more likely to live in areas of high poverty than the average family; 24% of AI/AN children live in areas of highly concentrated poverty compared to the national average of 11% (Annie E. Casey, 2012).
- AI/AN individuals are less likely than the average American to own their homes, one guarantee of housing stability. Only 56% of AI/AN households were homeowners, compared with 66% of total households (Ogunwole, 2006).

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

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

Research has shown that state and county workers are only involved in approximately 63% of all tribal abuse and neglect cases (Earle, 2000). These findings would lead to the conclusion that abuse and neglect of AI/AN children are underreported (Fox, 2003). Other issues, however, such as the definition of child abuse and neglect, the process for counting incidents of abuse and neglect in NCANDS, or the fact that reporting is primarily based on non-Native perceptions and substantiation of maltreatment would lead to the opposite conclusion—that numbers of AI/AN abuse and neglect cases in NCANDS are artificially high (Bigfoot et al., 2005).

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

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

- AI/AN children are 1.3% of all child maltreatment victims reported to state and county child welfare agencies (Children's Bureau, 2017).
- AI/AN children experienced a rate of child abuse and neglect of 14.3 per 1,000 AI/AN children. This rate compares to the national rates of victimization of 9.1 per 1,000 (Children's Bureau, 2017).

NICWA requested a special data report from the Department of Health and Human Services in 2014 regarding select child abuse and neglect data that is not published or available to the public (NCANDS, 2014). This special report was not able to provide data for AI/AN on all of the NCANDS data set but does provide specific data on 18 different indicators. Some key findings include:

Maltreatment Types by Victim

- Of all maltreatment victims, 89.3% of AI/AN children were involved in the child welfare system because of a disposition of neglect, compared to 78.3% of all children nationwide
- Of all maltreatment victims, 15.6% of AI/AN children were involved in the child welfare system because of a disposition of physical abuse, compared to 18.3% of all children nationwide
- Of all maltreatment victims, 5.6% of AI/AN children were involved in the child welfare system because of a disposition of sexual abuse, compared to 9.3% of all children nationwide

Child Fatalities Subject to Child Maltreatment

- 2.21 AI/AN children out of 100,000 were reported as fatalities due to child maltreatment, compared to 2.2 of 100,000 children nationwide

Children and Caregiver Risk Factors

- Alcohol Abuse:
  - 30% of AI/AN child victims had a parent with an alcohol abuse problem, compared to 28.5% of child victims nationwide
  - 14% of AI/AN child non-victims had a parent with an alcohol abuse problem, compared to 4.9% of children nationwide
- Drug Abuse:
  - 24.5% of AI/AN child victims had a parent with a drug abuse problem, compared to 20% of child victims nationwide
  - 11.7% of AI/AN child non-victims had a parent with a drug abuse problem, compared to 8.4% of children nationwide
- Domestic Violence:
  - 24.8% of AI/AN child victims had a parent involved in domestic violence, compared to 28.5% of child victims nationwide
  - 11.4% of AI/AN child non-victims had a parent involved in domestic violence, compared to 8.6% of children nationwide

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

Effects of Child Maltreatment

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

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

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

Chronic social problems like child maltreatment hold back communities. When they are unaddressed, they ultimately interfere with efforts to create and encourage economic development by taking from tribal resources that could be used for economic and infrastructure development to “manage” these chronic and persistent social problems. Furthermore, as Cornell and Kalt (1998) discuss, “nation building,” an approach to successful economic development for Indian tribes, requires a community where both businesses and humans must flourish because they are in relationship with one another. Cornell argues that success in economic development is more than just jobs—it also includes social impacts and making a community a place where investors want to do business and where the community is healthy enough to engage successfully with the economy.

Issues with Funding for Child Abuse Prevention and Child Protection

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

CAPTA, reauthorized by the CAPTA Reauthorization Act of 2010 (P.L. 111-320), is the only federal law that focuses solely on prevention, assessment, identification, and treatment of child abuse and neglect. Tribes are eligible for the two discretionary grant programs under CAPTA through the Community-Based Grants for Prevention of Child Abuse and the Discretionary Funds (which support research and

demonstration grants and training programs). This is for one-time, special projects funding and does not support ongoing prevention and treatment services. Tribes, however, are not eligible for CAPTA State Grants used to improve child protection services programs, which provide a small foundation of funding for child protection services to every state. Thus, tribal funding to prevent and address child abuse is almost nonexistent. Under the entire CAPTA statute, tribes typically receive less than $300,000 a year from the over $100 million a year in appropriated funds.

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

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

The Family Violence Prevention and Services Act provides funding for tribal nations from a set-aside within the law. Currently, the program provides about $14 million annually that provides small grants to about 270 tribes to conduct prevention efforts and services to address family violence. Specific services that can be supported with the grant funds include increasing public awareness about, and primary and secondary prevention of, family violence, domestic violence, and dating violence, and to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents. Most of the 270 tribes funded receive grants under $50,000 a year leaving little room for anything but crisis services. It is important to note that the presence of domestic violence in a home is a risk factor for child maltreatment and effectively addressing domestic violence is critical to prevention of child abuse or neglect.

To fill gaps in funding due to underfunding and lack of access to other federal sources, Congress enacted the Indian Child Protection and Family Violence Prevention Act (P.L. 101-630), which contains three separate grant programs designed to address child abuse prevention, investigation, and treatment services. The act authorizes Indian Child Resource and Family Service Centers staffed by multidisciplinary teams (MDTs) with experience in “prevention, identification, investigation and treatment” of child abuse and neglect (AI/AN tribes may contract to run these centers). The act also authorizes funding for grant programs for the development of Indian child protection and family violence prevention programs and for the treatment of victims of child abuse and neglect and family violence. The resource centers grant program is the only grant program to have received any appropriations of the three and this only occurred in one year during the mid-1990s. Tribes are not different from states in their need to respond to child abuse and neglect in their communities, and they need additional funding to develop a continuum of services and programming to prevent and respond to child abuse and neglect.

Issues with Data Collection

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

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

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

Tribal and urban AI/AN organizations struggle with data collection regarding child maltreatment and access to existing data sources. As mentioned previously, states submit their child maltreatment data to NCANDS, which was established in amendments to CAPTA in 1988. NCANDS is a data system that collects child abuse and neglect information both at the aggregate and case level. The aggregate data is used by the Department of Health and Human Services to publish an annual report on the characteristics of child abuse and neglect in the United States titled *Child Maltreatment*. Although data on AI/AN children are included in this report, the data reflected does not include those children in tribal child welfare systems. In addition, many data elements specific to AI/AN children that would be helpful to urban and tribal programs are not reported for this publication. Tribal governments do not currently submit to NCANDS nor do they have a similar central repository to which they can submit their data for analysis and annual report.

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

It is worth noting that the Bureau of Indian Affairs and Indian Health Services may collect some limited data based on their roles as funders or service providers for AI/AN children affected by child maltreatment, but this data is not readily available to tribes, is not coordinated with other data sources, and lacks the comprehensiveness necessary to inform policy and practice.

In addition to accurate systemic data, tribal child protection and prevention teams also need research specific to child maltreatment in Indian Country to create and promote effective prevention strategies, interventions, and policy change. There is little information on the cultural interventions and assessments that are being used with AI/AN children. This is largely due to the fact that tribal and urban AI/AN communities lack the resources necessary to establish evidence-based practices and create cultural adaptations of evidence-based practices (BigFoot and Braden, 2007). There is no national focus and very limited support for funding these types of projects at the federal level. Much of the federal research on child maltreatment has been funded by demonstration and discretionary grants authorized under CAPTA. Typically, these grants are awarded to large public and private universities, hospitals, or private

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

TRIBAL-STATE RELATIONS

Because of the direct federal government-to-tribal government relationship, historically, tribal-state interaction was limited. The direct tribal relationship with the federal government led to the sense that there was little role for state governments in tribal affairs. Although states have no authority to pass laws that interfere with the federal-tribal relationship, the development of tribal-state relationships is critical to providing appropriate services to AI/AN children and families. Additionally, as the federal government has decreased its involvement in providing direct services to AI/AN children and families and states have increased their efforts to implement ICWA, the need for increased intergovernmental coordination and cooperation among state, county, and tribal governments is greater.

Tribes and states have identified a variety of mechanisms and models to improve intergovernmental relationships and to provide more accessible, culturally based, and more effective services to AI/AN children and families. These mechanisms include (1) coordinating internal tribal child welfare resources; (2) engaging in discussions about key child welfare issues such as ICWA implementation or child abuse/neglect investigations; (3) educating one another on respective service trends and model practices; (4) negotiating respective governmental responsibilities; and (5) developing cooperative strategies for intergovernmental relationships and service delivery agreements.

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

In areas where tribal-state relationships in child welfare are the most successful, there is a policy infrastructure in place—such as intergovernmental agreements and state ICWA policies—that outlines the roles and responsibilities of tribes or urban AI/AN organizations and states in responding to reported child maltreatment of AI/AN children. While these agreements or policies are not mandatory, they have proven to be extremely helpful in clarifying expectations and responsibilities for each of the parties as they carry out their designated roles in child welfare services. Over 25 states have some form of ICWA related policy or agreements in place with new policy development happening each year. The agreements and state policies provide tribes and urban AI/AN organizations with opportunities to participate in child protection activities and provide their expertise and resources, even when they cannot directly provide the services themselves.

SOLUTIONS TRIBES AND URBAN CENTERS ARE EMPLOYING

Elements of Successful Responses to Child Maltreatment in Indian Country

To effectively address child maltreatment in Indian Country, tribal governments and urban programs have drawn on the wisdom of their communities and culture. Programs and services that have been successful are designed with input from the community and implemented by those with intimate knowledge and deep

understandings of the unique community needs and the tribal culture. Services are based in cultural beliefs, teachings, customs, and traditions and aligned with trauma-informed care that treats both the symptoms of child maltreatment and also the causes and effects of trauma on all family members.

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

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

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

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

Primary and Secondary Child Abuse Prevention

NICWA is a leader in helping tribes build capacity to address the complex issues surrounding child abuse and neglect in their communities and develop effective prevention strategies that use cultural resources and traditions. *Grassroots Child Abuse Prevention* is a NICWA training curriculum that helps tribal communities develop community-wide child abuse and neglect prevention campaigns (NICWA, n.d). Trainees are provided information about child abuse and neglect, community organizing techniques, cultural adaptations of mainstream prevention strategies, and social marketing to develop and support community-based prevention strategies for AI/AN communities. NICWA also provides on-site technical assistance to help tribal communities implement their prevention strategies. School settings can provide an effective environment for prevention efforts. NICWA provides a training curriculum that helps Native parents, administrators, and teachers develop a child sexual abuse prevention program for their Head Start and pre-school programs. *Children's Future: A Child Sexual Abuse Prevention Curriculum for Native American Head Start Programs* covers program administration, recognizing indicators of abuse, reporting procedures, and parent and community involvement (NICWA, n.d.). It also includes a nine-month lesson plan for use in the classroom.

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

- Each project sought to address both primary and secondary prevention strategies targeting both offending and non-offending parents, as well as other families within their communities that showed interest in the activities. Below are some additional elements of these projects that used a combination of education, parent support, and outreach activities
- Included activities for both children and parents separately and together
- Nurtured protective factors in non-offending parents who remain with the children (Choctaw)
- Empowered parents to reduce risk and incidence within their own families, while also becoming mentors or coaches to other parents in the community (Choctaw)
- Conducted regular sessions for the community at large on parenting, marriage, and strengthening cultural connections (Cahuilla)
- Provided intensive referral and case management for parents to help them secure needed family supports and services; as much as possible, these services will be provided in the home (Cahuilla)
- Culturally adapted mainstream, evidence-based models (Incredible Years parenting program—Cahuilla)
- Integrated family advocate model for case management (Choctaw)

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

In-Home Services

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

Denver Indian Family Resource Center

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

Central Council of the Tlingit and Haida Indian Tribes of Alaska

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

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

The CCTHITA TANF program was often the first program with which CCTHITA families at risk of abuse or neglect came into contact. At the same time, referrals from the state OCS to Preserving Native Families were low, despite significant risk factors within the CCTHITA community and the availability of robust tribal in-home services. The Preserving Native Families program uses a cultural adaptation of an evidence-based assessment tool, Structured Decision Making, to evaluate families at risk of maltreatment and develop plans to protect children and rehabilitate families. The Preserving Native Families department saw an opportunity to increase early identification of at-risk families and offered training and support to TANF staff on the Structured Decision-Making tool. The Preserving Native Families program also used the assessment tool as a platform to educate the state OCS staff on how to improve referrals of CCTHITA families and help them access in-home services that can eliminate the need for removal of children into out-of-home care. These efforts have led to earlier and more frequent referrals of families at risk and a decrease in the number of children removed from their homes.

Tribal Home Visiting Program Approaches

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

Indian Country Child Trauma Center

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

skills. It is resources like these that clinicians across Indian Country are using to effectively treat trauma and decrease the risk factors for child maltreatment.

American Indian Life Skills Development Curriculum

AI/AN youth are at high risk for suicide. Childhood maltreatment is a traumatic experience that increases the likelihood of suicidal behavior. Developing skills and supports for AI/AN youth that confront suicide risk factors is essential to reducing risk and addressing associated trauma. *American Indian Life Skills Development Curriculum*, the only evidence-based suicide prevention program in Indian Country, incorporates features of risk and protective factors specific to tribal youth to support suicide prevention strategies (SAMHSA, 2007). The curriculum, designed to be used with middle- and high-school-age youth, teaches life skills such as communication, problem solving, depression and stress management, anger regulation, and goal setting. Youth are taught to seek out cultural knowledge within their communities as they learn positive strategies for reducing risk for suicide. This curriculum has been adapted by several tribes across the United States.

Native Aspirations Program

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

References

The Annie E. Casey Foundation. (2012). *Kids count data book: State trends in child well-being*. Baltimore, MD: The Annie E. Casey Foundation.

Administration for Children and Families, Office of Child Abuse and Neglect. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. Washington DC: U.S. Department of Health and Human Services. Retrieved from http://www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm

Children's Bureau, Administration for Children and Families. (2011). *Definition of child abuse and neglect*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from http://www.childwelfare.gov/systemwide/laws_policies/statutes/define.pdf

BigFoot, D. S., & Braden, J. (2007). Adapting evidence-based treatments for use with American Indian and Native Alaskan children and youth. *Focal Point 21*(1), 19–22.

Bigfoot, D., Cross, T., & Fox, K. (2005). Child abuse prevention in Indian Country. In D. S. Bigfoot, T. Crofoot, T. L. Cross, K. Fox, S. Hicks, L. Jones, & J. Trope (Eds.), *Impacts of child maltreatment in Indian Country: Preserving the seventh generation through policies, programs, and funding streams.* Portland, OR: National Indian Child Welfare Association.

Black, M. C., & Breiding, M. J. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence—United States, 2005. *Morbidity and Mortality Weekly Report, 57*(5), 113–117. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm

Brave Heart, M. Y. H, & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research, 8*(2), 60–82.

Bureau of Indian Affairs, Department of the Interior. (2005). *American Indian population and labor force report*. Washington, DC: U.S. Department of the Interior. Retrieved from http://www.bia.gov/cs/groups/public/documents/text/idc-001719.pdf

Crofoot, T. (2005). Effects of abuse and neglect on American Indian/Alaska Native children. In D. S. Bigfoot, T. Crofoot, T. L. Cross, K. Fox, S. Hicks, L. Jones, & J. Trope (Eds.), *Impacts of child maltreatment in Indian Country: Preserving the seventh generation through policies, programs, and funding streams.* Portland, OR: National Indian Child Welfare Association.

Child Welfare Information Gateway. (2013). *Long-term consequences of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Cornell, S., & Kalt, J. (1998). *Sovereignty and nation-building: The development challenge in Indian Country today*. Cambridge, MA: Harvard University.

Cross, T. L., Earle, K. A., & Simmons, D. (2000). Child abuse and neglect in Indian Country: Policy issues. *Families in Society*, *81*(1), 49.

Cross, T. L., (2005). Child abuse prevention in Indian Country. In D. S. Bigfoot, T. Crofoot, T. L. Cross, K. Fox, S. Hicks, L. Jones, & J. Trope (Eds.), *Impacts of child maltreatment in Indian Country: Preserving the seventh generation through policies, programs, and funding streams.* Portland, OR: National Indian Child Welfare Association.

Del Grosso, P., Kleinman, R., Esposito, A. M., Sama Martin, E., & Paulsell, D. (2011). *Assessing the evidence of effectiveness of home visiting program models implemented in tribal communities*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Earle, K. A. (2000). *Child abuse and neglect: An examination of Indian child welfare data*. Seattle, WA: Casey Family Programs.

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

Hill, R. B. & Casey-CSSP Alliance for Racial Equity in Child Welfare, Race Matters Consortium Westat. (2008). *An analysis of racial/ethnic disproportionality and disparity at the national, state, and county levels*. Seattle, WA: Casey Family Programs. Retrieved from http://www.cssp.org/publications/child-welfare/alliance/an-analysis-of-racial-ethnic-disproportionality-and-disparity-at-the-national-state-and-county-levels.pdf

Maternal and Child Health Bureau, Health Resources and Services Administration. (2012). *Child health USA 2011*. Rockville, MD: U.S. Department of Health and Human Services.

Mathews, T.J., and Hamilton, B. E. (2009). *Delayed childbearing: More women are having their first child later in life*. NCHS data brief, no. 21. Hyattsville, MD: National Center for Health Statistics.

National Child Abuse and Neglect Data Center Technical Team. (2014). NCANDS ad hoc data request: American Indian/Alaska Native children. Unpublished data.

National Indian Child Welfare Association. (2010). *Exemplary programs in Indian child welfare: Profiles of tribal and urban programs.* Portland, OR: Author.

National Indian Child Welfare Association. (n.d.). On-site training. *National Indian Child Welfare Association.* Retrieved from http://www.nicwa.org/training/onsite/

Office of Minority Health. (2012). Profile: American Indian/ Alaska Native.*OMH.* Retrieved from http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62

Office of Planning, Research and Evaluation, Administration for Children and Families. (2007). *Special health care needs among children in child welfare* (NSCAW Research Brief No.7). Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/special_health.pdf

Ogunwole, S. U. (2006). *We the people: American Indians and Alaska Native in the United States: Census 2000 Reports*. Washington, DC: U.S. Department of Commerce Economics and Statistics Administration U.S. Census Bureau.

One Sky Center. (2008). *Culture based interventions: The Native aspirations project*. Portland, OR. Author.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. (2007). *American Indian life skills development/Zuni life skills development.* Retrieved from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=81

Summers, A., Wood, S., & Russell, J. (2012). *Technical assistance bulletin: Disproportionality rates for children of color in foster care*. Reno, NV: National Council of Juvenile and Family Court Judges. Retrieved from http://www.ncjfcj.org/sites/default/files/Disproportionality%20Rates%20for%20Children%20of%20Color%202010.pdf

Urban Indian Health Institute, Seattle Indian Health Board. (2012). *Addressing depression among American Indians and Alaska Natives: A literature review*. Seattle, WA: Seattle Indian Health Board. Retrieved from http://www.uihi.org/wp-content/uploads/2012/08/Depression-Environmental-Scan_All-Sections_2012-08-21_ES_FINAL.pdf

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child maltreatment 2017*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf#page=30.

U.S. Department of Health and Human Services. (n.d.). *Tribal and migrant programs for community-based child abuse prevention discretionary grant cluster.* Retrieved from https://www.childwelfare.gov/management/funding/funding_sources/tribal.cfm

Wakeling, S., Jorgensen, M., Michaelson, S., & Begay, M. (2001). *Policing on American Indian reservations: A report to the National Institute of Justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/188095.pdf

Wells, E., & Falcone, D. N. (2008). Rural crime and policing in American Indian communities. *Southern Rural Sociology 23*(2), 199–225.

Wilson, E., Dolan, M., Smith, K., Casanueva, C., & Ringeisen, H. (2012). *NSCAW child well-being spotlight: Adolescents with a history of maltreatment have unique service needs that may affect their transition to adulthood. OPRE Report #2012-49.* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/youth_spotlight_v7.pdf.