1995

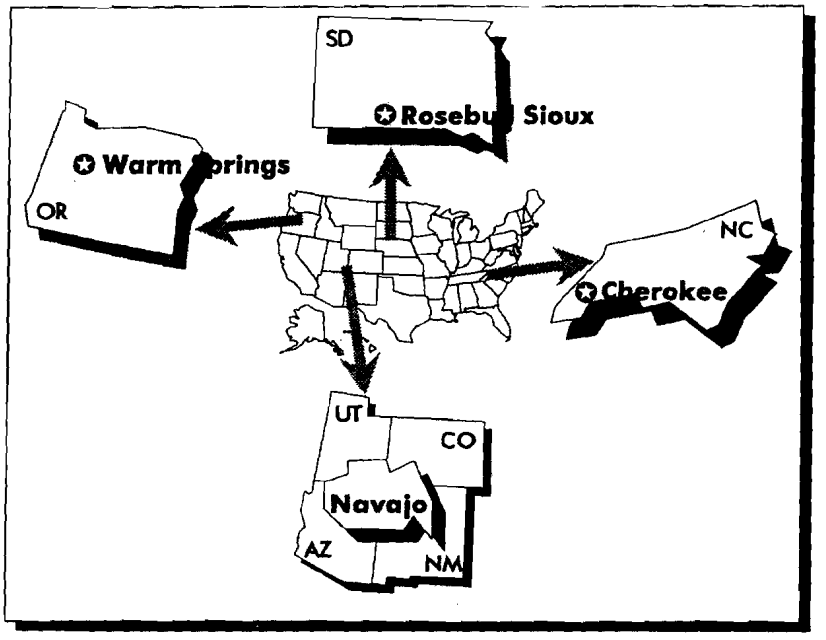
A Case Study of Family Violence in Four Native American Communities

Support Services International, Inc.

FINAL REPORT

A Case Study of Family Violence in Four Native American Communities

Contract No. 282-90-0035



Office of Planning, Evaluation, and Legislation
Indian Health Service
Department of Health and Human Services

Acknowledgements

We gratefully acknowledge the generous assistance of the staff of the Confederated Tribes of Warm Springs, Eastern Band of Cherokee, Navajo Nation, and Rosebud Sioux. In addition, we appreciate the efforts of the staff in the Indian Health Service (IHS) Headquarters, Area Offices, and Service Units, and the Bureau of Indian Affairs (BIA) Area and Agency Offices.

IHS Project Officers

Leo J. Nolan, Director, Division of Program Evaluation and Policy Analysis, OPEL
Lemyra DeBruyn, Ph.D., Chief, Family Violence Prevention Team, IHS Headquarters West

Support Services International, Inc., Contractor

Walter Hillabrant, Ph.D., Project Director
Athena Brown, Project Manager

Research Associates

Judy Earp
Gwendolyn Packard
Mack Rhoades

Systems Analysts

Benny Lin
Maria Perez

Publications/Graphic Design

Caleb Brutus

Research Assistants

Brian Colhoff
Juanita Mendoza
Nicholas Mendoza

This report is made pursuant to Contract No. 282-90-0035. The study was commissioned and supported under the auspices of the IHS Office of Planning, Evaluation, and Legislation (OPEL).

TABLE OF CONTENTS

ATTACHMENTS

LIST OF FIGURES AND TABLES

EXECUTIVE SUMMARY

A CASE STUDY OF FAMILY VIOLENCE IN FOUR NATIVE AMERICAN COMMUNITIES

I. INTRODUCTION

A. Statement of the Problem

Family violence on Indian reservations is devastating for individuals, families, and reservation communities. There are many families in American Indian communities that have experienced violent behaviors, that have coped with violent behaviors positively, and/or wish to learn more about violent behaviors and their prevention. The Indian Health Service (IHS) sponsored this study to produce the information and data needed to guide program planning and development.

In this study, family violence is defined as any of the following: 1) spouse abuse including the beating, battering or sexual abuse of one spouse by the other, 2) child abuse including physical injury, maltreatment of a child under 18 years of age, 3) child neglect, 4) child sexual abuse including persuasion or coercion of a child to engage in sexual activity, and 5) elder abuse including physical or emotional abuse that hinders the life of an elderly person.

B. Goals and Objectives of the Study

This study examined family violence on four American Indian reservations, and identified factors related to family violence. The four reservations studied were The Confederated Tribes of Warm Springs, the Eastern Band of Cherokee, the Navajo Nation, and the Rosebud Sioux.

A case study approach was used to collect primary and secondary data about 1) the nature and prevalence of family violence, and 2) the intervention and prevention measures planned or in place on each reservation. In order to accomplish the study objectives, the following actions were taken:

1. Unstructured interviews were conducted with key informants at each study site including representatives from tribal, Federal, state, and other programs (e.g., health

care providers, law enforcement, judicial services, social services, education, employment, and private groups, organizations, or shelters) relevant to family violence.

2. Secondary sources of data (e.g., demographic and statistical data, court records, emergency room records, social services, etc.) were collected and reviewed.
3. A separate report was prepared on the findings of each of the four case study sites.
4. This final report summarizing the results of the case study was prepared.
5. A model for developing interventions for preventing or reducing family violence was developed. This model is submitted under separate cover.

C. Strengths/Limitations of Study

The strengths of this study derive from the indepth nature of the investigation.

1. Broad range of informants. Unstructured interviews were conducted with a total of 123 key informants across the four case study sites; indepth interviews were conducted with:

- tribal officials (e.g., tribal chairman, directors of tribal health, social service, judicial services, and other programs)
- program staff working with family violence problems (e.g., tribal police, social service staff, medical staff, shelters and safe house staff)
- officials and staff of state and county programs (e.g., social workers, child protection team members)
- IHS and BIA staff (e.g., mental health program staff, public health nurses, social service staff, members of child protection teams).

2. Wide variation in characteristics of case study sites. The four case study sites (Confederated Tribes of Warm Springs, Eastern Band of Cherokee, Navajo Nation, and Rosebud Sioux) have great variation in history, culture, economy, location, size, and government. This variation makes the study findings robust.

3. Objective orientation of contractor. The informants include a broad range of individuals and groups that have some "stake" in the outcomes of this study. The orientations of different stakeholders were sometimes in apparent harmony and sometimes in apparent conflict. The contractor performing the study had no vested interest in any particular outcome or in any of the case study sites and, therefore, had an objective approach to the study.

The limitations of this study derive from the case study design:

1. Representativeness of the case study data. As with all case studies, the data and the findings reported are qualitative in nature. The statistics reported do not have the reliability associated with large, representative samples in survey research. For this reason, no probability values or confidence intervals were computed for the statistics presented in this study. Likewise, the results of the case study cannot be said to be representative of all American Indian reservations or communities.

2. Pressures to not disclose unfavorable information. In most evaluation research, there are pressures for informants to "look good"—to avoid association with failure or unfavorable circumstances. These pressures are pronounced in studies of family violence which include issues such as the prevalence of child sexual abuse, spouse abuse, and elder abuse. Respondents in each study site acknowledged the difficulty of facing the problem of family violence. These respondents indicated that the pressures against recognizing family violence are so great as to cause American Indian tribes and communities to overlook the problem and, thus, to fail to develop interventions to prevent and reduce family violence. Because of the nature of their jobs, many of the key informants felt that they were exceptions to the tendency to deny family violence in their communities.

II. METHOD

A. Study Design

The design for the study was an embedded multiple case design. It involved multiple sites (four) and multiple units of analysis. The basic unit of analysis was a tribe—the tribes being: 1) Confederated Tribes of Warm Springs in Oregon, 2) Eastern Band of Cherokee in North Carolina, 3) Navajo Nation, and 4) Rosebud Sioux Tribe of South Dakota.

The following criteria were used in selecting the four case study sites: 1) geographic and cultural diversity, 2) willingness of the tribe to participate in the study, 3) availability of secondary data and relevant resources. Once the tribes were identified, a point of contact was established. Through a joint effort, a site visit protocol and itinerary were developed for on-site data collection.

B. Data Collection Procedures

Data were collected through unstructured interviews with key informants from the tribe, IHS Service Units, BIA agencies, and other resources on or near the reservation (e.g., shelters, group homes, children's homes, etc.), and 2) through review of secondary data sources. A Data Collection Guide was developed to assist in the collection of information from informants. A list of secondary data obtained at each study site is presented in the corresponding case study report.

The site visits were conducted over a 3 to 5-day period by four contractor staff (working in teams of two) with extensive experience in conducting interviews and data collection on Indian reservations. Unstructured interviews with key informants were usually 30 minutes to an hour in duration. A total of 123 informants were interviewed in the studies as shown below.

Informants by Case Study Site

SITE	NUMBER OF INFORMANTS
Confederated Tribes of Warm Springs	37
Eastern Band of Cherokee	31
Navajo Nation	33
Rosebud Sioux	22
TOTAL	123

C. Data Analysis

The data for each case study site was analyzed independently. In addition, comparisons among and trends across the four sites were made.

Key informant data. The bulk of the data analysis involved evaluation and synthesis of the information presented by informants in the unstructured interviews. Both consensus and disagreements among informants were noted; more often, however, informants provided information from a different perspective, yet complementary to that provided by other informants.

In addition to observations, judgments, and opinions solicited by the interviewers, the informants were asked to rate the severity of different forms of general violence (e.g., assault, homicide, suicide) and of family violence (e.g., spouse, child, and elder abuse) on their reservation.

Secondary data. Tribes, Federal, state, and county components provided statistical and other data that were compiled, analyzed or reanalyzed. In general, the case studies revealed a paucity of statistics on family violence. Furthermore, the data that exist tended to have a different format, context, and definitions across the four study sites. This general lack of statistics on family violence across the four reservations represent an important study finding. The pertinent secondary data that were collected are reported in the individual case study reports.

III. FINDINGS

This section presents the highlights of the four case studies, individually as well as comparatively, across the four sites. Detailed information on each site is presented in the individual case study reports.

A. Components of Family Violence Interventions — Key Study Findings and Recommendations

The eight components of family violence interventions represent the key findings of the study; each component is discussed, in turn, below.

1. Adoption of Family Violence Code. The code should state the tribe's commitment to protect the victims and, most importantly, to specify penalties and procedures that will ensure the protection of victims from abusers. The code should include:

a. Mandatory Arrest for Probable Cause. Mandatory arrest is a critical feature of the needed shift in policies and procedures. It is simply unrealistic to expect a victim of abuse or neglect to "press charges" against the abuser.

b. Mandatory Treatment or Incarceration for Abuser. Before the alleged abuser is released from detention, there must be a formal hearing that includes testimony of the arresting officers and the introduction of evidence such as a report of a medical examination and testimony of a victim assistance worker who has interviewed the victim. If the outcome of the hearing is that the alleged

abuser is found to have violated the family violence code, he or she should be required to participate in a treatment program (e.g., batterer treatment). Either refusal or failure to participate in the treatment program should, in accordance with the tribal code, result in incarceration of the abuser.

c. Anti-Stalking Law. Such a law makes it a crime to engage in a pattern of spying, following, calling, or otherwise harrassing a victim.

d. Banishment of Repeat Offenders from the Reservation. Victims of family violence should not have to leave the reservation to escape from an abuser; rather an abuser who refuses to stop abusing members of his family should be forced to leave the reservation.

2. Establish Victim Support System. The mission of this support system is the guarantee of reasonable safety and security of victims of family violence. The support system should include:

- Shelters on and off the Reservation
- 24-hour Telephone Hotline
- Emergency Transportation to Shelter or Medical Facility
- Victim Support Groups
- Long Term Housing and Subsistence
- Family Counseling
- Interagency Protocol

3. Police Procedures and Training: Victim Assistance Protocol. The case studies generally revealed that major changes are needed in the training, roles, goals, procedures, and mission of the police with respect to family violence. The victim assistance protocol should include:

- Responsibility for Victim Protection
- Incident Reporting and Documentation
- Testimony and Case Follow-up
- Sensitivity Training
- Utilization of Women Officers

4. Community Education and Involvement. There was a consensus among the informants that without support throughout the tribe or community, family violence prevention initiatives are unlikely to succeed.

5. Coordination of Resources and Programs. Because family violence tends to be a taboo subject, individuals and groups avoid discussion of family violence and fail to directly and explicitly address the problem. The chances of success of an intervention program will be greatly enhanced if every relevant program explicitly focuses on the problem. This focus should include a re-examination of the mission, goals, and objectives of each program with respect to preventing and reducing family violence. Each program should develop protocols to guide program staff in dealing with victims, abusers, and other programs and agencies. Each program should examine its role and responsibilities with respect to each of the eight family violence intervention components discussed in this study.

6. Information Tracking System. Some data relevant to family violence exist in many different information systems; however, the data in these information systems are generally difficult to access, even for the personnel of the agency controlling the system. It is almost impossible for staff of other organizations to access an agency's data. This lack of information sharing can lead to catastrophic consequences for victims of family violence.

a. Uniform Inter-Agency Information System. Such a system would be greatly facilitated if the many relevant agencies had a shared capability such as electronic mail (E-mail); however, it is not necessary to design and implement such a system to support the needed interagency information system. Such a system can be developed using: specially designed paper forms, faxes, telephones, and explicit protocols. A core set of data such as the name, addresses, and telephone numbers of the victim(s) and alleged abuser(s), date of the incident(s), description of the injuries, and the names of agency staff assigned to the case will greatly facilitate implementing family violence initiatives.

b. Assign Responsibility for Maintenance. For the information tracking system to work, some agency should assume responsibility for the maintenance of the data. Given their critical role in preventing family violence (the police officer is often the first person on the scene), the police are a good candidate for this responsibility.

c. Regular Reporting Requirements by Agency. Reporting requirements become meaningful once each relevant agency establishes goals and objectives regarding the prevention and reduction of family violence, and has developed corresponding protocols.

d. Resource List. The availability of resources should be published periodically, and lists of resources should be maintained and updated by all relevant agencies.

7. Special Training Initiatives. The staff of most agencies do not know how to deal effectively with either victims or abusers. The need for training in the area of family violence in many ways parallels the need for training in the area of alcoholism and substance abuse. The training needs of three groups were especially clear in the case studies: the police, IHS medical staff, and allies.

a. Police Training. The actions of untrained police can easily and greatly exacerbate the problem. As the first authority often to respond to an incident of family violence, the police need special training in conjunction with a new protocol for dealing with family violence.

b. Medical Staff (IHS or Tribal). While medical staff often do a good job of treating the injuries of a victim of family violence, they often do a poor job in 1) identifying family violence as a cause of injuries, 2) making the appropriate referrals for victims, 3) providing the appropriate follow-up care, 4) obtaining the type of evidence needed by courts in the prosecution of abusers, and 5) in providing the expert testimony needed by the court. Medical staff need training by experienced experts in all these areas.

The medical staff training should incorporate the recognition, crisis intervention, and referral requirements of the Joint Commission for Accreditation of Health Organizations (JCAHO) as well as the Diagnostic and Treatment Guidelines on Domestic Violence developed by the American Medical Association.

Each Service Unit should have a physician trained in conducting special examinations needed for victims of rape and child sexual abuse. In addition, medical staff should receive special training on providing emotional support designed to minimize the psychological trauma associated with such assaults.

The IHS needs to work with the police and an interagency family violence prevention task force to develop a core data set and a reporting system so that issues of confidentiality do not prevent the flow of information needed to protect the victim(s) and to prosecute the persons who commit violence against the members of their family.

8. Abuser Treatment Protocol. Surprisingly, abusers often receive little or no treatment. Generally, abusers deny committing family violence, police often fail to arrest the abuser and, if arrested, the courts often fail to successfully prosecute the abuser. Even if arrested, convicted, and sentenced to participate in therapy, abusers often terminate treatment without sanction or any follow-up by the authorities.

IV. RECOMMENDATIONS

Based on the study results, six recommendations are proposed.

1. Redirection of Priorities and Resources. In the context of the rationed health care provided by the IHS, most studies seem to conclude that additional resources are needed to achieve the desired end. This study is no exception—it is clear that additional resources are needed to enhance efforts to prevent family violence. As important as more resources is the need for a recognition of the scope of the problem and of the damage created by family violence. All parties involved, the tribes, IHS, BIA, states, and counties must focus on the problem, and make the prevention of family violence a priority.

2. Education/Training. In-Service Training. Special training for "front-line" agencies and programs (e.g., police officers, IHS, medical staff, judicial services, social services, mental health, counseling, etc.) is needed. This should include interdisciplinary training, and focus on the roles and responsibilities of all agencies and parties involved. The need for cooperation among all agencies and personnel should be stressed. Specialized training for physicians is needed in conducting medical examinations of abuse victims, as well as legal protocol in testifying as an expert witness in abuse cases.

School-Based Programs. Early intervention programs designed for the K-12 school system should be implemented. The program should focus on issues related to family violence (e.g., identification, behaviors, prevention, and resources for dealing with the problem).

3. Community-Based Programs. Alcohol and Substance Abuse Treatment Programs. Programs focusing on treatment for alcohol and substance abuse should include, as a key component, initiatives to prevent family violence. Alcohol was cited as a factor in cases of family violence in each study site.

Parenting Programs. Parenting skills are needed by teen parents, as well as by older parents. Parenting programs can be offered in the schools as well as through other supporting organizations and shelters. The programs can offer support groups, provide a valuable referral service to other resources, and address other forms of family violence in addition to child abuse and neglect.

Family Services. Often programs focus treatment efforts toward one family member in a specific age group. Working within the framework, the program only treats this one individual who

subsequently returns or is returned (in case of a minor) to a dysfunctional environment. By working with the family, dynamics within the family can be altered and the cycles of violent behavior can be broken. Follow-up procedures are a critical part of this process.

4. Coordination of Programs/Services. Reservations often have a diverse mix of tribal, Federal, state, and county programs, each with their own guidelines, procedures, protocols, and jurisdiction. Multiple and conflicting protocols and procedures cause confusion for victims of family violence. Often this confusion will result in the victims not seeking or obtaining the needed help. In addition, victims often become second priority, while the conflicts involving jurisdiction and responsibility are resolved.

There is a need to develop 1) an agreement on the division of labor, roles, and responsibility, 2) a coordination plan that is reflected in a reporting system, and 3) reporting and evaluation procedures.

5. Reporting Systems. The various agencies (tribal, Federal, state, and county) with programs addressing family violence each maintain some level of reporting. Often these systems are agency-division-specific, and do not include a tracking system for follow-up activities. There is a need for an accurate reporting system that integrates the various records maintained by each agency or program.

Reporting procedures should be comprehensive and clearly presented in written form to all employees who are likely to encounter family violence. Often the procedures are vaguely understood, or understood, but not written. Staff should be familiar with issues of confidentiality, maintaining patient records, and reporting.

6. Law Enforcement. In-service training is needed for law enforcement staff. Across all study sites, informants reported that law enforcement was the "weak link" in the network of agencies addressing family violence. Appropriate modification of the tribal code, development of family violence prevention procedures, and in-service training for the police should enable police officers to assume active leadership in the protection of victims.

V. CONCLUSION

Every day on some reservation, a batterer known to the community continues to commit acts of violence without being arrested or even detained and questioned. It is as if the abusers were invisible, as if battering a family member were an activity acceptable to the community.

To paraphrase one of the informants: A growing number of voices are saying that family violence cannot be allowed to continue. These voices demand that every person of decency join the chorus, and work to eliminate family violence from our communities. Tribal communities must be willing to undergo self-examination, examining which behaviors perpetrate the violence against women and children. This social change process is critical to the survival of tribal cultures throughout Indian country.

FINAL REPORT

A CASE STUDY OF FAMILY VIOLENCE IN FOUR NATIVE AMERICAN COMMUNITIES

I. INTRODUCTION

A. Statement of the Problem

Family violence on Indian reservations is devastating for individuals, families, and reservation communities. It has a lasting and detrimental effects on the individuals who directly experience the abuse, on the nuclear family, the extended family, and members of the Indian community. There are many families in American Indian communities that have experienced violent behaviors, that have coped with violent behaviors positively, and/or wish to learn more about violent behaviors and their prevention.

Elected officials or "the man in the street" seldom acknowledge or understand the nature and scope of family violence in many American Indian communities. In this study family violence is defined as any of the following: 1) spouse abuse including the beating, battering or sexual abuse of one spouse by the other, 2) child abuse including physical injury or maltreatment of a child under 18 years of age, 3) child neglect, 4) child sexual abuse including persuasion or coercion of a child to engage in sexual activity, and 5) elder abuse including physical or emotional abuse that hinders the life of an elderly person (see page 15 for a more detailed discussion of family violence).

The Indian Health Service (IHS) is aware of the problem of family violence in American Indian communities, as well as the need for strengthening families and communities. To date, there has been little study or analysis of family violence in American Indian communities. This case study was commissioned to increase information about the scope and nature of family violence on four disparate reservation communities, and to develop a model that can be used by tribes and communities to develop interventions designed to prevent and reduce family violence.

During the early part of the twentieth century, many American Indian children were forcibly removed from their homes on the reservation and sent away to boarding schools operated by the Bureau of Indian Affairs (BIA) or by various Christian denominations. These boarding schools functioned as an assimilation tool for the dominant society to enforce their values, teaching the Indian student the ways of a different society. Many young children spent years in these institutional settings, beginning as early as age 5. At the boarding schools, Indian children often received severe corporal punishment for a variety of misdemeanors that included speaking their language, wearing clothes, jewelry or other adornments traditional to their tribe. In general, the boarding schools had the explicit objective of stamping out all aspects of the child's tribal culture. The goal was to create a "white person" beneath the child's brown skin. Among the many devastating effects of the boarding schools was the intergenerational impact. For example, removal from their families at such a young age prevented the children from learning parenting skills from their parents and grandparents. In addition, they missed the experience of a loving and supportive extended family. This resulted in a generation of "unparented parents."

The boarding school was not the only instrument for eradicating the cultures of tribes. The Federal Government, through the War Department, then responsible for administering Indian policy, opposed almost every aspect of tribal culture. This opposition was enforced by military occupation of Indian lands. This systematic attempt to destroy the culture of American Indians along with the forced separation of children from their families is the context which differentiates family violence on Indian reservations and communities from that of most other Americans. Traditional values were eroded as the mainstream society values were imposed on the tribes. This created a dualistic cultural identity where the pressures of assimilation and the strength of the traditional values were pitted against each other.

Review of available data confirms the significance and prevalence of the problem of violence among American Indians. For example, the 1992 IHS Chartbook[1] reveals that:

> Homicide is the fourth leading cause of death of Indians 1-14 years old and for 25-44 years old. It is the third leading cause of death for 15-24 years old. The homicide rate for Indians is 71 percent greater than that of all races in the U.S.
>
> The suicide rate among Indians is similar to that of homicide, and is the sixth leading cause of death. This rate is not as high for children up to age 14, and for adults 25-44, but it is

[1]Louis W. Sullivan, M.D., Mason, M.D., Dr. P.H., James O., Rhoades, M.D., Everett R., Reyes, Luana, L., Simermeyer, Edward J., and D'Angelo, Anthony J. *Trends in Indian Health--1993*, Indian Health Service: Rockville, MD, 1993.

higher for 15-24 years old. The suicide rate for Indians is 54 percent greater than that of the rest of the U.S.

The situation for assaults and rape is much the same. It is widely believed that both rape and child sexual abuse are as prevalent in American Indian as in other communities in the United States.

Reliable prevalence data on family violence on reservations is generally lacking; however, it is known that gender and age are critical aspects of family violence. Most of the perpetrators are men, and most of the victims are women and children; nevertheless, family violence knows no class, income, age, race, ethnicity, or education bounds. Family violence occurs among the wealthy and the poor, among the employed and the unemployed; family violence is perpetrated by people with advanced degrees and people with little formal education. Family violence occurs among Indian tribes and communities throughout the United States.

Increased awareness of family violence has prompted the formulation and passage of legislation aimed at putting in place a more effective system of reporting, identifying, and remedying the problem. The *Indian Child Protection and Family Violence Prevention Act of 1990* emanated from a Congressional review of the problem of child abuse on Indian reservations.[2] The findings from this review revealed that:

- Incidents of abuse of children on Indian reservations are grossly underreported;
- Underreporting is often a result of the lack of mandatory Federal reporting law, and a lack of the resources needed to develop a sophisticated tracking and reporting system;
- Multiple incidents of sexual abuse of children on Indian reservations have been perpetrated by community members and by persons employed or funded by the Federal Government;
- Federal investigations of the background of Federal employees who care for, or teach, Indian children are often deficient;
- Funds spent by the Federal government on Indian reservations or otherwise spent for the benefit of Indians who are victims of child abuse or family violence are inadequate to meet the growing needs for mental health treatment and counseling for victims of child abuse or family violence and their families; and
- There is no resource that is more vital to the continued existence and integrity of Indian tribes than their children and families and the United States has a direct interest, as

[2]Public Law 101-630, The Indian Child Protection and Family Violence Prevention Act, Section 402(a), November 28, 1990.

trustee, in protecting Indian children who are members of, or are eligible for membership in, an Indian tribe.

B. Background

The lifestyle of the American Indian in reservation communities is different from the non-reservation communities. Also, the disparity between the non-Indian reservation border towns and the Indian reservation is very real and visible. The living conditions on reservations are often extremely harsh due to economic conditions and other factors including isolation, lack of educational opportunities, racism, and an unskilled labor force. These conditions provide the context in which family violence in reservation communities must be understood.

1. Definitions of Family Violence:

Family Violence is defined as the aspects of violence that occur among members of one family group. In this study, the concept of the "extended family" is used. The extended family is an extension of the nuclear family (parents and their children), but in the context of many tribes, the distinction between nuclear and extended family is not sharply defined. Abuse often occurs within extended families as well, e.g., between siblings and cousins.

Abuse is that aspect of family violence that occurs with the acts of physical, sexual, verbal, social or emotional abuse by one person to another.

Child Abuse is the physical, mental, or emotional injury, sexual abuse or exploitation, negligent treatment or maltreatment of a child under the age of 18.

Child Sexual Abuse is the use, persuasion or coercion of a child to engage in any sexually explicit conduct (or any simulation of such conduct). Child sexual abuse includes any depiction of such conduct, rape, molestation, prostitution or incest with children.

Spousal Abuse is a behavior that uses physical, emotional, and sexual forms as a tool to perpetuate violence against the partner. Spousal abuse includes abuse of the husband by the wife (husband abuse) and, the far more common abuse of the wife by the husband (wife abuse).

Elder Abuse is a much like spousal abuse, and can take many forms. The working definition includes any elderly person who has been the recipient of physical, emotional, and social abuse that hinders or influences the way that person lives. This can include passive neglect, material and financial exploitation, and active maltreatment.

This study was commissioned through the IHS Office of Planning, Evaluation, and Legislation (OPEL).

C. Goals and Objectives of the Study

This study examined family violence on four American Indian reservations, and identified factors related to family violence. The four reservations studied were The Confederated Tribes of Warm Springs, the Eastern Band of Cherokee, the Navajo Nation, and the Rosebud Sioux.

A case study approach was used to collect primary and secondary data about 1) the nature and prevalence of family violence, and 2) the intervention and prevention measures planned or in place in each reservation. As part of this study, a culturally-relevant, community-based prevention model was developed for use by Indian tribes and communities.

In order to accomplish the study objectives, the following actions were taken:

1. Unstructured interviews were conducted with key informants at each study site including representatives from tribal, Federal, state, and other programs (e.g., health care providers, law enforcement, judicial services, social services, education, employment, and private groups, organizations, or shelters) relevant to family violence.
2. Secondary sources of data (e.g., demographic and statistical data, court records, emergency room records, social services, etc.) were collected and reviewed.
3. A separate report was prepared on the findings of each of the four case study sites (see Attachments 1-4).
4. This final report summarizing the results of the case study was prepared.
5. A model for developing interventions to prevent and combat family violence was developed. This model is submitted under separate cover.

1. Prior Research

A literature search revealed there is a large array of data available on violence in general, but there is very little data on family violence in American Indian communities. (Attachment 5 contains an annotated bibliography of the literature reviewed).

In recent years, family violence in the United States has been the focus of considerable attention. L. Klein and C. H. Chandler of the Emory School of Medicine stated that "law enforcement officials, support groups, safe houses, and local coalitions to combat the domestic violence are becoming more and more visible."[3] In addition, health professionals are becoming more aware of procedures and protocols for medical examinations of victims; physicians and emergency medical personnel often establish the first contact with victims.

Comprehensive national studies on family violence have been conducted; however, few studies have addressed family violence on Indian reservations. A survey was conducted in 1985 entitled "The National Family Violence Resurvey."[4] One of the few studies, conducted in 1992, examined the etiology of violence in American Indian communities.[5] Findings from the study include "social disorganization and economic deprivation are important contributors to high levels of lethal violence directed toward others," and "Indians exist in an environment in which they are negatively stereotyped and devalued as individuals." Another finding is "that alcohol and drug use have a direct effect on both internal and external forms of violence."

D. Strengths/Limitations of Study

The strengths of this study derive from the indepth nature of the investigation.

1. Broad range of informants. Unstructured interviews were conducted with a total of 123 key informants across the four case study sites; indepth interviews were conducted with:

- tribal officials (e.g., tribal chairman, tribal council members, tribal health directors, social service, tribal judges, and other programs)

---

[3]Klein L. and Chandler C.H. "Domestic Violence: one outlook," British Journal of Obstetrics and Gynaecology, December 1989.

[4]Straus, M.A. and Gelles, R.J. (Eds.), *Physical Violence in American Families*, New Brunswick, NJ. Transaction Publishers, 1990.

[5]Bachman, Ronet, *Death and Violence on the Reservation: Homicide, Family Violence, and Suicide in American Indian Populations*, New York: Auburn House, 1992.

- program staff working with family violence problems (e.g., tribal police, social service staff, nurses, shelters, safe house staff)
- officials and staff of state and county programs (e.g., social workers, child protection team members)
- IHS and BIA staff (e.g., mental health program staff, public health nurses, social service staff, members of child protection teams).

2. Wide variation in characteristics of case study sites. The four case study sites (Confederated Tribes of Warm Springs, Eastern Band of Cherokee, Navajo Nation, and Rosebud Sioux) have great variation in history, culture, economy, location, size, and government. This variation makes robust study findings of common problems, dynamics, and solutions.

3. Objective orientation of contractor. The informants include a broad range of individuals and groups that have some "stake" in the outcomes of this study. The orientations of different stakeholders were sometimes in apparent harmony and sometimes in apparent conflict. The contractor performing the study had no vested interest in any particular outcome or in any of the case study sites and, therefore, had an objective approach to the study.

The limitations of this study derive from the case study design:

1. Representativeness of the case study data. As with all case studies, the data and the findings reported are qualitative in nature. The statistics reported do not have the reliability associated with large, representative samples in survey research. For this reason, no probability values or confidence intervals were computed for the statistics presented in this study. Likewise, the results of the case study cannot be said to be representative of all American Indian reservations or communities.

2. Pressures to not disclose unfavorable information. In most evaluation research there are pressures for informants to "look good"—to avoid association with failure or unfavorable circumstances. These pressures are pronounced in studies of family violence which include issues such as the prevalence of child sexual abuse, spouse abuse, and elder abuse. Respondents in each study site acknowledged the difficulty of facing the problem of family violence. These respondents indicated that the pressures against recognizing family violence are so great as to cause Indian tribes and communities to overlook the problem and, thus, to fail to develop interventions to prevent and reduce family violence. Because of the nature of their jobs, many of the key informants felt that they were exceptions to the tendency to deny family violence in their communities.

II. METHOD

A. Study Design

The design for the study was an embedded multiple case design. It involved multiple sites (four) and multiple units of analysis. The basic unit of analysis was a tribe—the tribes being: 1) Confederated Tribes of Warm Springs in Oregon, 2) Eastern Band of Cherokee in North Carolina, 3) Navajo Nation, and 4) Rosebud Sioux Tribe of South Dakota.

The following criteria were use in selecting the four case study sites:

- Geographic and cultural diversity
- Willingness of the tribe to participate in the study
- Availability of secondary data and relevant resources.

Once the tribes were identified, a point of contact was established. Through a joint effort, a site visit protocol and itinerary were developed for on-site data collection.[6]

Table 1 provides data on the diversity of the four reservations in the study.

Table 1. Comparison of Case Study Sites

	Eastern Band of Cherokee	Confederated Tribes of Warm Springs	Navajo Nation	Rosebud Sioux
Total Membership	10,320	3,384	20,0000	14,772
Reservation Land Area (in 1000 acres)	57	600	17,000	528
Reservation Population	6,800	2,875	151,105	13,050
Number of Reported Cases of Child Abuse or Neglect (in 1 year)	1	215	N/A	N/A
Number of Reported Cases of Child Sexual Abuse	9	59	N/A	N/A

[6]Initially, the design for conducting this study specified the collection of primary data from at least three generations within a sample of families (children, parents, and grandparents) at four different sites. Review of the study design by the Office of Management and Budget (OMB) revealed that a major increase of the sample size would be required. The costs associated with increasing the sample size exceeded the resources available for this study. Therefore, with approval of the IHS Project Officer and the Contracting Officer, the study was redesigned from a sample survey to a case study.

B. Data Collection Procedures

The purpose of the site visits was to collect primary and secondary data concerning the nature of family violence on the reservation, and to identify intervention and prevention measures in place or contemplated. Data were collected through unstructured interviews with key informants from the tribe, IHS Service Units, BIA agencies, and other resources on or near the reservation (e.g., shelters, group homes, children's homes, etc.), and 2) through review of secondary data sources. A Data Collection Guide was developed to assist in the collection of information from informants (see Attachment 6). Attachment 7 is a list of the types of secondary data solicited. A list of secondary data obtained at each study site is presented in the corresponding case study report (Attachments 1-4).

The site visits were conducted over a 3 to 5-day period by four contractor staff (working in teams of two) with extensive experience in conducting interviews and data collection on Indian reservations.

Prior to the site visit, a Data Collection Guide and a list of the types of secondary data needed for the study were forwarded to the point of contact (generally the director of the Tribal Health Program). Unstructured interviews with key informants were usually 30 minutes to an hour in duration. A total of 123 informants were interviewed in the studies as shown in Table 2. The point of contact in conjuction with tribal leaders and representatives, compiled a list of key informants, and helped to develop the interview schedule.

Table 2. Informants by Case Study Site

SITE	NUMBER OF INFORMANTS
Confederated Tribes of Warm Springs	37
Eastern Band of Cherokee	31
Navajo Nation	33
Rosebud Sioux	22
TOTAL	123

The specific persons interviewed and their job titles are given in the individual case study reports.

C. Data Analysis

The data for each case study site were analyzed independently. In addition, comparisons among and trends across the four sites were made.

Key informant data. The bulk of the data analysis involved evaluation and synthesis of the information presented by informants in the unstructured interviews. Both consensus and disagreements among informants were noted; more often, however, informants provided information from a different perspective yet complementary to that provided by other informants.

In addition to observations, judgments, and opinions solicited by the interviewers, the informants were asked to rate the severity of different forms of general violence (e.g., assault, homicide, suicide) and of family violence (e.g., spouse, child, and elder abuse) on their reservation (see Attachment 6). These ratings were tabulated and descriptive statistics (e.g., percentages and means) were computed for each study site. While these statistics are useful in describing general trends and situations, the reader should keep in mind that the number of observations is too small and the method of sampling is not appropriate to use the statistics as reliable estimates of population parameters.

Secondary data. Tribes, Federal, state, and county components provided statistical and other data that were compiled, analyzed or reanalyzed. In general, the case studies revealed a paucity of statistics on family violence. Furthermore, the data that exist tended to have a different format, context, and definitions across the four study sites. This general lack of statistics on family violence across the four reservations represent an important study finding. The pertinent secondary data that were collected are reported in the individual case study reports.

III. FINDINGS

This section presents the highlights of the four case studies, individually as well as comparatively, across the four sites. Detailed information on each site is presented in the individual case study reports (Attachments 1-4). Within this framework, the data are presented in four general categories: nature of family violence, existing programs/services, difficulties in dealing with family violence, and recommendations.

A. Scope of Family Violence

The informants at each case study site were asked to rate the magnitude of various aspects of family violence. In addition, as a baseline for comparison purposes, the informants were asked to rate the severity of various aspects of violence in general. Figure 1 illustrates the judgments of the severity of five types of family violence: wife abuse, child abuse, husband abuse, elder abuse, and child sexual abuse. Inspection of Figure 1 shows areas of both similarity and discrepancy.

1. Most Severe Form of Family Violence. Across the four case study sites, there was no consensus as to which type of family violence represents the biggest problem. Wife abuse was cited by the largest proportion of informants at Navajo, and was tied with child sexual abuse for Warm Springs. Child sexual abuse was the type of family violence most cited at Cherokee. Child abuse was most cited at Rosebud. These data suggest that the perceived severity of specific types of family violence varies across the four reservations.

2. Least Severe Form of Family Violence—Husband Abuse. The percentage of informants identifying husband abuse to be a big problem ranged from a low of 3 percent at Warm Springs to a high of 9 percent at Cherokee. At each site, husband abuse was not judged to be a big problem by the majority of informants.

3. Variation in Perceived Severity of all Forms of Family Violence. Informants from Warm Springs and Rosebud tended to judge family violence to be a bigger problem than informants at Cherokee and Navajo. For example, 50 percent or more of the informants at both Warm Springs and Rosebud judged wife abuse, child abuse, and child sexual abuse to be big problems. In contrast, less than 50 percent of the informants at Cherokee (highest was 30 percent) or Navajo (highest was 41 percent) judged any type of family violence to be a big problem on the reservation.

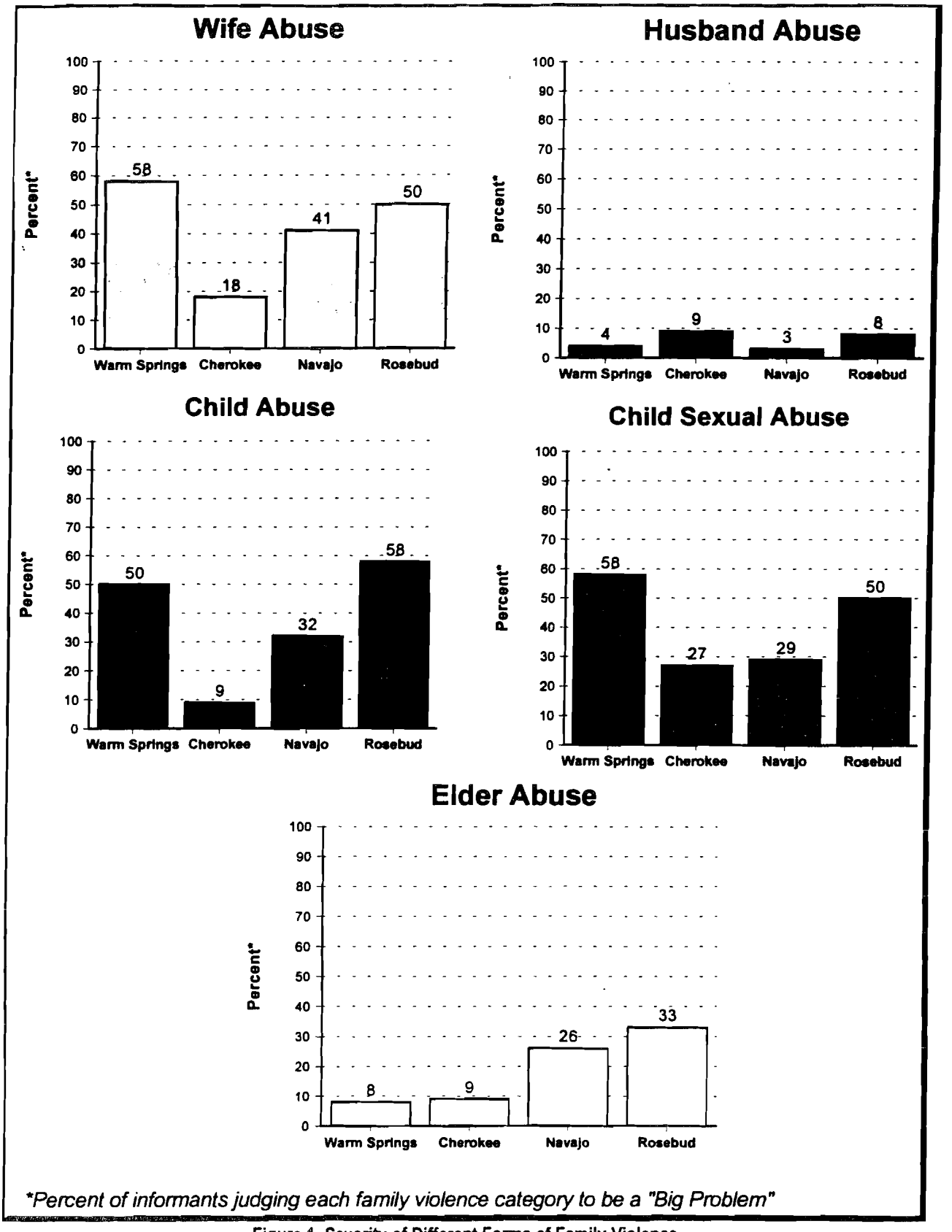


Figure 1. Severity of Different Forms of Family Violence

In order to provide a benchmark to evaluate informants' judgments about the severity of family violence on their reservation, the informants were asked to judge the severity of violence in general and specific types of violence (e.g., homicide, suicide, assault) on the reservation. Figure 2 shows that, on the average, family violence was rated to be an equal or bigger problem than general violence at each study site.

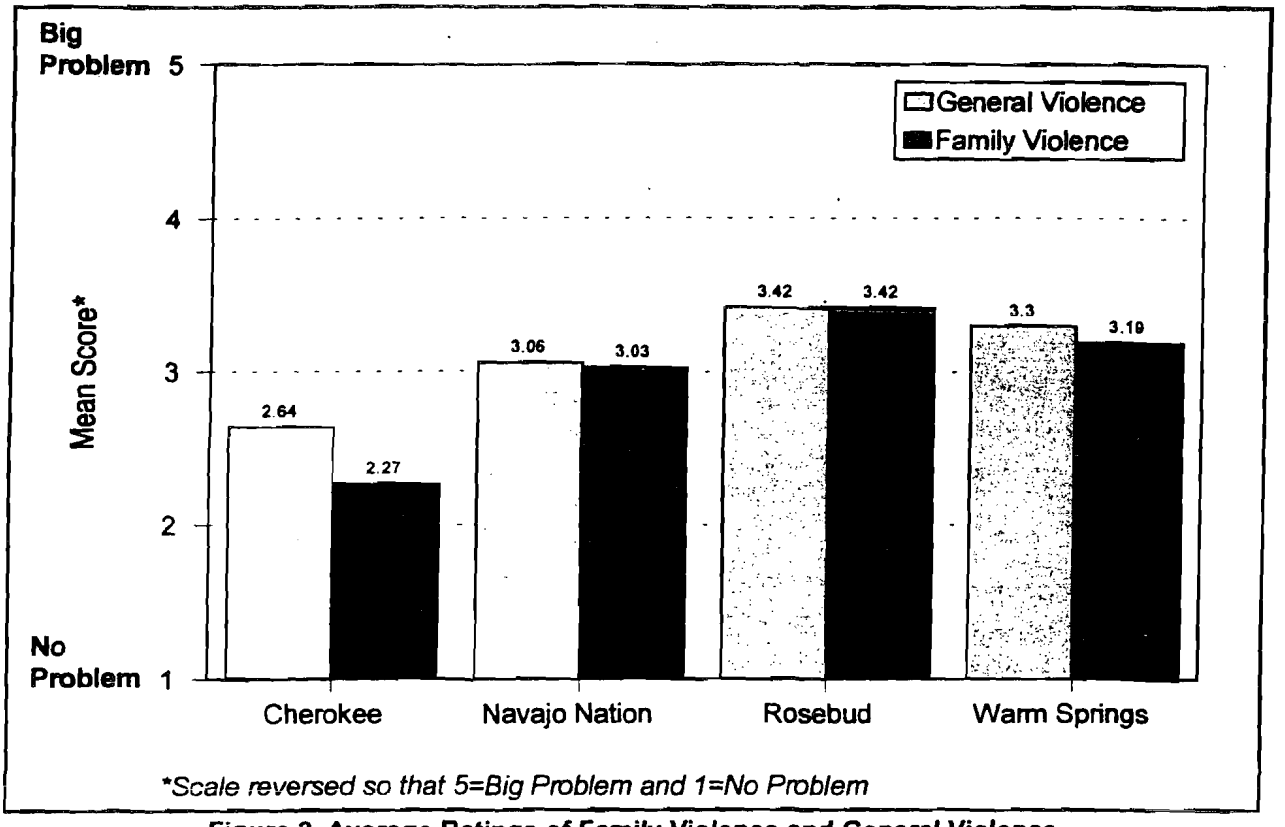


Figure 2. Average Ratings of Family Violence and General Violence

Figure 2 also shows, from another perspective, that informants at Rosebud and Warm Springs judge both family violence and violence in general to be bigger problems on their reservations than do informants at the Cherokee and Navajo reservations.

B. Components of Family Violence Interventions — Key Study Findings

Based on qualitative analysis of the data collected in the four case study sites, a model of family violence interventions was developed. This model has eight basic components and numerous

subcomponents (see Table 3). Once the model was developed, each of the case study sites was rated on the components and subcomponents. The categories used in rating the tribes were:

DK = **D**on't **K**now or Information Unavailable
M = **M**odel Program Component
P = Program Component **P**resent
A = Program Component **A**bsent
D = Program Component **D**eveloping

It is important for the reader to note that a rating of DK does not indicate that the component in question does not exist. The model was developed based on the analysis of the case study data, and the ratings were made after the site visits were completed. If the model is useful, it can be adapted and expanded, and then used to guide data collection in future research. It is also important to note that the ratings, to the extent they are valid, represent the conditions that existed when the data were collected in this study (1993 - 1994).

Table 3 shows that most of the case study sites have developed, or are developing, many of the components and subcomponents of the family violence intervention model.

The overall study results revealed that despite the significant efforts that are being made by many individuals and organizations, the net results are inadequate to the task: too often women, children, and the elderly suffer repeatedly and for long periods of time at the hands of abusers-batterers-neglecting parents or guardians. What is needed is a "paradigm shift" in the approach to combatting family violence. The heart of this paradigm shift should involve:

- Recognition of the scope of family violence on the reservation or community
- Commitment by significant segments of the tribe or community to control family violence
- The systematic adaptation and application of the family violence intervention components identified in the case studies.

Table 3. Ratings of the Four Case Study Sites on the Components of Family Violence Prevention Initiatives

Family Violence Intervention Components	Warm Springs	Cherokee	Navajo	Rosebud
1. ADOPTION OF FAMILY VIOLENCE CODE				
a. Commitment of tribe to prevent and decrease family violence	P	D	P	P
b. Mandatory arrest for probable cause	DK	A	D	P
c. Mandatory treatment or incarceration for batterers	D	A	D	A
d. Anti-stalking law	DK	A	A	A
e. Banishment from reservation for repeat offenders	D	A	DK	A
2. ESTABLISH VICTIM SUPPORT SYSTEM				
a. Shelters on and off reservation	P	P	P	P
b. 24-hour telephone hotline	P	P	P	P
c. Emergency transportation to shelter or medical facility	M	P	P	P
d. Victim Support Groups	M	D	P	P
e. Long term housing and subsistence program	A	A	A	DK
f. Family therapy	M	A	P	DK
g. Interagency protocol—resource list	D	D	DK	DK
3. POLICE PROCEDURES AND TRAINING: VICTIM ASSISTANCE PROTOCOL				
a. Responsibility for victim protection	P	A	DK	D
b. Incident reporting and documentation	P	A	D	D
c. Testimony and case follow-up	D	A	DK	D
d. Sensitivity training	DK	A	A	A
e. Utilization of women officers	DK	A	DK	D
4. COMMUNITY EDUCATION AND INVOLVEMENT				
a. School-based prevention programs	A	D	DK	P
b. Tribal leaders	A	A	P	P
c. Women's support groups	P	D	P	P
d. Men's support groups	A	A	P	A
e. Family support groups	P	A	P	A
f. Traditional values and teachings	P	D	P	D
5. COORDINATION OF RESOURCES AND PROGRAMS				
a. Interagency family violence intervention initiative	D	DK	DK	A
b. Revise or develop family violence protocols				
i. Tribal Programs				
(1) Head Start	DK	DK	DK	DK
(2) CHRs	DK	DK	DK	DK
(3) Alcoholism/Substance Abuse	DK	DK	DK	DK
(4) Social Service	P	P	P	
(5) WIC	A	A	A	A
(6) Health Department	DK	DK	DK	DK
(7) Tribal Courts	D	P	P	D
(8) Legislative	P	P	P	D
(9) Law Enforcement/Tribal Police	D	D	D	D
(10) Employment	A	A	A	A
ii. IHS Programs				
(1) Family violence prevention team	DK	A	P	A
(2) CPTs	P	D	P	P
(3) Mental Health	D	D	D	D
(4) Maternal and Child Health	D	D	D	D
(5) Emergency services	D	D	D	D
(6) Pediatrics	D	D	D	D
(7) OB/Gyn	D	D	D	D
(8) PHNs & CHNs	A	A	A	A

Table 3 (Continued)

Family Violence Intervention Components	Warm Springs	Cherokee	Navajo	Rosebud
iii. BIA Programs				
(1) Law Enforcement & Criminal Investigation	D	D	D	D
(2) Judicial Services	D	D	D	D
(3) ICWA	D	A	D	D
(4) Social Services	D	D	D	D
(5) Education	D	DK	D	D
iv. Other Federal Programs				
(1) FBI	DK	DK	DK	DK
(2) US Attorney	DK	DK	DK	DK
(3) Head Start	A	A	A	A
(4) WIC	A	A	A	A
(5) Court System	DK	DK	DK	DK
v. Other Programs				
(1) State Police	DK	DK	DK	DK
(2) State attorney	DK	DK	DK	DK
(3) County sheriff & police	DK	DK	DK	DK
(4) County social services	DK	DK	DK	DK
(5) County shelters	DK	DK	DK	DK
6. INFORMATION-TRACKING SYSTEM (FAMILY VIOLENCE TRACKING SYSTEM)				
a. Uniform interagency system with core data	A	A	A	A
b. Assign responsibility for maintenance (Police)	A	A	A	A
c. Regular reporting requirements by agency	A	A	A	A
d. Track victims				
i. Location	DK	A	DK	A
ii. Complaints of harassment, stalking	DK	A	DK	A
iii. Ally	DK	DK	DK	DK
e. Track abusers				
i. Location	A	A	A	A
ii. Participation and progress in mandatory treatment	D	A	DK	A
f. Resource list				
i. Shelters	P	P	DK	DK
ii. Potential allies	P	DK	DK	A
iii. Victim support groups	P	P	DK	DK
7. SPECIAL TRAINING INITIATIVES				
a. Police				
i. Victim protection mission	DK	A	DK	DK
ii. Case tracking and follow-up	DK	A	DK	DK
iii. Data recording and management responsibility	DK	A	DK	DK
vi. Interagency police cooperation: tribal, BIA, FBI, County Sheriff	DK	D	DK	D
b. IHS medical staff	DK	DK	DK	DK
8. ABUSER TREATMENT PROTOCOL				
a. Adaptation of successful programs				
b. Regular use of and contribution to a family violence tracking system				

CODES:
DK = Don't Know or Information Unavailable
M = Model Program Component
P = Program Component Present
A = Program Component Absent
D = Program Component Developing

The eight components of family violence interventions represent the key findings of the study; each component is discussed, in turn, below.

1. Adoption of Family Violence Code

a. Commitment of the Tribe. Frequently, existing tribal codes define offenses such as assault, battery, child abuse, and neglect. Even when such offenses are codified, the code should be revised to explicitly focus on family violence, state the tribe's commitment to protect the victims and, most importantly, to specify penalties and procedures that will ensure the protection of victims from abusers.

b. Mandatory Arrest for Probable Cause. **Mandatory arrest is a critical feature of the needed paradigm shift.** It is simply unrealistic to expect a victim of abuse or neglect to "press charges" against the abuser. Often the victim is financially, emotionally or otherwise dependent on the perpetrator of abuse or neglect. More importantly, the abuser often threatens the victim with beatings or death if the victim presses charges or testifies against the abuser. It is absolutely critical that the tribe not place the victim at greater risk by requiring the victim to press charges; rather, the tribe should explicitly assume the responsibility for prosecuting the abuser, and for protecting the victim(s). The tribe assumes this responsibility by 1) making spouse abuse a crime, and 2) developing a family violence protocol for the police that mandates arrest of abusers for "probable cause" (e.g., a bruised or bleeding victim, witnesses of abuse present, etc.). Sometimes the victims of abuse will, out of fear, deny that there is any problem. The protocol should call for the police officer to use his/her "gut feeling" in assessing the apparent danger of the situation, and to make an arrest whenever a sense of imminent danger is present.

The protocol for police should include a written report, photographs (of the victim, damage to furniture, walls, etc.), and taped interviews of the alleged abuser and victim. The arrest of the alleged abuser should result in a 12-24 hour detention to allow a hearing on the tribe's complaint of family violence.

c. Mandatory Treatment or Incarceration for Abuser. Before the alleged abuser is released from detention (i.e., within 12-24 hours), there must be a formal hearing that includes testimony of the arresting officers and the introduction of evidence such as a report of a medical examination, and testimony of a victim assistance worker who has interviewed the victim.

If the regular tribal judicial resources are inadequate to support family violence hearings within 24 hours of the arrest of an alleged abuser for probable cause, the tribe should consider redirecting resources to combat this critical problem by creating a family violence emergency hearing master

or panel that can conduct hearings prior to the release of an alleged abuser in accordance with a strict and clearly defined protocol.

If the outcome of the hearing is that the alleged abuser is found to have violated the family violence code, he or she should be required to participate in a treatment program (e.g., batterer treatment). Either refusal or failure to participate in the treatment program should, in accordance with the tribal code, result in incarceration of the abuser.

For abuser treatment to be effective, it is critical for the treatment program to 1) receive detailed information about the violent act(s) committed by the abuser (e.g., the arrest record), and 2) to provide regular feedback to the court about the abuser's attendance, participation, and progress. It is common for batterers to deny perpetrating any abuse or to flagrantly minimize the violent acts. The therapist needs the description of the abuse (e.g., "The victim had a black eye.") in the arrest report and/or medical report in order to effectively confront the abuser's denial. It is also critical that premature termination of treatment by an abuser result in prompt, sure incarceration for failure to comply with the terms of release.

d. Anti-Stalking Law. Abusers and batterers use violence and the threat of violence to get what they want. After the victim has been battered or beaten, the mere threat of violence (sometimes implied by seemingly innocuous signals such as drumming fingers on a table, staring, muttering "oh yea, oh yea") can elicit terror from the victim. An anti-stalking law which prohibits following the victim from place to place, appearing at the victim's school, place of work, or other place, and frequent observation of the victim is needed to reduce an abuser's ability to threaten and torment the victim.

e. Banishment of Repeat Offenders from the Reservation. It is not fair or reasonable that a victim of family violence should be forced to leave his or her reservation to be safe from intimidation or attack by an abuser. In order to ensure the safety and security of victims, abusers convicted of multiple attacks on an innocent victim should be banned from the reservation.

2. Establish Victim Support System

The mission of this support system is the guarantee of reasonable safety and security of victims of family violence.

a. Shelters on and off the Reservation. It is critical that the victim of family violence have access to a temporary shelter where he or she cannot be attacked by the abuser. The shelter should be accessible 24 hours a day, 7 days per week. The shelter should be accessible for stays of sufficient length to allow the victim to secure long term, secure housing. The shelter should provide (or serve

as a conduit for) other services needed by victims of family violence (e.g., counseling, social service, legal aid).

b. 24-hour Telephone Hotline. The primary guarantor of the safety of actual and potential victims of family violence should be the police. The role of the hotline would be to provide quick response information, referrals, and advice to actual and potential victims and perpetrators of family violence. For the sake of efficiency in an environment of scarce resources, the family violence hotline can be integrated with other hotline functions such as suicide prevention.

c. Emergency Transportation to Shelter or Medical Facility. Such transportation should be tightly integrated with the police response to family violence. Examination and medical reports constitute important evidence in family violence legal proceedings. In the context of probable cause, the arresting officer(s) should ensure that the victim has transportation to needed medical attention and, if necessary, to a shelter.

It is not necessary for the police to provide the needed transportation; however, the police should be responsible for ensuring the needed transportation (e.g., an ambulance, vehicle operated by member of the CPT, etc.) is obtained.

d. Victim Support Groups. Such groups are probably best when operated by "grass roots" organizations of volunteers. Such groups can, without the expenditure of large amounts of funds, provide vital emergency and human resources for a wide range of activities including:

- school-based family violence prevention programs
- on-call "allies" much like the sponsors in Alcoholics Anonymous
- on-call transportation of victims and their families to shelters
- peer counselling and support groups for victims and their families.

e. Long-Term Housing and Subsistence. Shelters provide short-term (e.g., 30 days) housing for victims and their families. Long-term housing is needed by victims who, for whatever reason, cannot safely remain in their previous residence.

There are opportunities for the development of creative ways to find or create the needed housing. For example, funding for construction or rehabilitation can be obtained from Federal, state, or local governments, or from philanthropic organizations. The local community college or vocational

school can construct the needed housing. Existing buildings can be modified to serve as housing with significant labor provided by volunteers.

f. Family Counseling. The primary mission of the family violence prevention initiative should be the guarantee of the safety of the victim(s). Only after this mission is assured should family counseling be provided. The elimination of family violence should be a core component of this counseling. Family counseling should never supplant court-ordered treatment for offenders.

g. Interagency Protocol. Active, interagency cooperation and collaboration are critical to the success of family violence prevention initiatives. Most agencies on the reservation should have explicit goals, objectives, and protocols specifying the agency's role in combatting family violence and in supporting victims of family violence. Component 5 deals with the coordination of resources and programs, and expands on this point.

3. Police Procedures and Training: Victim Assistance Protocol

The case studies generally revealed that major changes are needed in the training, roles, goals, procedures, and mission of the police with respect to family violence.

a. Responsibility for Victim Protection. When responding to a family violence complaint or call, the primary mission of the officer (or, preferably, the team of officers) should be the protection of the victim(s). As indicated in Section 1, the protocol should include arrest of the suspected abuser on probable cause as defined in the Tribal Code. The apparent victim should **not** be required to file a complaint. The police officer should be the "point man" with the key responsibility for:

- ensuring the safety of the victim(s)
- arranging for transportation of victims needing medical care or emergency shelter
- collection of evidence
- filing of timely and complete reports as mandated by the Tribal Code
- ensuring that arrangements are made for the victim(s) to receive victim support services.

b. Incident Reporting and Documentation. Proper reporting and documentation will require clear, reasonable, and specific forms and procedures, preferably facilitated by good computer support. The report of a family violence incident should automatically set into action a sequence of events that includes documentation of:

- the date, time, and location of the alleged incident
- the parties involved
- the police officer(s) involved
- the basis of the arrest, if any (i.e., probable cause)
- the method of transportation to medical care, if needed
- the method of transportation to an emergency shelter, if needed
- the victim's assistance "ally" assigned to support the victim(s)
- time alleged perpetrator "booked" and incarcerated
- time of initial hearing
- outcome of initial hearing (e.g., mandated abuser counselling, incarceration pending trial)
- family violence counselor responsible for case or release of victim
- dates and times alleged abuser to attend court-mandated counselling.

Documentation of the complaint should include taking statements from witnesses to the incident, photographs, or other documentation as appropriate.

c. Testimony and Case Follow-up. It was found in each study site that some cases against abusers were dropped because the arresting officers were unavailable at the time of the hearing. This problem can be greatly attenuated by:

- conducting hearings (under the direction of a special family violence hearing officer, if necessary) within 24 hours of the arrest
- making the prevention and control of family violence a high priority among police activities.

Follow-up on complaints of family violence is critical. Generally an abuser does not stop intimidating and abusing the victim(s) as a result of being arrested. In fact the opposite often happens—the abuser becomes frustrated and enraged at being arrested. This rage is displaced onto the victim with a resulting increase in attacks on the victim.

The frustrated and angry abuser does not attack the police or other authority figures; instead the abuser again attacks the victim. In keeping with their mission of protecting the victim(s), the police should systematically follow-up both the alleged victim and abuser. All parties should be aware that additional abuse or intimidation will result in immediate arrest, additional charges, and severe penalties (as specified in the family violence prevention code).

d. Sensitivity Training. At each case study site, more than one informant suggested that the efforts of the police were substantially below the level needed or that the attitude of the police was not supportive of the victim(s) of family violence.

A fundamental change in the attitude, values, and mission of the police is part of the "paradigm shift" needed to successfully combat family violence. Special efforts will be needed to help the police to enthusiastically adopt a protective and supportive orientation toward victims of family violence. The needed training will have a higher probability of success if the tribal leaders adopt a similar stance.

e. Utilization of Women Officers. Several informants observed that most victims of spouse abuse are women, and that few police officers are women. The informants observed that gender disparity might impact on the attitude and actions (or lack of actions) of police with respect to family violence complaints. It was suggested that a male-female officer team might be more effective than either gender alone.

4. Community Education and Involvement

There was a consensus among the informants that without support throughout the tribe or community, family violence prevention initiatives are unlikely to succeed. Six components of community education and involvement emerged from the case studies.

a. Tribal Leaders. Informants suggested that elected tribal leaders, like the police, are sometimes "behind the curve" with respect to family violence—they do not seem to recognize the magnitude of the problem and, consequently, do not provide the leadership needed to produce a "paradigm shift" in the tribe or community.

Some informants observed that tribal leaders, like police, are not immune from committing or being the victims of family violence. Informants stated that it is the responsibility of knowledgeable individuals and groups to educate tribal leaders and to help "energize" elected and appointed leaders into action.

b. School-Based Prevention Programs. Many informants stressed the need to start violence prevention efforts with children, even young children. Such education could begin in pre-school programs such as Head Start. Head Start involves the whole family and includes emotional, social, and physical as well as educational aspects of child development.

Age appropriate educational materials for elementary, middle, and high school students should be developed or adapted for students in the reservation or community. Such materials might include the tribal code, positive traditions, the role of shelters, ways to prevent and respond to family violence.

As with the other intervention components, to achieve success school-based interventions must have the commitment of the stakeholders in the schools including teachers, administrators, students, and parents.

c. Women's Support Groups. Since women are so often victims of family violence, the women in a community have a special incentive to take constructive action to prevent family violence and to support its victims. A good example of a woman's support group is the While Buffalo Calf Woman Society at Rosebud. Such support groups can lobby for any and all of the needed intervention components. As one informant observed, "one woman can be a spark; 10 women working together can be a forest fire." Women's support groups have instigated much of the awareness of the horror of family violence and the need to fashion successful interventions.

This study suggests that successful efforts for the prevention, intervention or reduction of family violence include coordination of diverse components and programs such as social services, health care services (including mental health), judicial system, law enforcement, education system, tribal council, and shelters and/or foster care facilities (privately-owned, and those funded by Federal, state, and tribal governments). If there is a breakdown in the performance of any of these components, prevention and intervention efforts are weakened.

In order for this network of services to accomplish the desired goals, it is critical to have a clarification of roles and responsibilities, communication, and a comprehensive reporting system. The findings show that if these elements are lacking, the support network is ineffective, and victims may experience confusion and are more likely not to seek help.

d. Men's Support Groups. Men's support groups can complement women's support groups. Since most, but not all, abusers are men, men have a special responsibility to combat family violence. Men's groups can advance any and all components of family violence initiatives. In combatting family violence, men can establish positive role models for other men and for boys.

e. Family Support Groups. The first objective of family violence prevention initiatives must always be protection of the victims. All members of the family are harmed when family violence occurs.

When a mother is battered by her spouse, the children are harmed. When one child is abused, any siblings are likewise traumatized. Family support groups should be focused on minimizing the damage of the abuse on all family members—those affected indirectly as well as directly.

Efforts at re-integrating the abuser with the family should be considered only if two conditions are met: 1) the abuser has successfully completed an abuser treatment program, and 2) the remaining family members desire this re-integration.

f. Traditional Values, Roles, and Teachings. Each tribe has traditions and culture elements that are compatible with protection of the tribe, community, or specific groups such as children. These traditional values, roles, and teachings should be invoked in generating and sustaining community involvement in combatting family violence.

5. Coordination of Resources and Programs

a. Interagency Family Violence Intervention Initiative. Because family violence tends to be a taboo subject, individuals and groups avoid discussion of family violence and fail to directly and explicitly address the problem. The chances of success of an intervention program will be greatly enhanced if every relevant program explicitly focuses on the problem. This focus should include a re-examination of the mission, goals, and objectives of each program with respect to preventing and reducing family violence. Each program should develop protocols to guide program staff in dealing with victims, abusers, and other programs and agencies. Each program should examine its role and responsibilities with respect to each of the eight family violence intervention components discussed in this study.

Developing and maintaining protocols for dealing with family violence and for cooperating with other programs will be critical to the success of a family violence intervention.

The case studies revealed that many programs already include some components designed to detect, treat or refer one or more types of family violence; however, the efforts of individual programs are seldom well coordinated with other programs, and victims often "fall between the cracks."

A few examples of programs listed in section 5 of Table 3 are instructive. The performance standards for the Head Start Program mandate that each child be examined each day for evidence of physical injury (e.g., serious abrasions, cuts, bruises, joint dislocations). Such injuries might have

any number of causes such as accidents or battering. If evidence of injury is discovered, Head Start staff are supposed to inform the appropriate social service agency (e.g., child protection team).

The Head Start performance standards are excellent; nevertheless, Head Start could employ a number of additional activities to enhance its impact on family violence. For example, the issue of family violence could be explicitly addressed in the goals and objectives of the national program, in training offered by the Regional Resource Centers, and in the materials provided to the grantee parent committees.

A second example is the Community Health Representative (CHR) Program. These programs could develop protocols for case finding and case follow-up at the local, tribal, and national levels. Working closely with Service Unit medical staff and the police, the CHR could provide follow-up support to victims of family violence by making home visits and by helping the victim to learn about and to use other victim support services. Often, the victim of family violence is confused and immobilized by the experience. This confusion and immobilization when added to financial and other dependence on the abuser, makes it difficult for the victim to act on the advice offered in a single encounter (e.g., with medical staff at the Service Unit). In providing follow-up support, the CHR can meet with the victim repeatedly over a period of time to provide the support the victim needs to overcome the confusion and immobilization caused by the abuse.

It is important to note that the two programs discussed in this section on "Coordination of resources and programs" (Head Start and CHR) are only examples. Similar examples could be developed for each of the programs listed in section 5 of Table 3. The case study data suggests that a family violence prevention initiative should involve the active cooperation of all the programs listed in section 3.

The various components of the family violence initiative must improve their liaison with other organizations explicitly with respect to family violence. For example, training, resources, and cooperative protocols could be shared with the local IHS Service Unit, the tribal alcohol and substance abuse program, and the tribal IHS program. All these programs share a health promotion and disease prevention approach and the prevention of family violence is, or should be, a direct or collateral objective. Nevertheless, active planning, cooperation, and collaboration among these programs are rare. The lack of cooperative planning and collaboration is not restricted to the programs named. What is needed is commitment by leaders from the tribe, IHS, BIA, and other programs to foster cooperation and collaboration with respect to specific program goals. The leaders' commitment must be supported by corresponding changes in such things as 1) the performance

review criteria for program managers to reflect active cooperation in the family violence prevention activities, and 2) the allocation of program resources. Finally, care must be taken to ensure that the lines of responsibility are not blurred, that the efforts to increase cooperation do not result in diffusion of responsibility. To this end, each program should develop clear, explicit, and measurable objectives so that its performance in the area of family violence can be validly evaluated.

6. Information Tracking System

Some data relevant to family violence exist in many different information systems; however, the data in these information systems are generally difficult to access, even for the personnel of the agency controlling the system. It is almost impossible for staff of other organizations to access an agency's data. This lack of information sharing can lead to catastrophic consequences for victims of family violence. For example, if a woman seeks treatment from an IHS clinic for injuries received at the hands of a batterer-spouse, the police (tribal, BIA, or other) may or may not be notified. If the police are notified, it is unlikely that they will receive a standard spouse abuse report. It is almost certain that the police will not receive an electronic communication that sets into action a quick response designed to protect the victim (and others in the family) from future battering or worse. If the police do receive notification of the incident, it is almost certain that they will lack an information system that permits them to quickly determine if the batterer has a history of such offenses.

It is similarly unlikely that other agencies will be automatically informed of the incident. Head Start and school officials will not be alerted to increase their vigilance with respect to the children in the batterer's household. Tribal or BIA social service staff will not be alerted to put into play a victim support protocol—both because these agencies will not be informed and because they lack explicit victim support protocols.

Assume that the abuser in this scenario is an alcoholic and attends, with some regularity, counselling sessions at the tribal Alcohol and Substance Abuse Program. Will the program counsellors be informed? No! If they were informed, would they have a protocol to guide their working with the batterer? No! Are we likely to see a decrease in family violence without such protocols and information sharing? No!

a. Uniform Inter-Agency Information System. Such a system would be greatly facilitated if the many relevant agencies had a shared capability such as electronic mail (E-mail). Agency staff with access to a personal computer on a local area network (LAN) could send and receive E-mail from their own LAN to other LANs by means of bridges or routers (PCs that interconnect LANs). The technology

for the LANs, E-mail, and routers has been available for several years. However, it is not necessary to design and implement such a system to support the needed interagency information system. Such a system can be developed using:

- specially designed paper forms
- faxes
- telephones
- explicit protocols.

For example, consider the following scenario. A 24 year old woman is seen at the Service Unit clinic. She has not come to the emergency room, but complains of chest pain and coughing up blood. The physical examination reveals hairline fractures of her ribs, serious contusions about her ribcage and right eye. Given the patient's vague explanation of the cause of her injury, the examining physician follows the "battered patient" protocol and, in accordance with the family violence training he/she has received, the physician:

1. provides support and reassurance to the patient
2. completes the examination in accordance with the protocol taking care that the results of the examination can be used in court
3. ensures that the patient, who has admitted that she was battered by her spouse, is accompanied by a staff member trained in the support of victims of family violence.

Before the patient has left the hospital, the police, social service, family prevention team, and other groups have been informed. The police arrests the alleged batterer on probable cause, and the victim receives on-going support from an "ally" trained in supporting battered spouses. A core set of data such as the name, addresses, and telephone numbers of the victim(s) and alleged abuser(s), date of the incident(s), description of the injuries, and the names of agency staff assigned to the case will greatly facilitate implementing family violence initiatives.

b. Assign Responsibility for Maintenance. For the information tracking system to work, some agency should assume responsibility for the maintenance of the data. Given their critical role in preventing family violence (the police officer is often the first person on the scene), the police are a good candidate for this responsibility.

Furthermore, it is important for the police to know if the alleged abuser has previously been arrested for committing acts of family violence so that this information is available to the court when the hearing is conducted. It is important for a batterer or potential batterer to know that the police and

other authorities will know his/her prior history of abuse, and that this prior history will have a profound impact on his/her hearing.

c. Regular Reporting Requirements by Agency. Reporting requirements become meaningful once each relevant agency establishes goals and objectives regarding the prevention and reduction of family violence, and has developed corresponding protocols. In developing or enhancing the family violence prevention program, each agency should specify the actions, events, and activities to be reported. For example, the Tribal Health Department might report the:

- number of cases "discovered" or "found" in the tribal clinic,
- the number of cases reported or referred to the program by other programs (e.g., tribal police, CHR Program, Head Start, etc.),
- the disposition of both types of cases (e.g., abuser arrested, family moved to a safe house).

These reports should be shared with selected other groups (e.g., Family Violence Prevention Team, Tribal Council) as well as the appropriate line of authority.

d. Track Victims. The purpose of this component of the family violence tracking system is to help ensure that the victim does not "fall between the cracks" of the safety and support net. Some "double checking" should occur. For example, when the police made an arrest for probable cause, an ally (a lay person training in supporting victims of family violence) should be assigned to the case. In addition, reports and data requests should be made to the other relevant agencies (e.g., IHS Service Unit, CHR Program, tribal Social Service Program). Someone (perhaps a CHR or the ally) should be charged with the responsibility of following up with the various agencies involved to ensure that the appropriate follow-up has been initiated and the specified steps are being carried out.

Of course, to ensure the safety of the victim(s), it is imperative that the abuser not gain access to information about the victim(s). The safety of the victim(s) must be of paramount importance in all aspects of family violence prevention initiatives.

e. Track Abusers. It is important that abusers understand that **any** efforts to further harass, intimidate or abuse the victim(s) will be quickly discovered and will result in immediate re-arrest and detention. Tracking and monitoring known abusers should be proactive rather than reactive. For example, either a police officer or a case worker should physically meet with the abuser on no less than a weekly basis. The follow-up should include confirmation that the abuser is participating in good

faith in the court-ordered treatment program. It is important that the abuser understand that the tribe or community has an on-going interest in the safety of the victim(s).

f. Resource List. The resource list is an important component of the family violence information tracking system. The case studies revealed that some informants were often unaware of the availability of various resources. The availability of resources should be published periodically, and lists of resources should be maintained and updated by all relevant agencies. For example, all the programs should maintain a list of shelters and other agencies that support victims of violence. More importantly, the family violence prevention protocol for each agency should specify which other agencies should be contacted, who should be contacted, and how the information should be conveyed.

The resource list should include a list of allies (lay or other persons trained in supporting victims of family violence) that can be called on a 24-hour basis to support victims.

7. Special Training Initiatives

The staff of most agencies do not know how to deal effectively with either victims or abusers. The need for training in the area of family violence in many ways parallels the need for training in the area of alcoholism and substance abuse. While the staff of each relevant agency should receive the needed training, the training needs of three groups were especially clear in the case studies: the police, IHS medical staff, and allies.

a. Police Training. As previously stated, the police officer is often the first authority on the scene during or after an incident of family violence. The actions of untrained police can easily and greatly exacerbate the problem.

The police officer needs to have a protocol specifying steps to be taken when confronting family violence. In addition, the police need to receive training in using the protocol, training provided by experienced experts in family violence prevention. Key elements of the training for police include:

- use of role playing
- the primacy of the goal of protecting the victim(s)
- ensuring support for the victim(s)
- collecting evidence required by the court
- providing the testimony needed by the court

- data reporting requirements
- interagency cooperation and coordination.

b. Medical Staff (IHS or Tribal). While medical staff often do a good job of treating the injuries of a victim of family violence, they often do a poor job in 1) identifying family violence as a cause of injuries, 2) making the appropriate referrals for victims, 3) providing the appropriate follow-up care, 4) obtaining the type of evidence needed by courts in the prosecution of abusers, and 5) in providing the expert testimony needed by the court. Medical staff need training by experienced experts in all these areas.

The medical staff training should incorporate the recognition, crisis intervention, and referral requirements of the Joint Commission for Accreditation of Health Organizations (JCAHO) as well as the Diagnostic and Treatment Guidelines on Domestic Violence developed by the American Medical Association.

Each Service Unit should have a physician trained in conducting special examinations needed for victims of rape and child sexual abuse. In addition, medical staff should receive special training on providing emotional support designed to minimize the psychological trauma associated with such assaults.

The IHS needs to work with the police and an interagency family violence prevention task force to develop a core data set and a reporting system so that issues of confidentiality do not prevent the flow of information needed to protect the victim(s) and to prosecute the persons who commit violence against the members of their family.

c. Ally Training. Victims of family violence need someone they can confide in and seek support from. Organizations like Alcoholics Anonymous have developed a similar role—the sponsor. The sponsor is a person the alcoholic can call any time, any day, when he feels he is tempted to "fall off the wagon." Victims of family violence need and deserve no less of a support system. Like the sponsor, an ally should be able to respond to the victim any time, any day, should the victim feel he/she is being threatened, stalked, or intimidated by the abuser. Also like the sponsor, the ally can be a lay person who has received special training; successful experience in dealing with an abuser would be helpful, and training to become an ally could be a valuable part of the healing process for victims of family violence.

8. Abuser Treatment Protocol

Surprisingly, abusers receive little or no treatment. Generally abusers deny committing family violence, police often fail to arrest the abuser and, if arrested, the courts often fail to successfully prosecute the abuser. Even if arrested, convicted, and sentenced to participate in therapy, abusers often terminate treatment without sanction or any follow-up by the authorities.

Even if the abuser does participate in some type of treatment, the therapists have little training in the treatment of batterers, rapists, or pederasts. If family violence is to be prevented and decreased, all this must be changed—convicted abusers should be sentenced to treatment in lieu of incarceration. The therapists must be given documentation about the violence committed so that the abuser's denial can be confronted. The abuser's active participation in treatment should be routinely reported so that the abuser's failure to participate results in certain incarceration.

a. Adoption of Successful Programs. Working closely with other organizations involved in the family violence prevention initiatives (e.g., police, courts, women's shelters), the IHS should develop abuser treatment programs modeled after similar successful programs. The IHS Mental Health and Alcohol/ Substance Abuse Programs should collaborate in this effort.

b. Regular Use of and Contribution to a Family Violence Tracking System. Almost always perpetrators of family violence deny any wrong doing. Such denials are made publicly despite overwhelming evidence. Therefore, it is important that therapists have access to relevant portions of court proceedings, medical examinations of the victim(s), and other material in order to be able to confront false denials by abusers in treatment. Conversely, it is important for the therapist to promptly inform the court should a convicted abuser terminate treatment or to completely refuse to cooperate in the treatment program.

Therapists providing treatment to abusers should successfully complete training for dealing with both victims and perpetrators of family violence such as Project Medicine Wheel and the Duluth Model for Batterer Treatment.

C. Summary of Individual Case Studies

Attachments 1-4 present the individual reports for the four case study sites. This section summarizes some of the information in each report. The sites are presented in alphabetical order.

SITE 1: The Confederated Tribes of Warm Springs. Located in north central Oregon, the Warm Springs Reservation covers an area of over 600,000 acres and is bound on the east by the Deschutes River and on the west by the Cascade Mountains. The reservation was formed by the Treaty of 1855 and is home to Wascos and Sahaptin speaking bands of the Upper and Lower Deschutes, Warm Springs, and Paiute Tribes. They are collectively referred to as the Confederated Tribes of Warm Springs. There are approximately 3,384 enrolled members, and 80-85 percent reside on the reservation.

The majority of informants indicated that general and family violence are both perceived to be significant problems in Warm Springs and occur at about the same rate. Citing the specific types of violence, the majority of informants indicated that both wife abuse, and child sexual abuse were big problems, followed closely by child abuse. Elder abuse was also cited as a problem although on a smaller scale. Figure 3 presents the most commonly reported types of family violence.

Programs and resources available to the Warm Springs Reservation were judged by informants as average to excellent; however, access to those resources is somewhat limited. The most frequently used resources are the Tribal Victims Assistance Program, Family Preservation Program, and community counseling. Shelters are located off the reservation, with transportation and funding provided through the Victims Assistance Program. Cultural isolation was cited as a problem in placing victims and their families in shelters off the reservation. Informants also cited problems with the court, investigative procedures, sentencing, and treatment for perpetrators.

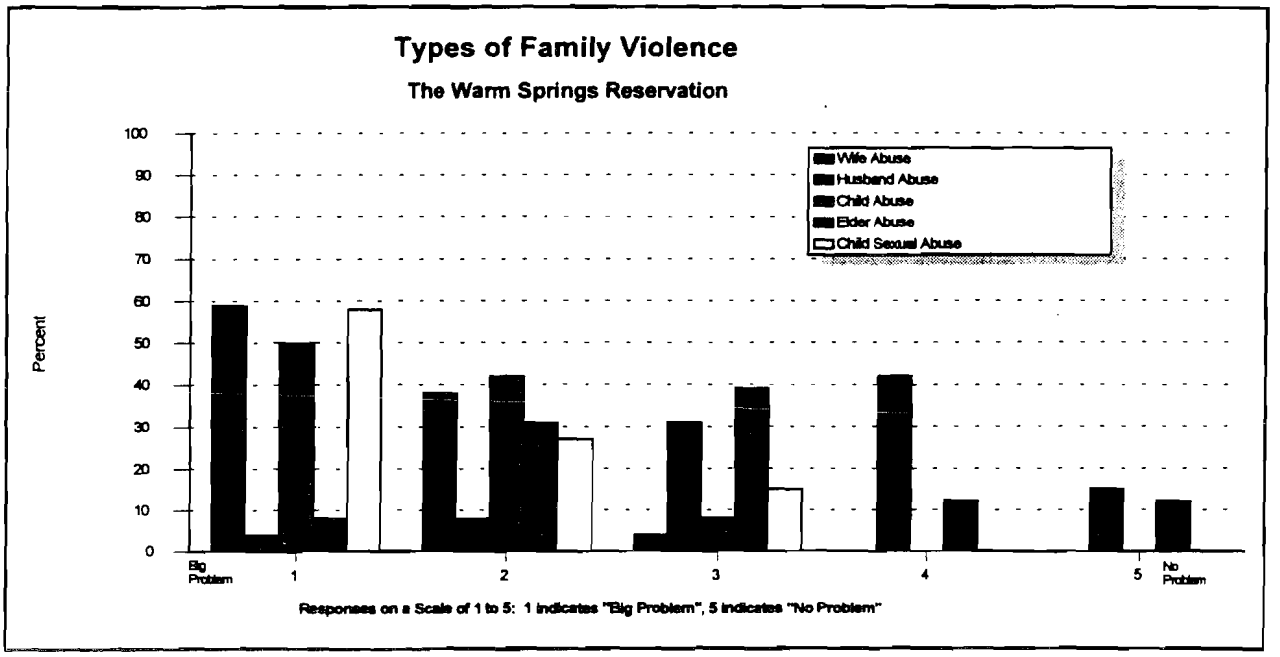


Figure 3. Types of Family Violence, Warm Springs Reservation

Major recommendations from the Warm Springs informants included: 1) education and training for the law enforcement division and physicians, 2) community outreach and networking of programs and organizations, 3) school-based programs for early intervention, 4) modification of judicial services with treatment and rehabilitation provided for perpetrators, and harsher sentences for repeat offenders, 5) coordination of services, and 6) counseling, case management, and follow-up.

SITE 2: Eastern Band of Cherokee. Located in western North Carolina, the Cherokee Reservation is chartered by the state of North Carolina, and is federally recognized. The reservation comprises 56,573 acres. Currently there are 10,320 enrolled members, 66 percent of whom live on the reservation.

The majority of informants did not rate family violence as a big problem on the Cherokee Reservation. The most commonly reported types of family violence were child sexual abuse, followed by wife abuse, and child abuse (see Figure 4).

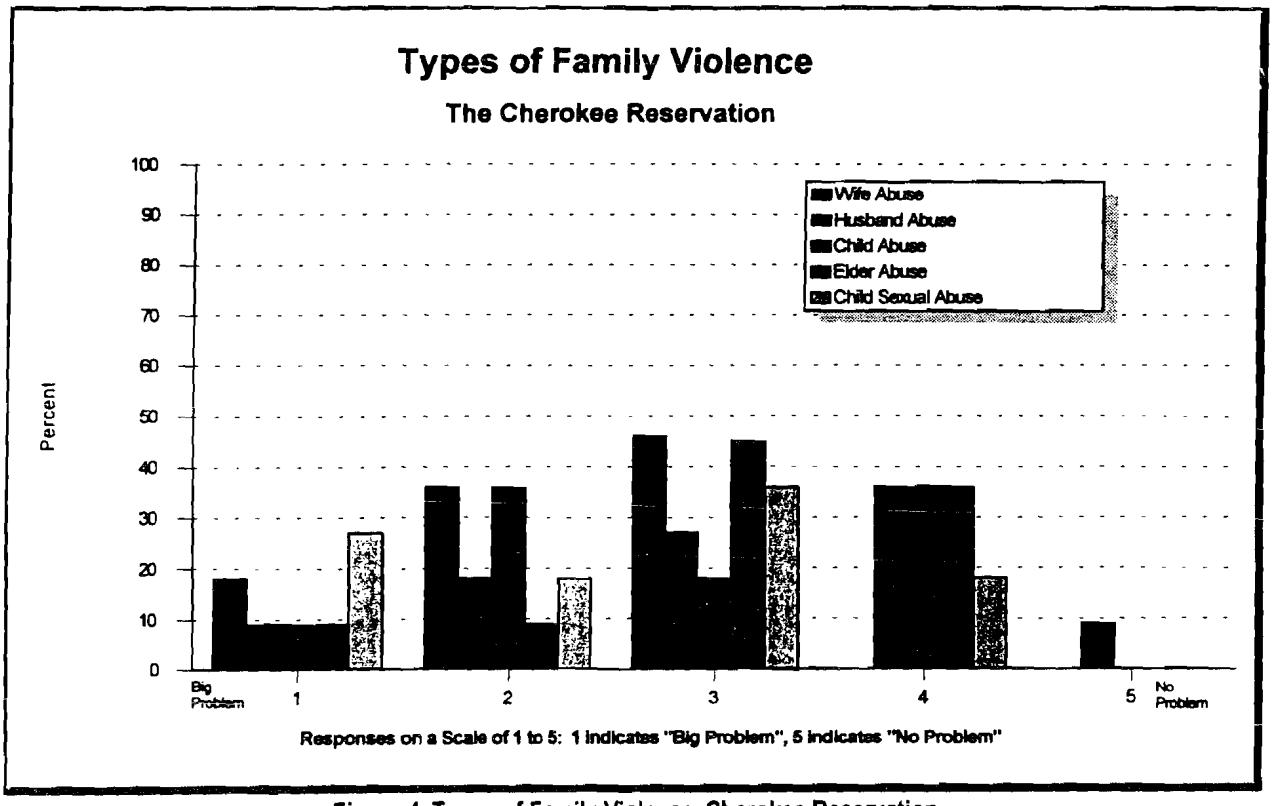


Figure 4. Types of Family Violence, Cherokee Reservation

Most of the programs and services designed for victims of family violence focus on crisis intervention. The two most frequently used programs were the SAFE shelter located in Bryson City,

North Carolina serving both the Cherokee Reservation and Swain County, and the Children's Home, which is located on the reservation. All informants stated there is a need for prevention programs which focus on education and awareness training for the community, and the K-12 school system.

The informants indicated that major obstacles in addressing family violence include 1) denial by the community, 2) acceptance of violent acts as "normal" behavior (this dynamic is reinforced when young children experience abuse as well as witness a parent and/or sibling being abused), and 3) law enforcement personnel who are viewed as being ineffective with respect to family violence.

SITE 3: Navajo Nation. The Navajo Nation is the largest reservation in the United States. It consists of 26,000 square miles, and spans sections of four states. There are approximately 200,000 members of the Navajo Nation. According to the 1990 census, 151,000 members live on the reservation, and the remainder reside in the border areas of the reservation.

The majority of informants indicated that both general violence and family violence are big problems on the reservation. Tribal Resolutions state that "domestic violence is occurring on the Navajo Nation in epidemic proportions. Many Navajo persons are beaten, harassed, threatened or otherwise subjected to abuse within the domestic setting..." Figure 5 shows the most commonly reported categories of family violence on the reservation are wife abuse, child abuse, and child sexual abuse. Elder abuse was also reported as a problem, primarily through "dumping" and neglect.

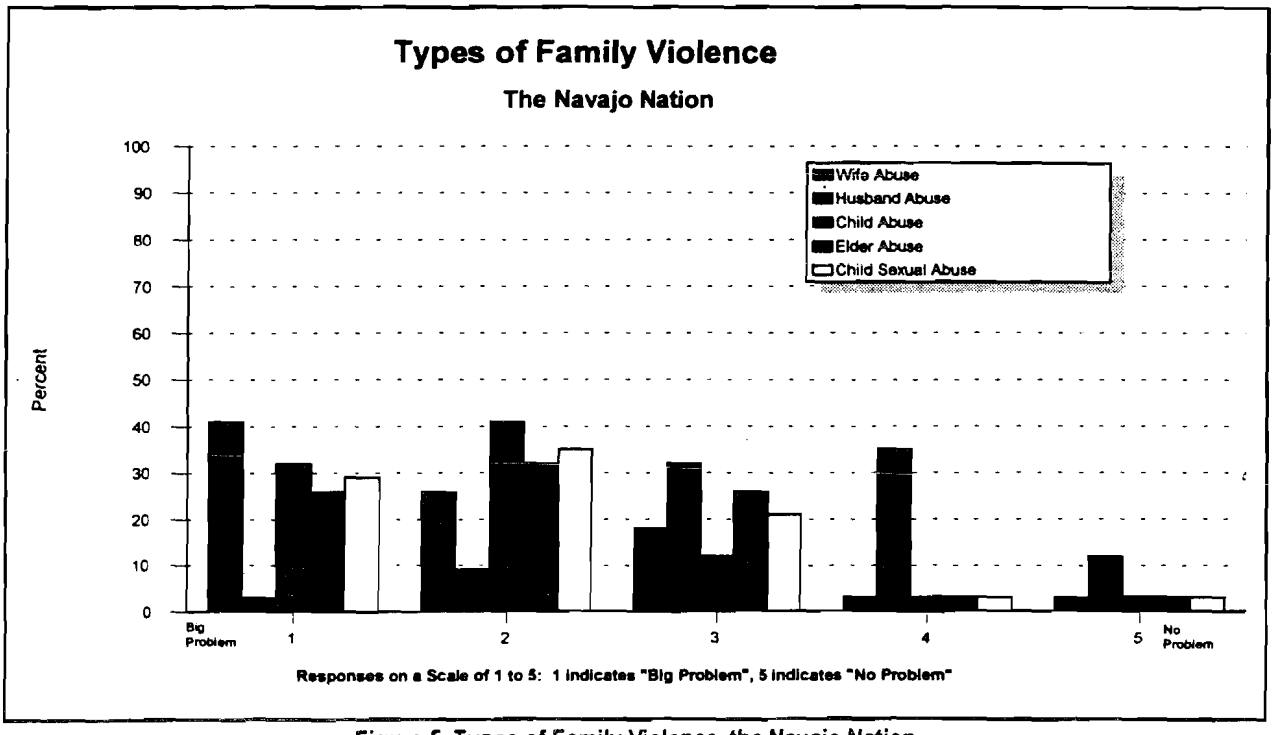


Figure 5. Types of Family Violence, the Navajo Nation

A number of informants indicated that there are two commonly practiced behaviors that impede efforts for the prevention/intervention of family violence on the Navajo Nation. They are 1) denial of the problem, and 2) the belief that the victim "probably deserved" the violent act by the perpetrator. In addition, members of the law enforcement division are viewed by many Navajos as being ineffective in resolving domestic disputes and violence.

There are a variety of programs and services available to the Navajo victims of family violence. For example, there are three shelters on the reservation, and additional shelters located off the reservation; crisis centers and treatment programs exist; legal services are provided through a private legal services program; and counseling is available for male and female groups. Despite this variety of services, there is need for additional programs and resources. The vastness of the reservation, and isolation of many people make access to services difficult.

In July 1993, the Navajo Nation enacted the Domestic Abuse Protection Act. This Act states that domestic violence is a crime, specifies that protection is to be provided for all populations (i.e., children, adults, elders, disabled persons), outlines services for victims, and specifies penalties for perpetrators. Major recommendations from the Navajo informants included 1) education/training (in-service training, school-based programs, community-based programs, alcohol and substance abuse treatment programs, etc.), 2) strengthen law enforcement efforts, 3) coordination of program and agencies, 4) develop reporting systems, and 5) return to traditional values.

SITE 4: Rosebud Sioux Reservation. Located in south central South Dakota, the Rosebud Reservation is 200 miles from any major city in any direction. The population of the reservation is 13,050, with an additional 1,722 living adjacent to the reservation. The unemployment rate was reported to be 89 percent.

The majority of the informants indicated that both general violence and family violence are big problems on the reservation. As shown in Figure 6, the most commonly reported categories of domestic violence included child abuse, wife abuse, child sexual abuse.

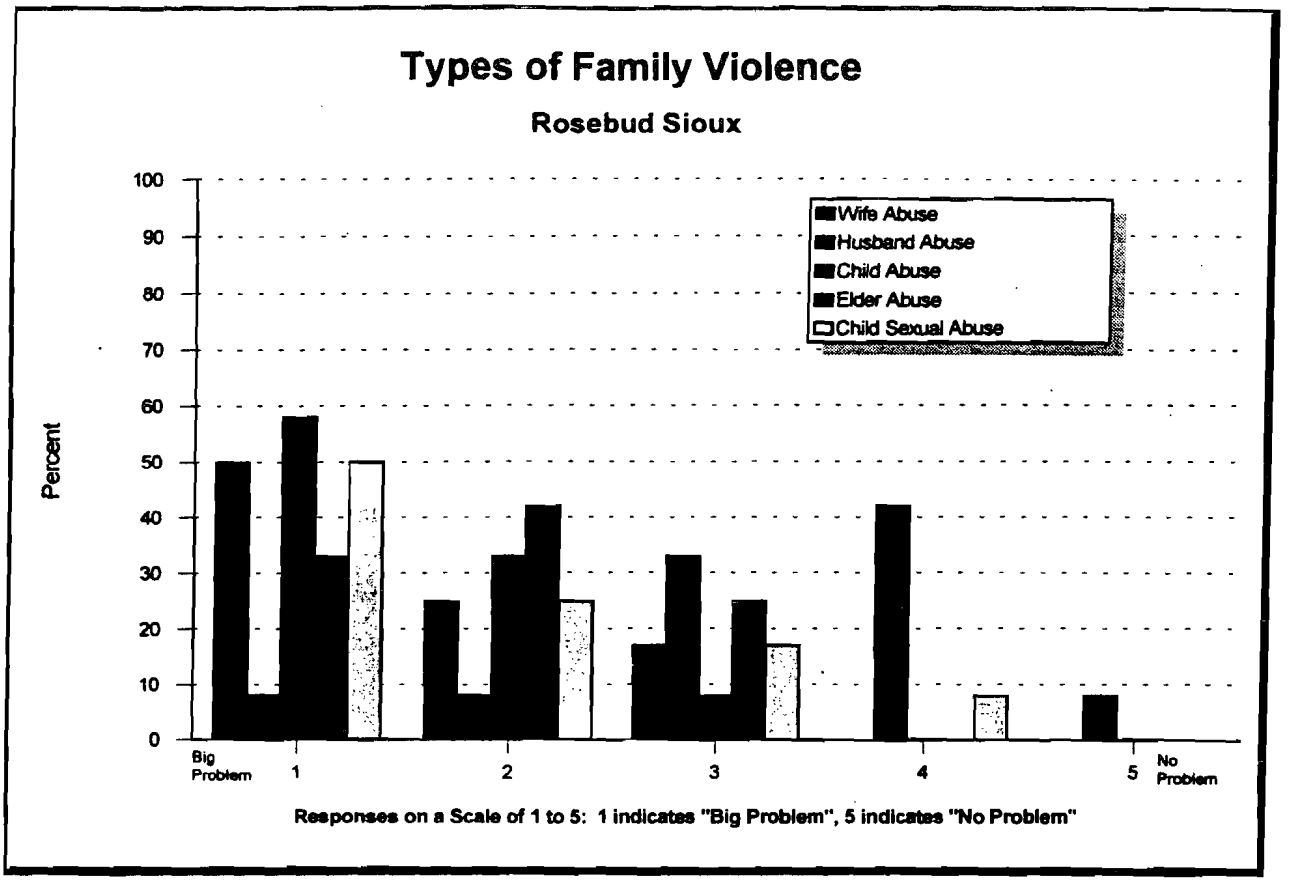


Figure 6. Types of Family Violence, Rosebud Sioux Reservation

There are shelters and family crisis programs and services available to members of the Rosebud Reservation; the majority of these facilities are privately owned. In addition, there is an interdisciplinary Child Protection Team in place. Most informants indicated there is a critical need for additional programs and efforts to prevent family violence, and that there is widespread community acceptance of violence, both in the home and in the community. Many people were said to be quick to rationalize bad behavior. For example, if a man beat his wife, many reservation residents would conclude that the wife probably deserved it. Most informants indicated that changing this acceptance of family violence would be a major milestone in preventing violence.

Other informants indicated that family violence issues are not likely to be resolved until the roots of the problem are addressed. They further indicated that poverty, high unemployment rate, loss of tribal identity, and discrimination influenced the level of family violence.

Recommendations for the prevention of family violence include: 1) training/education involving community awareness campaigns, K-12 school programs, men's support groups, teen/youth

programs, preferably conducted by culturally sensitive counselors; 2) coordination of agencies and services including clarification of roles and responsibilities, improved communication, and coordinated reporting and follow-up by the primary agencies; 3) youth programs and services incorporating cultural awareness exercises; and, 4) returning to traditional values utilizing intergenerational sharing of values, and support from community leaders.

D. Barriers to Addressing Family Violence

1. Denial of the Problem

Virtually all forms of family violence were taboo subjects in each of the four study sites. Informants rated that 20 years ago, drinking and alcoholism were taboo subjects in Indian communities. Only after persistent efforts have members of the community become able to discuss the problem publicly. Similar efforts will be required to make it possible to publicly acknowledge and combat family violence.

2. Rationalizing Violent Behavior

"Blaming the victim" was said to commonly occur at each study site. There is a common view in the reservation communities that if a woman or child is battered, they probably deserved it. The success of family violence prevention depends on replacing these views with views that family violence is illegal and wrong.

3. Treatment for Perpetrators

The informants reported that most batterers and abusers do not receive adequate treatment, and they receive virtually no follow-up care. Until perpetrators of family violence 1) are acknowledged by the community as violators of the community laws and standards, 2) are incarcerated for abusing family members, and 3) receive treatment designed to change their attitudes, values, and behavior, little progress in preventing family violence is likely to occur.

4. Conflicting Loyalties

Tribal members, tribal employees, court personnel, law enforcement officers, and other community service workers often know or are related to the perpetrators as well as the victims. Tribal members are often reluctant to testify or speak out against a member of their family, or a friend of the family.

Some of this reluctance can be overcome by the community committing to the protection of victims of family violence by implementing a family violence prevention code. If this code is developed in conjunction with standard procedures such as arrest for probable cause, the reluctance to testify against relatives can be mitigated.

5. Lack of Positive Role Models

Children are often lacking positive role models and father figures. The head of many households are often women. This situation has been occurring for several generations in some families. In some cases, both parents may be affected by alcohol or substance abuse, and younger children in the household are made responsible for siblings.

IV. RECOMMENDATIONS

Based on the study results, nine recommendations are proposed.

1. Redirection of Priorities and Resources

In the context of the rationed health care provided by the IHS, most studies seem to conclude that additional resources are needed to achieve the desired end. This study is no exception—it is clear that additional resources are needed to enhance efforts to prevent family violence. As important as more resources is the need for a recognition of the scope of the problem and of the damage created by family violence. All parties involved, the tribes, IHS, BIA, states, and counties must focus on the problem, and make the prevention of family violence a priority.

2. Education/Training

In-Service Training. Special training for "front-line" agencies and programs (e.g., police officers, IHS, medical staff, judicial services, social services, mental health, counseling, etc.) is needed. This should include interdisciplinary training, and focus on the roles and responsibilities of all agencies and parties involved. The need for cooperation among all agencies and personnel should be stressed. Specialized training for physicians is needed in conducting medical examinations of abuse victims, as well as legal protocol in testifying as an expert witness in abuse cases.

School-Based Programs. Early intervention programs designed for the K-12 school system should be implemented. The program should focus on issues related to family violence (e.g., identification, behaviors, prevention, and resources for dealing with the problem).

3. Community-Based Programs

Alcohol and Substance Abuse Treatment Programs. Programs focusing on treatment for alcohol and substance abuse should include, as a key component, initiatives to prevent family violence. Alcohol was cited as a factor in cases of family violence in each study site.

Parenting Programs. Parenting skills are needed by teen parents, as well as by older parents. Parenting programs can be offered in the schools as well as through other supporting organizations and shelters. The programs can offer support groups, provide a valuable referral service to other resources, and address other forms of family violence in addition to child abuse and neglect.

Family Services. Often programs focus treatment efforts toward one family member in a specific age group. Working within the framework, the program only treats this one individual who subsequently returns or is returned (in case of a minor) to a dysfunctional environment. By working with the family, dynamics within the family can be altered and the cycles of violent behavior can be broken. Follow-up procedures are a critical part of this process.

4. Coordination of Programs/Services

Reservations often have a diverse mix of tribal, Federal, state, and county programs, each with its own guidelines, procedures, protocols, and jurisdiction. Multiple and conflicting protocols and procedures cause confusion for victims of family violence. Often this confusion will result in the victims not seeking or obtaining the needed help. In addition, victims often become second priority, while the conflicts involving jurisdiction and responsibility are resolved.

There is a need to develop 1) an agreement on the division of labor, roles, and responsibility, 2) a coordination plan that is reflected in a reporting system, and 3) reporting and evaluation procedures.

5. Reporting Systems

Each of the various agencies (tribal, Federal, state, and county) with programs addressing family violence maintains some level of reporting. Often these systems are agency- division-specific, and

do not include a tracking system for follow-up activities. There is a need for an accurate reporting system that integrates the various records maintained by each agency or program.

Reporting procedures should be comprehensive and clearly presented in written form to all employees who are likely to encounter family violence. Often the procedures are vaguely understood, or understood, but not written. Staff should be familiar with issues of confidentiality, maintaining patient records, and reporting.

6. Law Enforcement

In-service training is needed for law enforcement staff. Across all study sites, informants reported that law enforcement was the "weak link" in the network of agencies addressing family violence. Appropriate modification of the tribal code, development of family violence prevention procedures, and in-service training for the police should enable police officers to assume active leadership in the protection of victims.

V. CONCLUSION

Every day on some reservation, a batterer known to the community continues to commit acts of violence without being arrested or even detained and questioned. It is as if the abusers were invisible, as if battering a family member were an activity acceptable to the community.

To paraphrase one of the informants: A growing number of voices are saying that family violence cannot be allowed to continue. These voices demand that every person of decency join the chorus, and work to eliminate family violence from our communities. Tribal communities must be willing to undergo self-examination, examining which community behaviors perpetrate the violence against women and children. This social change process is critical to the survival of tribal cultures throughout Indian country.

INDEX

ATTACHMENT 1

CONFEDERATED TRIBES OF WARM SPRINGS
CASE STUDY REPORT

A CASE STUDY OF FAMILY VIOLENCE IN FOUR NATIVE AMERICAN COMMUNITIES

CONFEDERATED TRIBES OF WARM SPRINGS

I. INTRODUCTION

Support Services International, Inc. (SSI) under contract with the Indian Health Service (IHS) conducted a case study on family violence on American Indian reservations. As part of the study, case study site visits were conducted to four geographically and culturally diverse Indian communities. The sites included the Rosebud Sioux Tribe, the Confederated Tribes of Warm Springs, the Navajo Nation, and the Eastern Band of Cherokee.

The purpose of the site visits was to collect primary and secondary data concerning 1) the prevalence of family violence, 2) the factors perceived to influence family violence, and 3) the intervention/prevention measures in place and/or under consideration. Secondary data were obtained from tribal programs, the IHS, the Bureau of Indian Affairs (BIA), state and other programs.

This case study report is a summary of the site visit conducted at the Confederated Tribes of Warm Springs Reservation. It is important to note that while no single reservation or community is representative of any other, the results of this site visit should be of value as a case study of family violence in American Indian communities.

II. METHOD

The four case study sites were selected using the following criteria: 1) geographic and cultural diversity, 2) willingness of the tribe to participate in the study, and 3) availability of relevant data.

Once the tribe agreed to participate, a point of contact was established. Through a joint effort a site visit protocol and itinerary were developed for on-site data collection.

Data were collected through 1) unstructured interviews with key informants including representatives from tribal, Federal, state, and other programs, and 2) review of secondary data sources. A discussion of each data source is presented below.

A. Unstructured Interviews of Key Informants

Representatives from tribal and other programs focusing on family violence (e.g., social services, mental health, judicial, law enforcement, medical, and the education systems) were interviewed. Unstructured interviews were conducted with 37 key informants:

- Ramona Baez, Program Coordinator, Victims Assistance Program
- Mary Cicola, Juvenile Officer
- Judith Charley, Director, Community Health Promotion, Human Services
- Corey Clements, Juvenile Investigator, Warm Springs Police Department
- Don Courtney, Chief of Police
- Gerald Danzuka, Associate Judge, Tribal Court
- Anita Davis, Health Educator
- Shawn Gaddy, R.N., Health & Human Services
- Jon Grant, Director, Child Protection Team
- Daisy Ike, Juvenile Coordinator
- Leona Ike, Supervisor, Parole and Probation, Tribal Court
- Tyrone Ike, Public Defender/Legal Advocate, Human Services
- Bob Jackson, BIA Social Worker
- Barbara Jim, Court Clerk
- Foster J. Kalana, Juvenile Probation Officer, Parole & Probation, Tribal Court
- Walter Langnese III, Associate Judge, Tribal Court
- Onte Lumpmonth, Nursing Supervisor
- Mark Matthews, Prosecutor, Tribal Public Safety
- Adeline Miller, Community Health Representative
- Alexandria S. Miller, Warm Springs Police Department
- Saraphina M. Morning Owl, Victims Assistance Adult Advocate
- Nancy Puente, Children's Treatment Coordinator, Community Counseling
- Jim Quaid, Community Counseling
- Julie Quaid, Director, Early Childhood Education
- Kermen Smith, BIA Criminal Investigator
- Cerinna Sohappy, Health Educator
- Lola Sohappy, Chief Judge

- Marcia Soliz, Director, Pre-Employment Programs
- Rick Soures, Assistant Prosecutor
- Carol Stevens, Extension Intern, OSU
- Laura Switzler, Volunteer, Victims Assistance Program
- Charles Tailfeathers, Juvenile Coordinator
- Oswald Tias, Captain, Warm Springs Police Department
- Patty Tulee, Victim Assistance Program
- Henry Walden, IPA, Health Educator, Human Services Department
- Carol Wewa, Health Educator
- Carolyn E. Wewa, Community Health Information Specialist
- Wilson Wewa, Senior Program Representative

Discussions with key informants, ranging from 50 to 90 minutes, were conducted over a 4-day period in November 15-19, 1993. With exception of the Health Educator, each informant was interviewed separately by contractor (SSI) staff. After the interviews were completed, a summary of the information was reported. The summaries were reviewed with the point of contact to obtain comments regarding any errors or omissions. Finally, the draft case study report was submitted to the tribal contact for review and feedback. This document reflects the feedback and information from the tribal reviewers.

B. Sources of Secondary Data

The following documents were collected and reviewed:

- List of Statewide Network of Resources for Battered Women
- Victims Assistance Program Brochure and Description
- Warm Springs Tribal Code, Chapter 362, Conservators and Guardians, Chapters 331 and 202, Restraining Orders and Injunctions, Chapter 360, Juveniles, Part 3: Appearances, 3-1, Eligibility to Practice, Part 2: Judges, Part 4: Preliminary Matters, 4-8 Service of Incapacitated Persons, Section 5-9. Temporary Restraining Order, Section 5-12A. TRO-Abuse Prevention Act ORS 107.700, Section 6-23A. Community Service Work Hours, Part 8: Civil Actions, Sections 8-26 (regarding Guardians and Custody/Placement)
- Western Oregon Service Unit, Local Child Protection Team Policy

III. Tribal Profile

The Warm Springs Reservation was formed by The Treaty of 1855 and became the home to Wascos and Sahaptin speaking bands of the Upper and Lower Deschutes. At a later period, Paiute prisoners of war and their families were forcibly moved by the military to the Warm Springs Reservation. The reservation is currently home to the Warm Springs, Wasco, and Paiute Tribes. They are collectively referred to as the Confederated Tribes of Warm Springs, and are commonly referred to as the "Warm Springs Tribe."

Located in north central Oregon, the reservation covers an area of over 600,000 acres bound on the east by the Deschutes River and on the west by the Cascade Mountains. Figure 1 presents a map of the reservation.

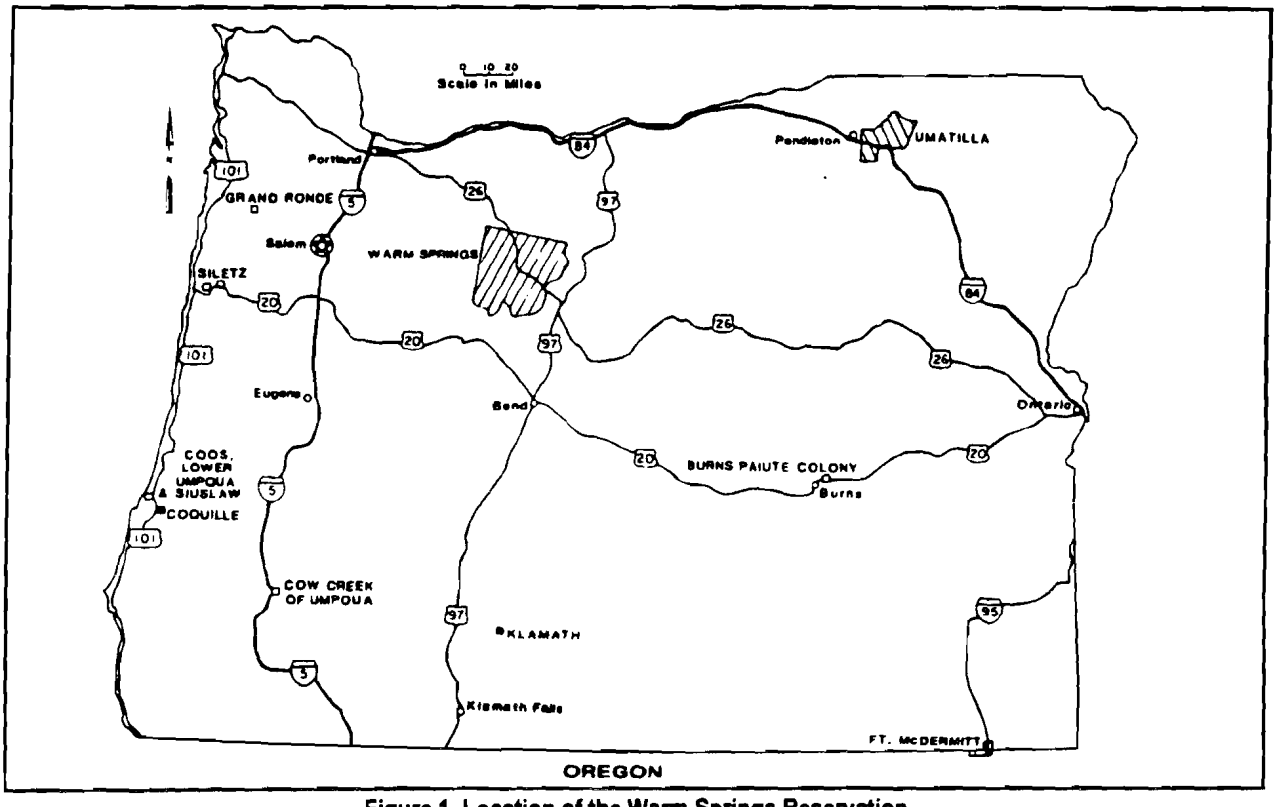


Figure 1. Location of the Warm Springs Reservation

There are 3,384 individuals enrolled in the Warm Springs Tribe, most (approximately 80-85%) of whom live on the reservation. Both membership requirements and economic incentives encourage members to reside on the reservation.

The Warm Springs Tribe has always been economically self-sufficient. Compared to the rampant unemployment that many tribes experience, the unemployment rate at Warm Springs is only about 14 percent. The Tribe presently operates many enterprises and governmental services employing in excess of 1,200 people. They have several industries including the logging and forestry products industry, Kah-Nee-Ta Resort (an exclusive tourist resort), and a hydroelectric plant. The tribe issues per capita payments monthly to each of its members, plus a bonus check at Christmas. Children under the age of 18 are given $75 a month allowance, and the balance is put into an Individual Indian Money (IIM) account which they receive when they reach 18 years of age. These measures are strong economic incentives for members to remain on the reservation.

A. Government

In 1938, the Warm Springs Reservation was politically organized and chartered under the Indian Reorganization Act of 1934. The Tribes operate under a constitution and corporate charter, adopted by the membership at that time, which vests broad governing powers with the Tribal Council. The Tribal Council consists of eight elected members; the three chiefs are elected for life (one from each of the three districts), and the remaining eight council members are elected by popular vote from the three districts (3 from Agency, 3 from Simnasho, and 2 from Seeksequa). The Tribal Council appoints a Chairman, Vice-Chairman, and Second Vice-Chairman. The Tribal Council also appoints a Chief Executive Officer who is responsible for the daily operation of the Confederated Tribes.

The Tribal Council holds a special election approximately every 5 years to vote in adopted members. To be adopted by the Tribe, a person must be on the ballot when at least 50 percent of the eligible voters vote. If less than 50 percent of the eligible voters vote, the election is considered invalid. A person may re-apply and have his name added to the ballot for the next special election. The Warm Springs Tribe currently maintains an "adoption pool" of about 105 people. The last special election was in 1987; at that time 78 names were on the ballot. The election was declared valid, and 20 individuals were adopted into the Tribe. Adopted members are eligible for all benefits and privileges provided to other tribal members.

The Warm Springs Tribe has a well-developed governmental structure; each division of the government has clearly defined roles and responsibilities. The health service delivery area (HSDA) and the contract health service delivery area (CHSDA) are the same and include the reservation and the five adjacent counties of Wasco, Jefferson, Deschutes, Clackamas, and Marion. Figure 2 presents an organizational chart for the Tribe.

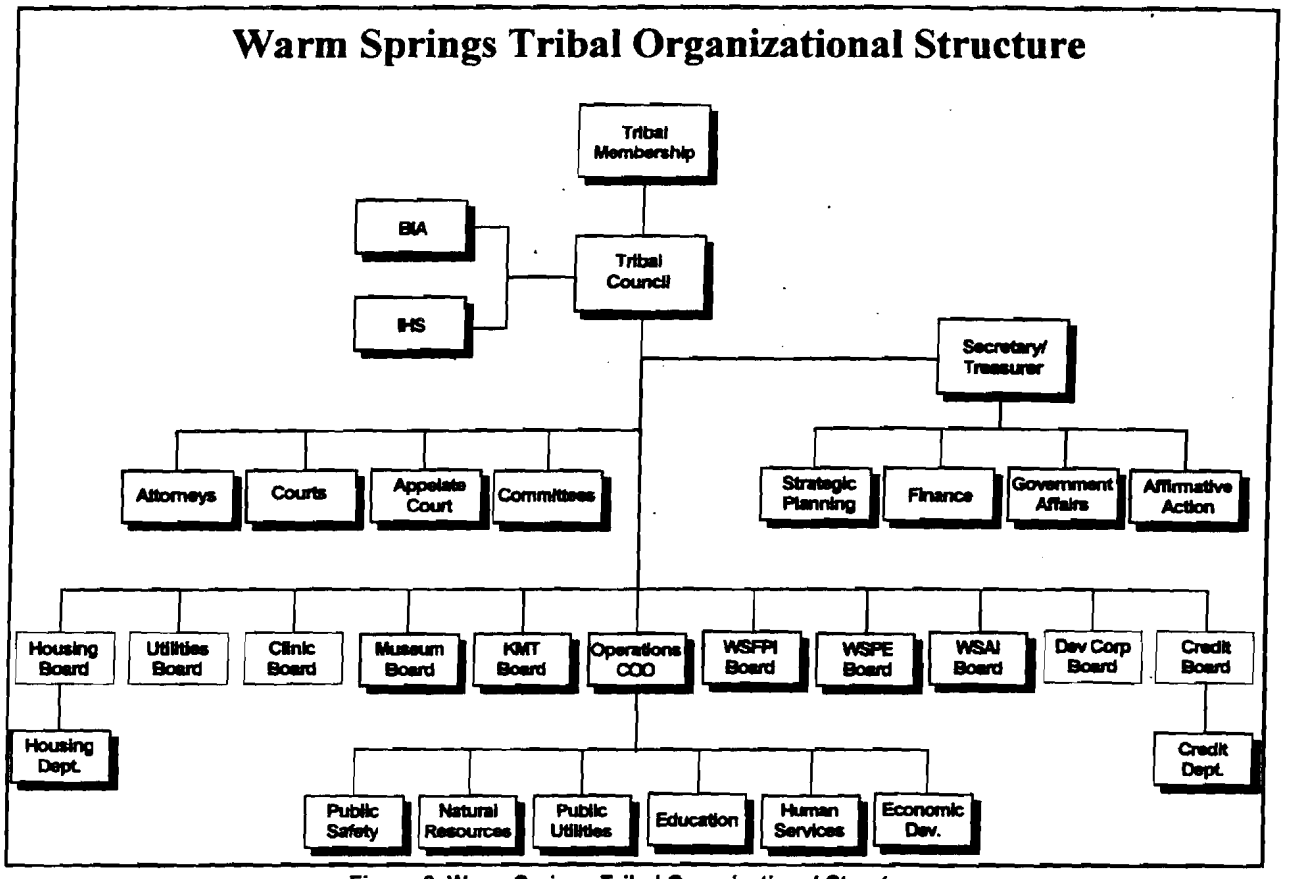


Figure 2. Warm Springs Tribal Organizational Structure

B. Judicial System

There are three tribal judges and one separate juvenile court. The Chief Judge usually handles the juvenile and domestic case, and the two Associate Judges handle other cases. Judges are appointed by the Tribal Council and serve 4-year terms. There is also a public defenders office; however, clients have the option of seeking outside representation. In tribal court, clients do not have to be represented by an attorney; however, there are restrictions on qualifications for representation including the admission to practice by the authority of the Chief Judge. Court is held on a daily basis; jury trials are held on Tuesdays and Thursdays.

It was estimated that there is an average of 6,000-7,000 cases per year, about 3,200 are related to family violence, and there are many repeat offenders.

The following information summarizes the laws governing family violence and related offenses to the Warm Springs Reservation.

The Family Abuse Prevention Law: This Law (Resolution No. 7868) was passed on August 1989 in order to resolve some of the difficulties encountered by victims of family violence in seeking a temporary restraining order or an injunction against a family or household member. The previous Tribal Code offered only a criminal proceeding or divorce petition. Lack of viable alternatives jeopardized the victim's safety.

Under the Family Abuse Prevention Law, victims of family violence may seek relief through the Tribal Court by filing a petition for a temporary restraining order or an injunction. In addition, the Court can approve any consent agreement to stop the abuse and has the right to award temporary custody or visitation rights when necessary.

Juveniles: Resolution No. 7857 is an amendment to the provisions of Chapter 360 of the Warm Springs Tribal Code dealing with juveniles. This resolution was passed in July 1989 in an effort to enable the Juvenile Court to better serve the needs of juveniles. Under this Resolution, Juvenile Court is granted jurisdiction "in any case involving a juvenile who is or is alleged to be a delinquent juvenile, or who is the subject of a petition for emancipation..." This Resolution also sets the guidelines for the appointments and duties of the Juvenile Coordinator/Presenting Officer.

Conservators and Guardians: Resolution No. 7117 was passed on March 31, 1986. Prior to the this Resolution, there was no provision in the Tribal Code regulating the appointment of conservators and guardians on the reservation. This Resolution entitles a family member of the ward and the Superintendent of the BIA (or the Superintendent's designee) to file a petition for the appointment of a conservator and/or guardian. Under this Resolution, the court may also issue an emergency order appointing a conservator and/or guardian pending a formal hearing, when such a measure is necessary for the protection of the ward or the ward's property.

C. Law Enforcement

The Warm Springs Law Enforcement Division currently employs 9 full-time officers (2 are contracted), 1 sergeant, and 1 captain. There are six criminal investigators (two are contracted through the P.L. 93-638 with the BIA). All officers handle felonies as well as negligent wounding and assault cases.

The police officers are responsible for Wasco, State, and Jefferson counties. The law enforcement division works closely with the tribal prosecutors office as well. The law enforcement division currently follows the protocol adopted in the Child Abuse Manual. Family violence is not specifically covered under tribal ordinance or legislation with the exception of the Family Abuse

Prevention Law; however, rape, assault, and battery are treated as felonies, thus applicable Federal law is used. The police officers receive 320 hours of training from the Oregon Police Academy (a certified state program) which includes 1) juvenile law, 2) child abuse, and 3) investigative procedures. Additional training is provided through the Indian police academy and other sources.

Juvenile Coordinators: Warm Springs employs two Juvenile Coordinators who work in the area of prevention of neglect and abuse. The Juvenile Coordinators work closely with the Police Department as well as the Victims Assistance Program. The majority of referrals are from the tribal court, although some are made by the Child Protection Services (CPS) and probation as well. Parents are often called in when a referral is received for a child; however, more often, direct contact is made with juveniles and parents which seems to be more effective. The coordinators stated they have worked with over 170 families and that the rate of success is very good. They indicated that many of the problems experienced by juveniles are a result of unresolved intergenerational issues in families causing mental anguish and abuse. The Juvenile Coordinators have developed a program tool called an "Inheritance Scale" to address patterns of abuse within each family. The scale is formalized with each juvenile and family to track their history and help recognize problems. The Juvenile Coordinators stated that the problems with youth appear to be increasing in grade school as well as high school. There is a problem with gangs; however, this problem is generally denied by parents and the community at large. In addition, easy access to alcohol and drugs contributes to youth problems. The coordinators felt that having a good role model is a big factor in addressing violence among the youth and adolescents.

D. Social Services

Community Counseling is a tribally-operated program contracted under P.L. 93-638 with a mix of tribal, state, and IHS alcohol and substance abuse funding. Community Counseling offers mental health services, substance abuse counseling, and referrals. Staff provide inpatient, outpatient, and emergency services. Community Counseling also provides services to victims and to court ordered referrals. Residential treatment is available for additional costs. Community Counseling contracts with three health care providers in Portland and Eugene, Oregon. A psychiatrist comes to Warm Springs to work on-site twice a month.

The Job-Training Partnership Program offers pre-employment and employment counseling as well as employment opportunities to community residents. Both the Program Coordinator and Assistant are volunteers with the Victims Assistance Program as well. The employment program provides clients with skill assessments, education, and career counseling. They provide referral, case management, job performance appraisals, evaluation, and follow-up for all clients and

potential/current employers. Assistance is provided for those individuals who wish to obtain GEDs. In addition, the program works closely with probation officers in coordinating community service work for offenders placed on probation. This program is closely linked to the community in addressing problems with the economy, homelessness, education, and other factors related to family violence.

The General Assistance Program provides financial support for food, clothing, and shelter for residents and their families. Eligibility for this program is based on income level, education, and other factors relating to employability. Referrals are received from the Victims Assistance Program as well as other tribal, Health and Human Services programs.

Figures 3-7 illustrate recent tends in family violence based on statistics provided by the Victim's Assistance Program.

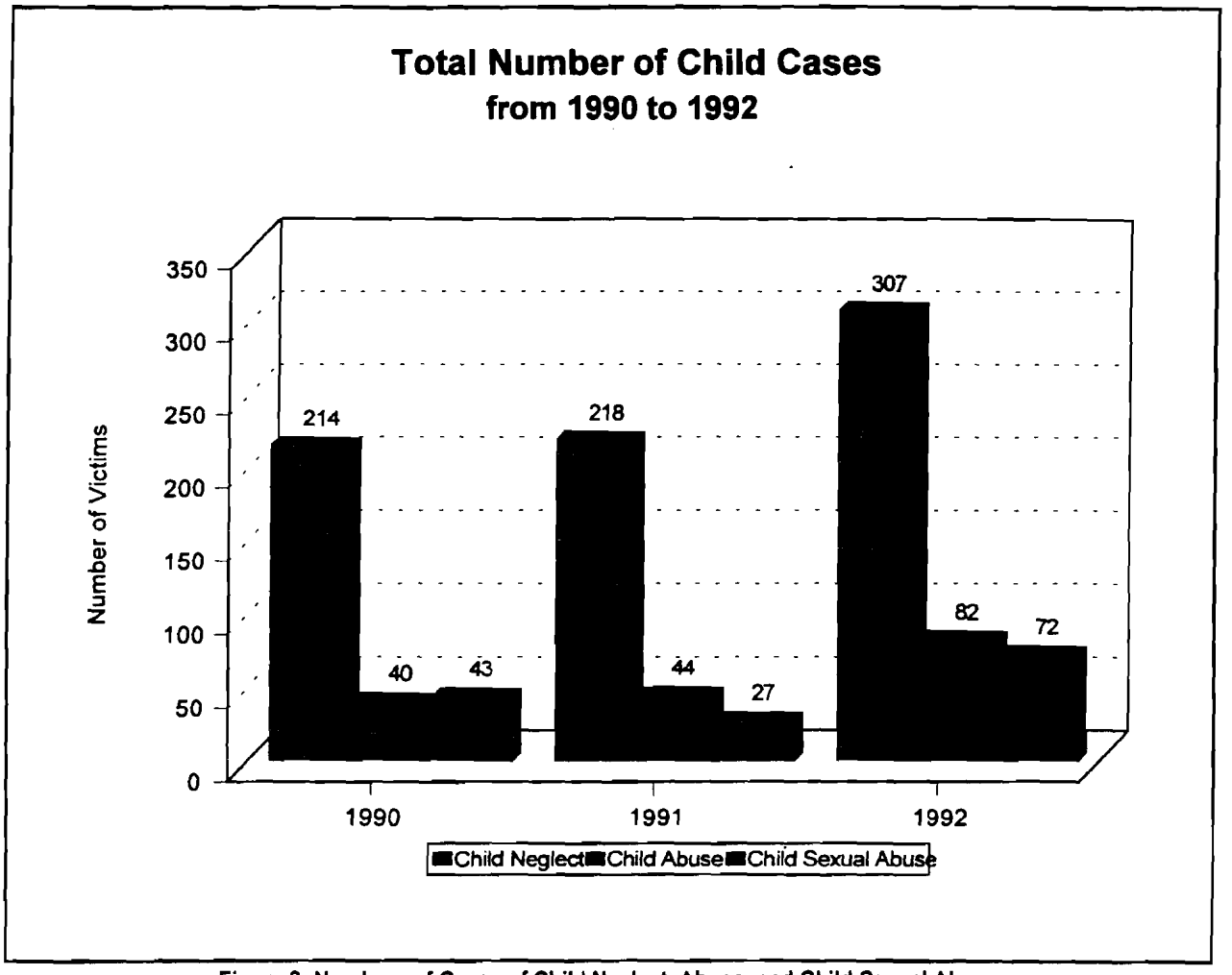


Figure 3. Numbers of Cases of Child Neglect, Abuse, and Child Sexual Abuse

Figure 3 shows that, over time, neglect and abuse cases are increasing at an alarming rate, ranging from 30-60 percent, from 1991-1992. Also, child neglect cases are 4-8 times more prevalent than child abuse or child sexual abuse cases.

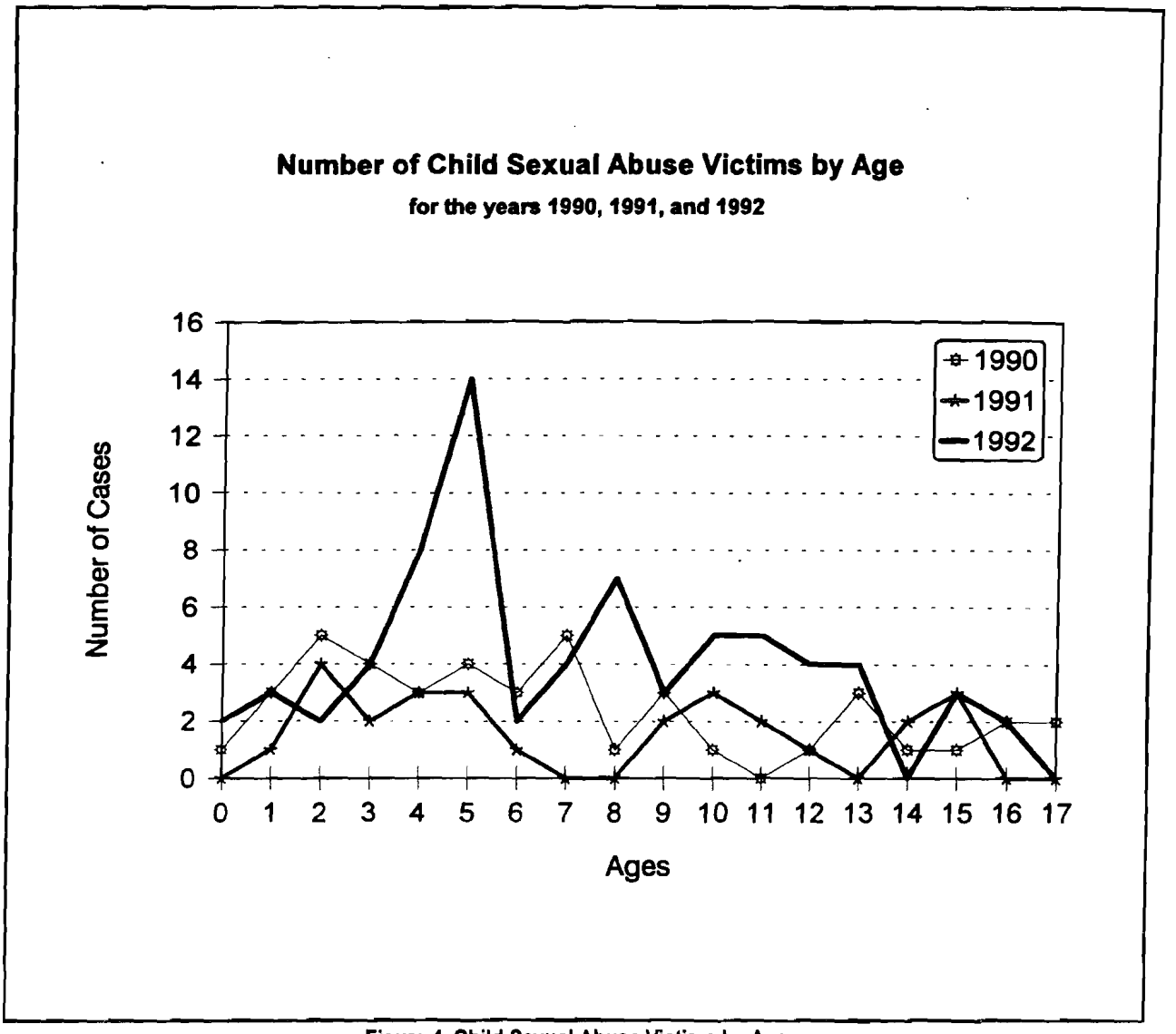


Figure 4. Child Sexual Abuse Victims by Age

Figure 4 shows that, across most age groups, child sexual abuse was greatest in 1992. Also the most vulnerable age group are 4-5 year olds and 7-8 year olds.

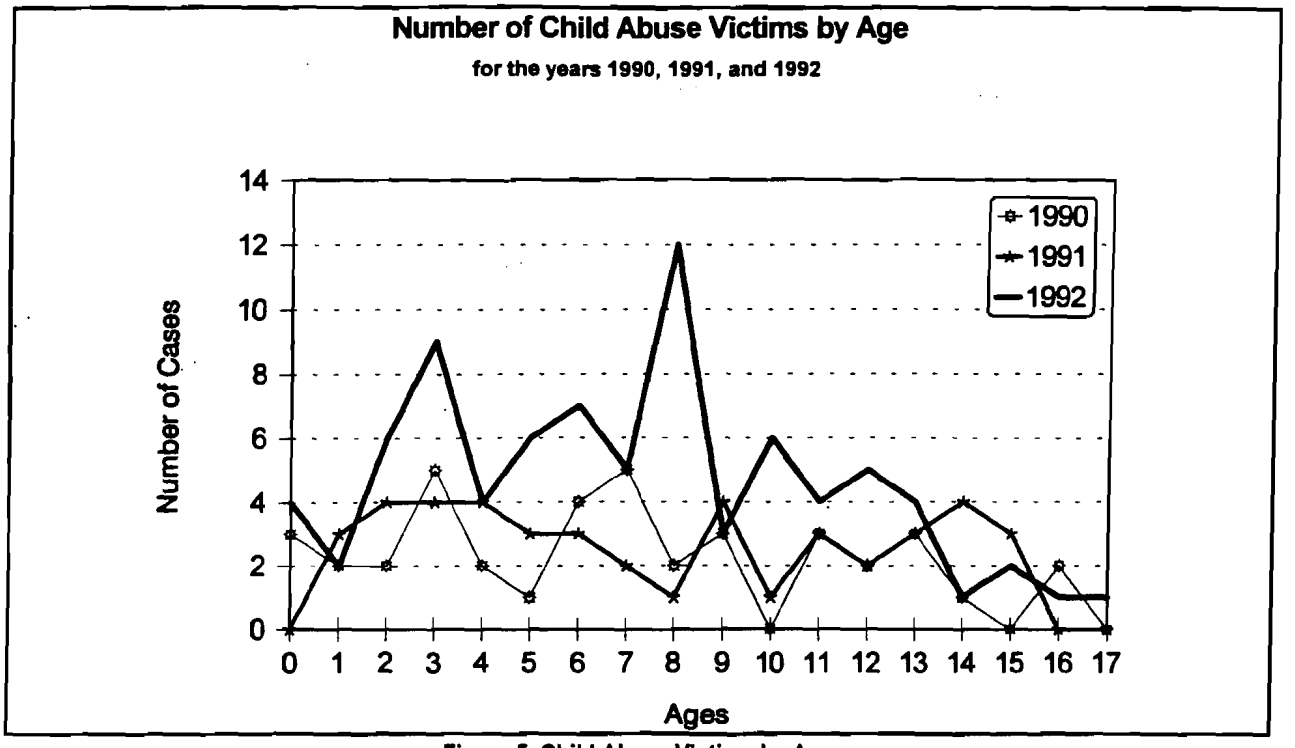


Figure 5. Child Abuse Victims by Age

Figure 5 shows that across most age groups, child abuse (like child sexual abuse) was greatest in 1992. Also, the most vulnerable ages for child abuse are 2-3, 5-6, and 8 year olds.

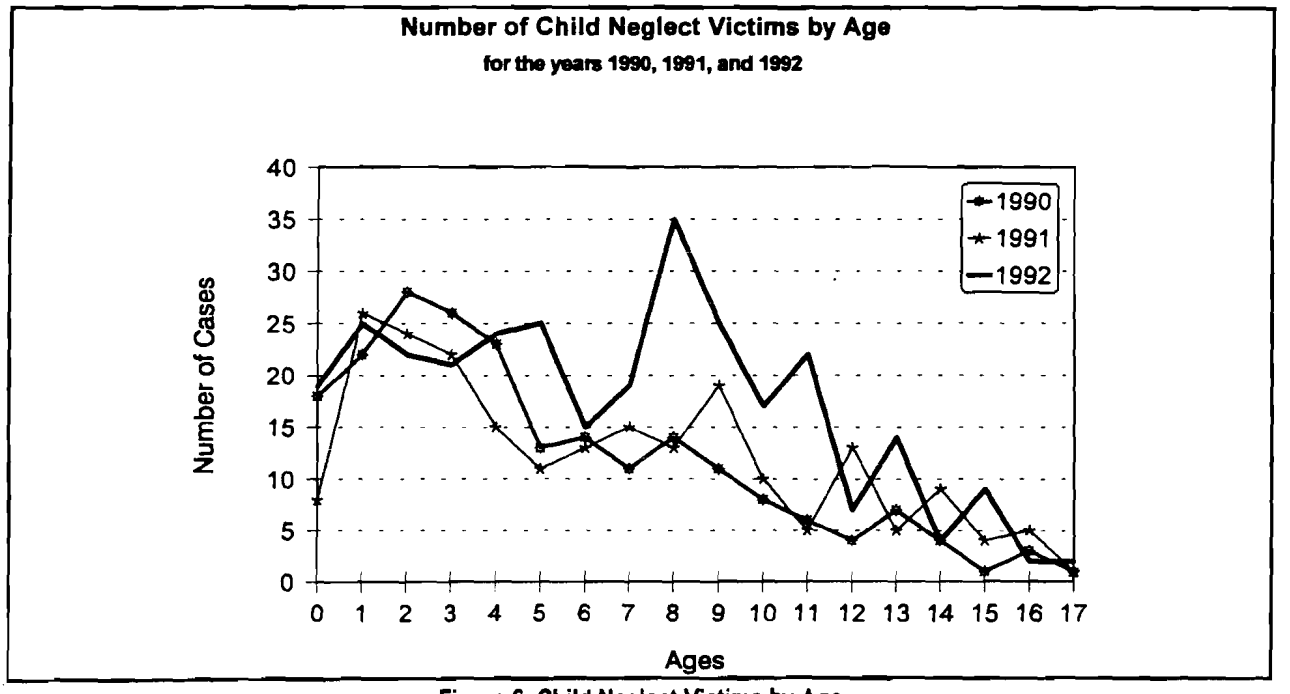


Figure 6. Child Neglect Victims by Age

absence of disease, but improvement of living conditions, promotion of healthy, well-adjusted individuals and families, and improvement of the quality of life for the community.

The Warm Springs Tribe has been providing a wide-range of health and social services since the late 1960s and early 1970s. The Tribal Health Department currently administers the following programs under a 638 contract: Alcohol and Drug, Mental Health, Health Education, Environmental Health, Maternal & Child Health, and Community Health Representative (CHR). In addition, the Tribal Health and Social Services Department receives several state contracts all of which are in compliance and are certified as providing quality service.

The IHS provides approximately 60 percent of the funding for the health care services provided to the Warm Springs Tribe. The tribe has devoted a significant portion of its own resources to the health care effort. Over 30 percent of the health resources of the community come from tribal funding. Of this amount, approximately 9 percent is through insurance for tribal employees, and an additional 21 percent is through direct funding by the tribe. The tribe is gradually moving in the direction that will permit development of its capacity and capability to address the larger and broader spectrum of health care. Twelve percent of the tribe's health care budget comes from programs such as Medicaid and Medicare, state programs, and other third party sources.

The tribe has constructed a new 37,000 square foot health facility. The plan is to lease the facility at no cost to the IHS under terms of Public Law 101-512 as a Joint Venture Demonstration Project. There are currently no IHS hospitals available to the Warm Springs Tribe; IHS health care is provided through contract health services. The clinic currently has two full time and four part-time physicians including one pediatrician, one optometrist, and an ear, nose, and throat specialist.

Health Education is a relatively new program. There are three health educators who provide information on HIV-AIDS education, self-esteem, spirituality, and child abuse and neglect. They use a community approach through three components: 1) discussion, 2) input from community, and 3) community ownership. To date information on family violence has not been presented. Presentations are made by the health educators to the Tribal Council, schools, and other groups.

A Community Field Health Nurse (CHN) works with the clinic in conducting home visits. The CHN receives referrals from the Senior Center, clinic, Maternal Child Health (MCH), pediatrician, and the early childhood program. The CHN is responsible for providing home assessments, and makes recommendations on public facilities. The CHN provides care, health education, and counselling for STDs, well baby care, and birth control.

The CHN is a member of the CPT. She also meets on a weekly basis with the senior advocates. There are periodic meetings with the nurse, physicians, and family members to resolve any family problems. The CHN often makes referrals to home health and the clinic for formal assessments or diabetic management. As a CHN, she is responsible for reporting all suspected cases of family violence to law enforcement; nevertheless, CHNs usually are not involved in spousal abuse. She stated there is no formal law about elder abuse unless the issue is monetary or neglect. It was also felt that 90 percent of all injuries treated are related to alcohol and drug abuse.

The Tribal Department of Health and Human Services also offers programs and services to youth and adolescents including a Girls and Boys Club, organized youth sports teams, school-based programs, Healthy Options for Teens, Futures of Children, Sports Camp, Wilderness Sports Camps, Student Youth Leadership, Student Trainee for College Bound, Conservation Corp, and the New Generation Dance Club. Other established programs include Head Start, WIC, Pre-School and Day Care.

F. Programs/Resources

Children's Protective Services (CPS) works with the courts and case management staff for any child who is at risk or is a victim of child abuse and neglect. Other services provided include foster and residential care (on and off the reservation), adolescent and foster homes for juveniles, and home evaluations. CPS works in coordination with the Family Preservation Program, the courts, and Victims Assistance Program.

The Victims Assistance Program (VAP) provides crisis intervention, emergency resources, and referrals to appropriate agencies and/or officials. Emergency requests for services can be made by contacting the Warm Springs Police Department. Often volunteers of this program accompany the police officers in responding to a situation involving domestic violence. The VAP is funded through the state Victims of Child Abuse Grants Program (VOCA), state of Oregon Department of Justice. These grants provide funding both for services to victims of violence and for the training and salaries of personnel working in the area of family violence. Transportation is provided to a shelter, a safe home, or relative, or to the hospital if medical attention is needed. In addition, VAP provides legal information and support for victims while they are working through the judicial system.

The VAP provides clients with information and referrals to other agencies including General Assistance, Children's Protective Service, Legal Aid, Community Counseling, Police Department, Tribal Social Services, IHS, and other adult and family services on the Warm Springs Reservation.

VAP works with victims of family violence to promote a safer environment for the family, and devises preventive measures against future incidence of violence. It addresses the psychological ramifications of family violence by helping victims cope with the situation, and providing necessary guidance in the healing process. The program also assists victims in identifying their legal alternatives, and provides relevant educational materials and referrals for further assistance. Rape/sexual assault victims are provided counseling, medical assistance, transportation, and legal advice. Child abuse victims and their families are provided a safe place and provided assistance to alleviate some of the psychological and social stigma of being a victim.

The Family Preservation Program provides family counseling services and differs from the Community Counseling in that programs can be tailored to meet individual needs. The family participates in setting up objectives and treatment plans through a discussion-type setting. The Family Preservation Program is funded through the National Center for Child Abuse and Neglect, Department of Health and Human Services.

IV. Findings

Informants were asked for their perceptions about violence in general and family violence in their community. Although the numbers of informants are small (37) and may not reflect statistically reliable data, their judgments provide valuable qualitative assessments for this study.

A. Prevalence of Violence

The majority of informants indicated that general violence and family violence are judged to be big problems with roughly the same magnitude in the Warm Springs Reservation (see Figure 8).

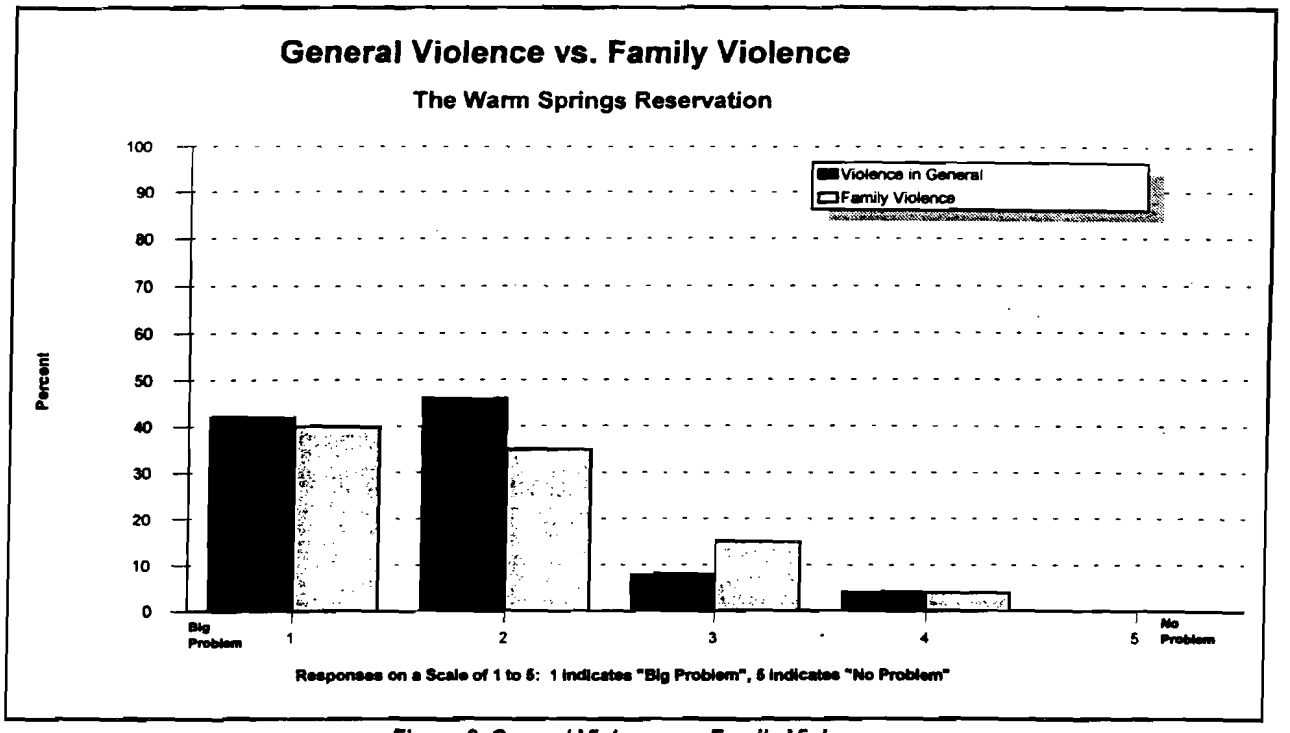


Figure 8. General Violence vs. Family Violence

Assessing the specific types of family violence, the majority of the informants indicated that both wife abuse, and child sexual abuse were big problems, followed closely by child abuse. Elder abuse was also cited as a problem although comparatively, on a smaller scale (see Figure 9).

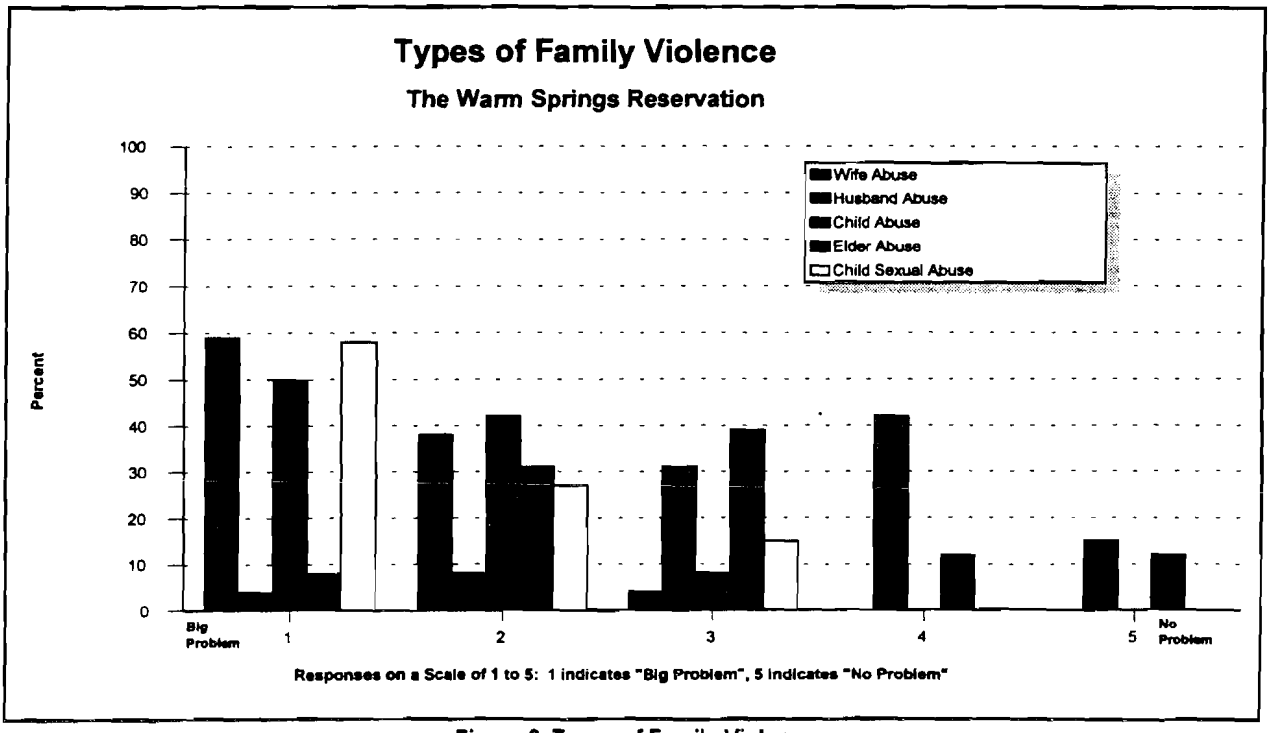


Figure 9. Types of Family Violence

About half of the informants indicated that physical assault without a weapon was a big problem, followed by rape and suicide (see Figure 10).

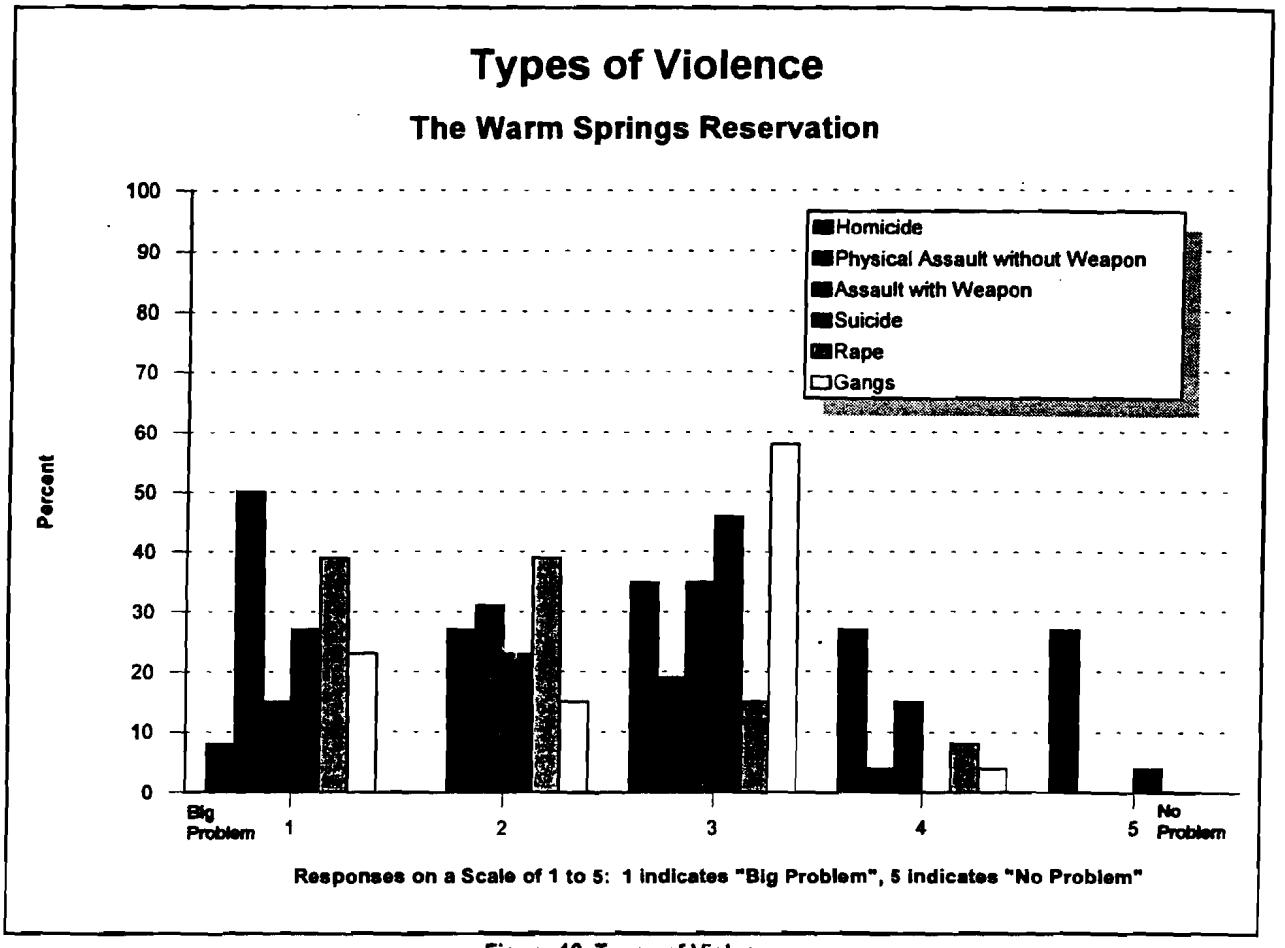


Figure 10. Types of Violence

The majority of informants believe that alcohol is almost always a factor in family violence and other types of violence.

More than half of the informants felt that most of the community was aware of the problem of family violence, and these informants indicated that the community's concern was appropriate to the scope of the problem.

B. Programs/Services

The informants indicated that the resources available to the community for family violence were average to excellent, and that access to the resources is average. Informants stated that the Victims Assistance Program was the most frequently used program, followed by the Family Preservation

Program, and Community Counseling. These programs provide services in anger management, alcohol and drug treatment, parenting classes, support groups, family counseling and individual counseling. Some informants indicated that family violence was being addressed by the courts through restitution, supervised probation, temporary incarceration, vigorous prosecution of offenders, and the implementation of the Family Abuse Prevention Law.

Table 1. Availability and Accessibility of Resources for Victims of Domestic Violence

	1	2	3	4	5	N/R
Availability*	8%	31%	39%	15%	8%	0%
Accessibility**	19%	31%	31%	15%	0%	4%

* 1=Excellent, 5=Non-existent
** 1=Easy Access, 5=No Access

The majority of informants stated they dealt with family violence while on the job, primarily in positions associated with law enforcement and the courts, and involvement in conducting investigations (e.g., defenders, investigators, prosecutors, volunteers, and members of the Child Protection Team). Others stated that they dealt with victims as clients, employees and their children, as well as serving as a firefighter and EMT.

1. Programs/Services in Operation

Women's support groups, the Victim's Assistance Program and Community Counseling were the most frequently cited resources for victims of violence. Several others indicated anger management, Al-Anon, and impact panels were also available.

A list of a statewide network of resources for battered women is available through the Victims Assistance Program. These shelters include Central Oregon Battered and Rape Alliance (COBRA) in Bend, Oregon; Lincoln Shelter in Lincoln City, Women's Crisis Services in North Bend; and Domestic Violence Services in Pendleton, Oregon. Some individuals indicated that they did not know where shelters were located; others indicated that there were 1-5 shelters available. Most informants did not know how effective the shelters were.

2. Additional Programs/Services Needed

Most of the individuals felt that further efforts are needed to prevent family violence on the reservation. Current efforts were rated as relatively unsuccessful.

Table 2. Efforts to Prevent Family Violence on the Reservation

	1	2	3	4	5	N/R
Needed*	73%	27%	0%	0%	0%	0%
Successful**	0%	8%	19%	50%	15%	8%

* 1=Needed, 5=Not Needed
** 1=Very Successful, 5=Unsuccessful

One informant indicated that although the shelters often accept individuals with children, the victim is so traumatized that it is difficult to assume responsibility for her children and to provide for their needs. In addition, leaving the reservation or being placed in shelters outside of the reservation results in cultural isolation. Placement of the victim outside the reservation may also remove her from supportive family members. Consequently, such victims often return to the reservation and to the abusive home situation as well.

C. Reporting

All medical, law enforcement, health and human services, and court personnel responded that they report suspected cases of abuse and neglect as required by law. The majority of abuse cases were reported to the police; child protective services is the second most commonly used choice for reporting cases of abuse. Other respondents indicated that they reported to community counseling, juvenile coordinators, and the Victims Assistance Program.

D. Coordination of Services

Informants indicated that client confidentiality issues sometimes keep counseling programs (Community Counseling) from providing necessary information to the courts. Informants reported the court can, and does, order counseling programs to submit reports. Failure to comply with the order can result in contempt of court. A pre-sentence investigation can be conducted with a request that an assessment be completed; however, this procedure is not always followed.

On the other hand, informants from the counseling programs reported that it is difficult to maintain client confidentiality. They felt that the courts mandate reporting without concern about the efficacy of treatment. Furthermore, the sentence imposed by the court does not really provide the offender with adequate treatment, so the cycle of violence continues. The offender usually ends up back in

the courts. It was also stated that sentencing is still based on old values of "punishing" without consideration for rehabilitation or treatment of the offender.

E. Training

Most informants indicated that they had received training through workshops and conferences addressing substance abuse, sexual abuse, and family issues. Many informants involved in social services, law enforcement, mental health, child abuse investigation, and family law training fields participated in state and national conferences sponsored by the National Indian Justice Center, (COBRA), and Seattle Indian Health Board (SIHB).

F. Difficulties in the Court System

Informants indicated that police officers are usually the first on the scene and have first contact with the victim. The police need to be sensitized and educated on how to deal with family violence. It was stated that 21 out of 100 reported cases were related to sexual abuse and oftentimes less than a fourth of these are investigated.

Staff from service programs need to be sensitized to the issue of abuse. For example, the Victim's Assistance Program is located near the prosecutors office; thus, often the victim is intimidated by the possibility of a chance encounter with her abuser.

Informants stated that the community oftentimes feels "picked on by the system," and treatment is often refused by the abuser and/or the victim. Denial is common among adolescents and adults. Some informants stated that the refusal of the Tribal Council to address the problem of family violence constitutes a form of denial. It was said that "politics prevent perpetrators from being prosecuted."

V. Recommendations

A. Education/Training

In-Service Training for Police. Police officers need to be sensitized and trained to deal with family violence. Local law enforcement officers who respond to family violence are usually concerned with immediately diffusing the situation by separating the parties and/or by arrests (if alcohol and/or

drugs are involved). Emergency calls for assistance from repeat offenders/victims of spousal abuse may be prejudged as non-emergency or perceived as an unnecessary problem in an already burdened work force. In addition, charges may be dropped during or after preventive efforts are underway through the courts. The police officer's approach to the situation should include a clear protocol that includes 1) protection of actual and potential victims, and 2) mandatory arrest for probable cause, ensuring that the victims are receiving support before leaving the scene.

Programs such as the Victim's Assistance Program, Community Counseling, CPT, etc., should make a concerted effort to ensure that the police department is included and represented in their work groups and other community efforts to address family violence. Open communication would help resolve misperceptions, as well as provide valuable information. Police investigations of family violence were reported as often unsuccessful in Warm Springs (only one fourth of the cases reported actually get investigated) and there is no follow-up by law enforcement or the court. Since police officers are the first to respond, the information obtained during the initial contact is critical. Other divisions such as criminal investigation, prosecution, and juvenile divisions rely heavily upon the police officer's judgement, report, and assessment of the case. The police department should be viewed as a valuable community resource and not as an obstacle.

The IHS should provide training for physicians on identification of family violence and on responding to subpoenas issued by the federal, tribal, and county courts. Cases oftentimes get dismissed because doctors are not willing to testify as key witnesses in abuse cases, citing the patient/doctor relationship as a cause.

In the case of child sexual abuse, evidence is often limited, and it is hard to gain medical examinations off the reservation. There are numerous critical time factors involved that often result in cases being dismissed. The tribe does not have access to physicians who specialize in conducting examinations of abuse victims. The IHS should offer specialized training to IHS physicians or at least have one physician in each area/facility who is experienced and prepared to handle such cases.

Workshops, seminars, and conferences are effective avenues for community education. When possible, elders should participate as trainers/teachers as they are a valuable resource, especially in utilizing spiritual approaches Training should include methods of empowering individuals by dealing with those issues related to family violence.

School-based programs for early intervention/prevention efforts are needed. These efforts should be offered through Head Start, WIC, Pre-School, and Day Care. The importance of working with youth was stressed with an emphasis on individuals assuming more responsibility and accountability

for their actions. Determining the patterns of violence and how parents play a role in their children's' lives is important in establishing intervention/preventive measures in early childhood. Ideas and beliefs need to be changed starting with children, and they must be taught positive ways of communicating.

Community outreach is needed through frequent communication through public service announcements, wellness and prevention programs, family and community functions, education, and participation of immediate and extended family intervention and prevention programs.

All agencies, organizations, programs, and individuals involved in family violence issues need to coordinate and network. With limited funding and resources, networking can reduce duplication of effort, and help programs function more efficiently. Tribal leaders must be more active in campaigning against family violence. One program recommends implementing a family mentor program to teach families how to communicate.

Substance abuse was most frequently cited as one of the primary factors related to family violence. Informants felt that programs addressing alcohol/drug abuse and the effect on domestic violence should be developed on the reservation.

B. Modify Judicial Services

More options for sentencing are needed with treatment and rehabilitation provided for perpetrators. The Tribe should implement harsher penalties on repeat offenders. It was cited that sentencing is still based on old values of punishment by incarceration. A judicial team has to be established for the court system to adequately address family violence. This team will coordinate resources and develop intervention/prevention plans for perpetrators and victims. The protocol to be followed by the team should include mandatory arrest of the abuser for probable cause, prosecution without need of formal complaint by the victims, court-ordered treatment with regular progress reports to the court, incarceration for failure of offender to complete treatment, and post-treatment follow-up. In addition, it was felt that a procedure for anonymous reporting should be provided.

C. Coordination of Services

It is critical that the Community Counseling and other programs provide information needed by the courts in handing out a fair sentence. Usually courts obtain reports from Community Counseling through probation officers; however, an official disclosure form releasing specific information must be signed and issued by the client. In addition, if the court does not receive the information in a

timely manner, cases will be dismissed. The court has indicated that information on the active attendance of the perpetrator, progress of the treatment, and recommendations from the counselor in regard to the offender are often lacking. A new set of protocols for Community Counseling, the court, the police and other organizations should correct these problems.

On the other hand, Community Counseling stated that nine times out of ten, court referrals for mandatory counseling are very vague with no written or set criteria. It is stated that sex offenders are often placed on probation for 6 months to a year, and referred to counseling; however, there is no stipulation or criteria on how to deal with the offender if the treatment is unsuccessful. Follow-up procedures must be set in place to monitor the perpetrator's progress and treatment by the courts in coordination with Community Counseling. The Tribal Code and associated judicial procedures should be amended to eliminate these problems.

Networking and coordination of all departments is required to ensure the victim's safety. Victims of child abuse and neglect are dependent upon the coordination of five or more departments including the police department, courts, child protective services, community counseling, and parole and probation.

D. Counseling

Greater responsiveness to clients who are desperately seeking Community Counseling services is needed. Often clients become disheartened after numerous attempts to obtain appointments from Community Counseling. Hotlines are needed so victims can reach help whenever necessary.

More case management and follow-up are needed. This follow-up should include the participant as well as other individuals directly involved including employers, supervisors, and counselors, etc.

Shelters and other programs off the reservation should be encouraged to employ or recruit volunteers from the reservation. Leaving the reservation or being placed in outside shelters is sometimes a problem because of cultural isolation and having to leave supportive family members. Often victims of family violence return to the reservation and end up returning to the abusive home situation as well. Victims of family violence should not be forced to leave their home and their homeland (i.e., reservation) to be free of violence and intimidation.

ATTACHMENT 2

EASTERN BAND OF CHEROKEE CASE STUDY REPORT