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Are They Really Neglected? A Look at Worker Perceptions of Neglect Through the Eyes of a National Data System

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Résumé de l'article

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Abstract

A follow up to a two-year study of abuse and neglect of American Indian children looks at differences in perceptions of neglect of American Indian children found in the National Child Abuse and Neglect Data System (NCANDS). Findings from an analysis of 17,000 cases of neglect of white or American Indian children were that the neglect of American Indian children, compared to Caucasian children, was more often associated with foster care placement, juvenile court petition, alcohol abuse of child or caretaker, violence in the family, and family receipt of public assistance. The neglect of Caucasian children, when compared to American Indian children, was more often associated with family preservation services, child or adult mental or physical problem, and inadequate housing. These data, from the 1995-1999 NCANDS, appear to confirm stereotypical assignments of neglect to American Indian families. This study supports the need for the direct participation of sovereign Indian nations in child protective investigation, treatment, and data collection, in order to create a more complete data system that will provide accurate numbers and characteristics of abused and neglected American Indian children.

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Introduction

Problems experienced by American Indian families date back to the first encounters with Europeans. Duran and Duran (1995) quote Jung in regard to the effect that Europeans had on other cultures:

From Europe, that half-island, the white man came in ships, bringing awful diseases and firewater, and even intentionally selling infected clothing to destroy the population. . . . Wherever the white man went, there was hell for the other nations; one has to be outside to understand (Jung, in Duran & Duran, 1995, p. 18).

Over the last four centuries of colonization, Americans of European descent attempted to eradicate or assimilate American Indian people, while individual Americans occasionally tried to idolize them. Bennet Dowler, M.D. (1857) decried the "Indian utopia" depicted in the "gorgeous fiction of Cooper, and the poetry of Longfellow, not to mention Catlin's flattering delineations" (p. 336). Included in Dowler's "documentary evidence"

that Indians were not to be idolized were communications that stated:

- Very old persons are seldom seen among them; there is no doubt that a very large number of children fall victim to the 'hardening process,' to which they are unavoidably subjected who, in civilized life, would have been reared to useful maturity (Hanson, 1856, in Dowler, p. 339).
- They seem to possess very little stamina, and when disease once takes hold they succumb . . . One fruitful cause of disease among them, I think, is their manner of dressing (Haden, 1853, in Dowler, p. 342).

These statements, which today seem outrageous, were made within the decade before the Civil War, close to the low point of American Indian survival, when numbers of Native people had reached, from an estimated high of 10 million, an estimated low of approximately 250,000. Indian authors agree that the decimation of, conservatively estimated, two-thirds of the original inhabitants of North America (Weaver & Yellow Horse Brave Heart, 1999) was due primarily to diseases

Throughout these years of despair and destruction, Native people have clung to the teachings of their ancestors in order to survive. Central to their teachings and survival is the understood sovereignty of American Indian nations. As sovereign nations, tribes should not be subjected to the child welfare policies of the U.S. government; rather, they should be solely responsible for the care of their children.

brought by Europeans and the forced relocation, starvation, and neglect of Indian people by the conquerors.

The destruction of American Indian people and families that began with diseases and outright warfare continued with the forced assimilation of primarily children, but of adults and families as well. Children were adopted, placed in foster families, or literally rounded up (Coolidge, 1977) and sent to boarding schools where their Native ways were discouraged and sometimes forcibly expunged through beatings or other punitive measures (George, 1997). A survey of states with large American Indian populations by the Association on American Indian Affairs between 1969 and 1974 found that 25%-35% of American Indian children had been removed from their homes of origin and placed in foster care, boarding schools, or adoptive homes (Byler, 1977; George, 1997). Many of the boarding school survivors returned to their tribes/nations and were unable to pick up the thread of family life, inadvertently continuing the legacy of abuse they themselves had experienced away from home (Yellow Horse Brave Heart, 1999).

Throughout these years of despair and destruction, Native people have clung to the teachings of their ancestors in order to survive. Central to their teachings and survival is the understood sovereignty of American Indian nations. As sovereign nations, tribes should not be subjected to the child welfare policies of the U.S. government; rather, they should be solely responsible for the care of their children. However, tribal sovereignty, which was written into the US Constitution and confirmed by court cases throughout American history (Canby, 1998), has been weakened by federal policy and practice. Only during the past few decades, with the passage of laws and policies such as the landmark Indian Child Welfare Act (ICWA) of 1978, have tribes been able to once again assume the responsibilities taken from them. ICWA “calls for tribal

heritage protection and family preservation by mandating an end to the out-of-culture placements of Native American children” (George, 1997, p.173).

Modern citizens and agencies of the United States tend to downplay the negative aspects of joint American Indian/ U.S. history. Thus the U.S. Department of Defense web site includes the following statement, from a public briefing in 1998:

The trust relationship between the United States and American Indian tribes has many unique features that influence, in some fashion, most aspects of Indian law. Although this relationship may have begun as a force to control tribes, even to subjugate them, it now provides federal protection for Indian resources and federal aid of various kinds in development of these resources (U.S. Department of Defense, 1998, on line).

Indeed, there have been several beneficial programs designed to assist Indian nations in recreating the infrastructure needed to support child welfare and mental health programs. One example is the Promising Practices grant program of the federal Substance Abuse and Mental Health Services Administration (SAMHSA), which provided funds for the creation of culturally traditional mental health programs for children that have become models for other tribal communities (Cross, Earle, Echo-Hawk Solie and Manness, 2000). However, a statement that the trust relationship provides protection for Indian resources and federal aid for their development may be considered misleading and even inaccurate by many, as the amount of protection and federal aid varies dramatically with the political climate. Senator Tom Daschle, for example, recently reported that:

According to the National Congress of American Indians, the President’s proposed budget cuts Indian hospital and clinic construction by 56 percent, Indian school construction by 19

In summary, American policies, practice, and habits regarding Indian children have led to variations in attitudes toward and treatment of Native children and families by mainstream child welfare workers.

percent, and tribal college funding by 11.5 percent. The tribal COPS program is slated to be cut by 20 percent, the tribal courts program by 26 percent, and the Indian Housing Loan Guarantee Program by 83 percent... (Daschle, 2004)

Inaccurate and misleading statements regarding American Indians are found not only in official pronouncements from the U.S. government, but in history books and even in everyday conversation. An example is provided by the continued use of inaccurate terms such as Huron, which “appears to have originated among French persons as an aspersion on the hairstyle of Wendat or Wyandot[te] ancestors” (p. 103). Continued use of such terms is based, not on historical accuracy, but on habit (Miller, 1998). Indeed, the designation “Indian” itself is one such inaccurate term.

Native people are likely to ignore or overlook these misconceptions, while some members of mainstream society may use them as the basis of new, also inaccurate perceptions (Miller, 1998). This is true in the case of child neglect. Various authors over the past few decades have noted that perceptions of abuse and neglect vary depending on the observer. This has sometimes lead to unfounded allegations of abuse against American Indian parents, who have been labeled neglectful when there was no clear evidence of neglect in the eyes of the Indian community (Byler, 1977; Ishisaka, 1978; Horejsi, Heavy Runner Craig, & Pablo, 1992; Westermeyer, 1977). These authors suggest that untrained workers use their own cultural values to decide whether or not a child’s home setting is the most appropriate place for him or her to live.

Within the past few decades, the child welfare system has been accused of racism due to insufficient and inequitable polices and services, slower responses to problems and less access to services for families of color (Hogan & Siu, 1988). Researchers continue to identify differences in perception between professional staff and

family members regarding behavior and other problems among American Indian youth (Fisher, Bacon & Storck, 1998), which continue to lead to differences in perception as to what constitutes abuse and/or neglect among American Indian families.

Workers’ decisions to remove an American Indian child may be based on such things as the poverty of the household, alcoholism of one or both parents, or the absence of a parent. Workers may not appreciate the lack of value ascribed by Native people to material things and may not look farther than the household for other persons who may be involved with caring for the child, despite the large extended families characteristic of tribal communities (Red Horse, 1980). This may have led to significantly higher rates of reported neglect for American Indian children when compared to children of other races (Earle & Cross, 2001).

However, it is not the case that there are no problems of neglect in American Indian families. Nelson, Cross, Landsman and Tyler (1996) found in a study of 77 American Indian families from Oregon and Iowa that neglectful parents differed from those who were not neglectful on several variables. Parents who were neglectful were statistically significantly more likely to: have their first child as a teenager; have children outside marriage; have children with more than one father; have one more child than the comparison group; be divorced or separated; have multiple family problems; have substance abuse problems, criminal charges, and psychiatric treatment. However, caregiver history of neglect and having a heavy drinker in the house were not found to differ between the two groups, although over half the families in each group had these problems.

In summary, American policies, practice, and habits regarding Indian children have led to variations in attitudes toward and treatment of Native children and families by mainstream child welfare workers. This study was designed to

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Methodology

Background of the Current Study

In 2000-2001, Casey Family Programs of Seattle sponsored a study of the abuse and/or neglect of American Indian children. This was one of five projects funded under the National Indian Children's Alliance (NICA) between Casey and the National Indian Child Welfare Association (NICWA). During Year 1 of the abuse/neglect study a survey was conducted of a 10% sample of Indian tribes/nations. Fifty-seven randomly selected¹ tribal workers were interviewed, along with twenty-one state Indian child welfare workers. Workers were asked to describe the child protective service in their tribe and state, what data are collected, and where the data reside. Findings indicate that data in the national reporting system were collected by state and county workers, and that these workers were only involved in approximately 60% of the incidents of abuse and neglect of American Indian children. The conclusion was that, since 40% of the cases were not included, data from Indian Country were inaccurate and misleading, and incidents of abuse and neglect were probably much higher than reported in the national database (Earle, 2000; Fox, 2003).

Year 2 of the study (Earle & Cross,

2001) consisted of an analysis of readily available data on abuse/neglect of American Indian children from major studies and large databases. As part of this study, a review of data from the National Child Abuse and Neglect Data System² (NCANDS) was completed. The NCANDS was created in 1988 through an amendment to the Child Abuse Prevention and Treatment Act of 1974 (CAPTA). CAPTA required that each state define abuse and neglect and collect data on all cases in the state. P.L. 100-294 (1988) amended CAPTA to establish a national data collection and analysis program on child abuse and neglect. NCANDS produced its first annual report in 1992, based on data from 1990. By 1998, all states were reporting some data to NCANDS (U.S. Department of Health and Human Services, 2003).

NCANDS data were analyzed by the author in 2001 using the Statistical Package for the Social Sciences (SPSS). Data available to researchers in 2001 included data from the years 1995-1999 from all fifty states, but this information consisted entirely of state totals such as, for example, the total number of physical and sexual abuse cases reported by each state. Data on individual cases that could be used to look for relationships between variables such as race/ethnicity and type of abuse were available from only sixteen states (Arkansas, Colorado, Delaware, Florida, Kentucky, Louisiana, Massachusetts, Missouri, North Carolina, Oklahoma, Rhode Island, Texas, Utah, Vermont, Washington, and Wyoming). Although these states are not (except for Oklahoma) states that contain large numbers of American Indian children,

¹ Tribes were selected randomly from groups of different sizes, to provide a representative sample.

² Data made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY have been used by permission. These data were originally supplied by the State Child Protective Service agencies and the Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services. Neither the collectors of the original data, the funder, the archive, Cornell University or its agents or employees bear any responsibility for the analyses or interpretations presented here.

Using the matched set of data from the National Child Abuse and Neglect Data System, it was found that Indian children were more likely than white children to be placed in foster care, to be the subject of a juvenile court petition; Indian children and their caretakers were more likely to have a problem with alcohol: Indian children were more likely than white children to come from families with violence among caretakers and who are receiving public assistance; and Indian children were less likely to be victims of physical and sexual abuse and more likely to be victims of neglect than white children.

these data formed the basis of national reports of abuse and neglect on American Indian children through the year 2000 (Earle & Cross, 2001).

Statistical comparisons were made between white and American Indian children using chi-square tests for nominal data and t-tests for continuous data. An early finding was that reports regarding the abuse/neglect of American Indian children were inflated by the greater statistical likelihood of an American Indian child appearing more than once in the data base. This problem was addressed by choosing only the first case for each child, leading to a reduction in the total number of American Indian cases of abuse/neglect from 15,203 to 12,164 individuals. A matched set of white and American Indian children was then created. Children were matched by age, state, gender, Hispanic ethnicity and year of abuse/neglect incident. Using the matched set of data from the NCANDS, it was found that Indian children were more likely than white children to be placed in foster care, to be the subject of a juvenile court petition; Indian children and their caretakers were more likely to have a problem with alcohol: Indian children were more likely than white children to come from families with violence among caretakers and who are receiving public assistance; and Indian children were less likely to be victims of physical and sexual abuse and more likely to be victims of neglect than white children.

The Current Study

In July of 2002, the NCANDS data retrieved from the 1995-1999 matched Indian/white data set were subjected to some additional analyses. Of the 24,237 detailed cases reviewed from the NCANDS, 71.6% were victims of neglect, 20.9% of physical abuse, and 7.6% sexual abuse. Approximately 52% (n=9080) of the neglected children were American Indian, and 48% (n=8268) white. The current report is the result of the analysis of the 8268 white and 9080 American Indian children who were neglected. SPSS was used to compare these cases, and chi square tests were used to measure statistical significance.³

Results

A comparison of the approximately 17,000 children who were neglected found that services provided varied significantly by race. As shown in Table 1, a higher percentage of American Indian children than white children were put in foster homes ($X^2 [1, N = 16,366^4] = 49.578, p < .001$)⁵, and a higher percentage of American Indian children were the subject of a juvenile court petition ($X^2 [1, N = 15,950] = 11.271, p < .001$). White children were more likely than American Indian children to be provided family preservation services ($X^2 [1, N = 15,674] = 4.645, p < .05$).

³ It is important to note that, due to the large number of cases, statistical significance was found even with differences of a few percentage points between white and American Indian children on some variables. This still indicates, however, that differences between the two groups did not occur by chance, and must be taken seriously as true indicators of characteristics that diverge.

⁴ The number of cases is based on the number that included information on both race and, in this case, foster care. Blank cases were not included; this means that the number of cases varies for each finding.

⁵ Chi-square results are read as follows: chi-square [1', the degrees of freedom, means that the size of the crosstabulation table is 2rows by 2columns, Number of cases is 16,366] = the actual chi square value of 49.578, 'p' means the probability that results are due to chance, in this case 1 in 1000). Since results are not due to chance, these results indicate that there is a meaningful relationship between, in this case, white or American Indian race and placement in foster care.

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Findings from the original study were that American Indian children are more likely than white children to come from homes where there is violence among caretakers and where the family receives public assistance.

TABLE 1

Services provided to neglected White and American Indian Children 1995-1999

Variable	White (n=8268)	American Indian (n=9080)
Foster care services provided***	22.6%	27.3%
Family Preservation services provided*	3.2%	2.6%
Juvenile court petition***	14.7%	16.9%

*p<.05
**p<.01
***p<.001

Children who were reported as neglected also varied by mental or physical problem. As shown in Table 2, American Indian children were significantly more likely than whites to have a problem with alcohol (X2 [1, N = 10,800] = 18.496, p<.001). White children were significantly more likely to have a mental or physical problem (X2 [1, N = 2082] = 12.35, p<.001), to be emotionally disturbed (X2 [1, N= 15,553] = 9.974, p=.001), to have a learning disability (X2 [1, N = 15,466] = 9.383, p=.001), or to have a behavior problem (X2 [1, N = 15,451] = 13.877, p<.001).

TABLE 2

Selected Problems of Neglected White and American Indian Children 1995-1999

Variable	White (n=8268)	American Indian (n=9080)
Child problem, mental or physical*	27.9%	21.3%
Child Problem with Alcohol***	.6%	1.5%
Child Emotionally Disturbed***	.9%	.5%
Child Learning Disability***	1.2%	.7%
Child Behavior Problem***	1.9%	1.2%

*p<.05
**p<.01
***p<.001

A similar trend was found among caretakers of children who were reported to be neglected. As shown in Table 3, caretakers of American Indian children were significantly more likely to have problems with alcohol (X2 [1, N = 11,342] = 125.033, p<.001), while caretakers of white children were significantly more likely to have a mental or physical problem (X2 [1, N = 977] = 33.246, p<.001), to be mentally retarded (X2 [1, N = 11,249] = 3.794, p<.05) or emotionally disturbed (X2 [1, N = 10,318] = 17.979, p<.001), to have a learning disability (X2 [1, N = 10,318] = 3.599, p<.05), or to have another medical problem (X2 [1, N = 841] = 14.165, p<.001).

TABLE 3

Caretaker Characteristics of Neglected White and American Indian Children 1995-1999

Variable	White (n=8268)	American Indian (n=9080)
Caretaker mental or physical problem***	34.5%	18.3%
Caretaker problem with alcohol***	6.3%	12.5%
Caretaker mentally retarded*	1.1%	.8%
Caretaker emotionally disturbed***	1%	.3%
Caretaker learning disability*	.3%	.1%
Caretaker other medical problem***	11.2%	4.4%

*p<.05
**p<.01
***p<.001

Findings from the original study were that American Indian children are more likely than white children to come from homes where there is violence among caretakers and where the family receives public assistance. As shown in Table 4, the current analysis also found that among children who were reported victims of neglect, American Indian children were more likely than white children to come from homes where there was violence among caretakers (X2 [1, N = 1916]

The only problem that was significantly more likely to be found among American Indian victims of neglect and their families was alcohol abuse. Various studies have reported a purported link between Native people and alcohol abuse. It is important to note, however, that “not all American Indians drink and not all who drink do so excessively.”

= 5.841, $p < .01$), and where the family received public assistance ($X^2 [1, N = 11,459] = 5.518, p = .01$). A new and surprising finding is that, in this database, the white children were significantly more likely to have inadequate housing than American Indian children ($X^2 [1, N = 1841] = 6.894, p < .01$).

TABLE 4

Home Characteristics of Neglected White and American Indian Children 1995-1999

Variable	White (n=8268)	American Indian (n=9080)
Violence between caretakers**	12.7%	16.6%
Inadequate housing**	20.5%	15.8%
Family receives public assistance**	21.5%	23.4%

* $p < .05$
 ** $p < .01$
 *** $p < .001$

Discussion

These findings rest on the accuracy and completeness of the national Child Abuse and Neglect Data System (NCANDS). The NCANDS, despite its limitations, is considered the primary data source for information on the abuse and neglect of all children in the United States. The utility of NCANDS to determine levels of neglect in Indian Country is limited first, by the method of data collection. Since information is collected by state/county rather than by tribal workers, American Indian cases that occur on tribal land are not always included. Also, the findings of neglect or abuse are based on the perceptions of non-Native workers who may be unfamiliar with the culture. In addition, the Detailed Case Record data used for this review is only from 16, primarily non-Indian states. One large Indian state, Oklahoma, had over half of the Indian cases but in a separate analysis of data from Oklahoma in the NICA study, Oklahoma’s results were similar to those from the other 15 states (Earle & Cross, 2001), strengthening

the argument that the sample may be generalized to other states as well.

Despite this fact, it must be stated that results from the NCANDS regarding the neglect of Indian children are probably not accurate. What these results may show, however, is that there is a difference, by race, in how these cases are assessed and handled. Since data are collected by state and county (usually non-Indian) workers, they provide some insight into the view and actions of mainstream workers who make the determination of whether or not an American Indian child is a victim of neglect.

First, American Indian children who were found to be victims of neglect appear from this study to have been treated differently from white children. More Indian children received foster care services and were the subject of a juvenile court petition, while more white children received family preservation services.

Secondly, American Indian child victims of neglect and their caretakers were found to have fewer mental or physical problems than white victims and caretakers. Clearly, (white) caretakers who are emotionally disturbed, mentally retarded, or who have a learning disability or medical problem are probably more likely to engage in neglectful behavior. The only problem that was significantly more likely to be found among American Indian victims of neglect and their families was alcohol abuse. Various studies have reported a purported link between Native people and alcohol abuse. It is important to note, however, that “not all American Indians drink and not all who drink do so excessively” (Gill, Eagle Elk, & Deitrich, 1997, p. 41), and that there are wide variations in rate among and within different Native tribes/nations. However, high rates of alcohol use and alcohol related accidents among American Indian adults and youth (US Dept Justice, 1999), and lifestyle differences such as peer-related binge drinking on a regular basis (Mail & Johnson, 1993; May, 1994), may

As stated by Hogan and Siu "Current treatment of minority children continues to reflect racial bias: the system responds more slowly to crises in minority families; such families have less access to support services such as day care and homemaker services . . . ;and parents of color have been viewed as less able to profit from support services". Families and persons of color, they write, are more likely to be punished and Caucasian families helped when crises arise.

lead to a perception of higher rates of alcoholism anywhere in Indian Country. It is possible that this perception clouds the vision of a worker investigating an American Indian home where an allegation of neglect has been made.

American Indian victims of neglect were more likely to come from a violent home and/or a home where public assistance is being received, while white victims of neglect were more likely to come from a home where housing was considered inadequate. These findings may be interpreted either that poverty and violence are signs of neglect more often in American Indian homes, or that they are simply found more often in American Indian homes. Inadequate housing is certainly a problem for many American Indian families; yet it is not significantly related to a designation of neglect, when compared to white children.

Summary

These data, collected by state and county workers, seem to indicate that American Indian children are more likely than whites to be considered by mainstream social workers to be neglected if they or their caregivers use alcohol, receive public assistance, and come from a violent home. Poverty and alcohol use may be more common among the families of all American Indian children, and may not be indications of neglect. Similarly, the presence of violence in the home does not necessarily indicate neglect.

The factors associated with a designation of neglect of a Caucasian child are more various and tend to include mental and physical problems of caretaker and child that both limit the ability of an adult to care for a child and, in a child, that may lead to parental inattention and neglect of the child's needs.

Unlike emotional or medical problems, the use of alcohol found in Native communities is not always a constant characteristic. That is, one may

use alcohol freely for a period of time and then not use it. In addition there may be caretakers other than a child's parents who are involved with the child when the parent is unavailable. The extended family, clan, and community responsibility for children in American Indian society is well documented (Cross, 1986; Dykeman, Nelson & Appleton, 1995; Red Horse 1980).

This study also found that the American Indian children who are reported by mainstream workers to be neglected were more likely than whites to be placed in punitive circumstances (foster care; juvenile court). As stated by Hogan and Siu (1998) "Current treatment of minority children continues to reflect racial bias: the system responds more slowly to crises in minority families; such families have less access to support services such as day care and homemaker services . . . ; and parents of color have been viewed as less able to profit from support services" (p. 493). Families and persons of color, they write, are more likely to be punished and Caucasian families helped when crises arise.

In Dowler's 1857 analysis, one of the studies he was trying to refute had been completed by Benjamin Rush. Dowler quoted Rush as follows:

The treatment of children among the Indians tends to secure their hereditary firmness of constitution . . . The state of society among the Indians excludes the influence of most of those passions which disorder the body . . . Envy and ambition are excluded by their equality of power and property . . . There are no deformed Indians. Fevers constitute their only diseases. . . They appear strangers to diseases and pains of the teeth. If their remedies are simple, they are, like their eloquence, full of strength . . . (In Dowler, p. 336).

Dr. Rush, who was one of the signers of the American Declaration of Independence, knew and studied American Indian people almost a century

Since the passage of the Indian Child Welfare Act in 1978, social workers and other professionals have begun to understand and even embrace American Indian sovereignty and responsibility for the rearing and care of their own children. This study highlights the need to further this understanding, and to encourage the continued greater participation of Indian people in decisions regarding the welfare of their children.

before Dowler. Perhaps by the 1850s the “benefits” of civilization had begun to take their toll on Native people’s lives and psyches. Only within the past few decades has society come to recognize and accept that the mainstream approach to care may not be the most beneficial approach for American Indian families and children.

Since the passage of the Indian Child Welfare Act in 1978, social workers and other professionals have begun to understand and even embrace American Indian sovereignty and responsibility for the rearing and care of their own children. This study highlights the need to further this understanding, and to encourage the continued greater participation of Indian people in decisions regarding the welfare of their children. It also supports the need for the involvement of American Indian people in the child protective system, as investigators, clinicians and data collectors. Only by the direct participation of sovereign Indian nations in child protective investigation, treatment, and data collection can a true measure of child abuse and neglect in Indian Country be obtained.

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