“1 is 2 Many”

On September 14, 2011, Vice President Biden announced a nationwide effort to reduce and prevent violence against young women. In the 17 years since passage of the Violence Against Women Act (VAWA), overall violence against women is down about 50%; however, the rate of violence against young women ages 16-24 remains unacceptably high.

The Vice President provided some sobering statistics:
- 1 in 5 young women will be a victim of sexual assault while in college
- 1 in 9 teen girls will be forced to have sex
- 1 in 10 teens will be hurt on purpose by someone they are dating

In response to this alarming data, the Vice President adopted the motto “1 is 2 many” for a campaign that stresses how we don’t want to see even one more precious life devastated by the cycle of violence and abuse.

We also know from past statistics that an even tougher road may await Native women. As President Obama has noted, 1 in 3 Native women will be raped during her lifetime. The President called this “an assault on our national conscience” and “an affront to our shared humanity.”

It is likely that you have seen the devastating effect violence has had on tribal communities; perhaps even among your own loved ones. The harm to young women can come from a variety of ways: cyberbullying, stalking, assault, sexual assault and escalating violence. We need to embrace our young people with love while helping them build self-confidence and gain hope that will enable them to avoid the pitfalls of committing or allowing violence, and the drug and alcohol abuse that is often its root cause. I invite you to join in the “1 is 2 many” effort to learn how to protect Indian Country’s women from the cycle of violence.

We at the Interior Department have identified some steps to further the Vice President’s Initiative to Prevent Violence Against Young Women, and we invite your ideas, both for what we can do and for what you can do within your communities, to reduce and prevent violence against young women. We believe everyone can do something, no matter how modest, to resolve this crisis.

Here are a few of the steps we at DOI are taking:
- Prevention & Recovery Quarterly. We want to engage you in a dialogue on this subject. As you read through this newsletter, you will note that prevention of violence against young women is a recurring theme. Please let us know how we might support your efforts and feel free to submit your ideas for future editions so that it can be an effective resource for you.
- Training. In particular, we are developing training for teachers, administrators and staff at Bureau of Indian Education schools. These front-line educators have relationships and opportunities with youth that make them especially vital to this endeavor. The BIE will make webinar training available to their teachers later this year.
- Courts Training. Also in 2012, the BIA Office of Justice Service tribal courts program will hold special training in prosecuting violence against women/domestic violence cases for tribal court advocates and judges.
- Victim Advocacy. The OJS is also strengthening its victim advocacy services.
- Outreach. We also are working to connect culturally appropriate teachers and trainers with youth in detention, as they may be the most at risk for involvement with violence.

We know this is just a start, but we are eager to do what we can and invite you to do the same. You may want to begin by reviewing the information and materials available from the Vice President’s office at: www.whitehouse.gov/1is2many. By working together, we can make our communities safer for all women.

Ms. Jodi Gillette, Deputy Assistant Secretary, Indian Affairs, Department of the Interior

Photo Courtesy of BIA
The Indian Health Service (IHS) sponsors a broad schedule of trainings for implementing the Domestic Violence Prevention Initiative (DVPI).

Two years ago, Congress appropriated $7.5 million for the IHS in the Omnibus Appropriations Act of 2009 (P.L. 111-8) to implement a nationally coordinated DVPI. For FY 2010, Congress added $2.5 million bringing the total to $10 million for this initiative.

The DVPI has funded a total of 65 projects that include IHS, tribally, and urban operated programs. In its first year, the DVPI enabled: 37,737 screenings for domestic violence (73% of eligible patients), over 5,200 victims of domestic violence or sexual assault to receive DVPI services, and over 4,700 referrals to be made for domestic violence, culturally-based, and clinical behavioral health services; more than 8,400 adults and children to receive crisis intervention, victim advocacy, case management, and counseling services; a total of 160 forensic evidence collection kits to be submitted to federal, state, and tribal law enforcement; over 76% of projects to report having interdisciplinary teams including a Sexual Assault Response Team (SART) and task forces with nearly 2,500 participants trained at 178 training events; and, more than 18,000 community members to be reached through community awareness and education events.

To address the need for training and technical assistance, the IHS is sponsoring seven Regional SART trainings, seven Regional Sexual Assault Examiner (SAE) trainings, and three Clinical Skills trainings to federal, tribal, or urban health care facilities. If space is available, registration will be open to health care providers from referral centers serving American Indian and Alaska Native victims of sexual assault. The IHS plans to provide standardized forensic equipment, including digital cameras, lenses, laptops, tripods, and portable storage cases, to IHS and tribal hospitals operating 24/7 and performing sexual assault forensic medical examinations on site.

The following is the current list of available SART, SAE, and Clinical Skills trainings:

### IHS SART Trainings

**Navajo Area**  

**Billings Area**  
Date: April 23 to April 24, 2012  

**Nashville Area**  
Date: April 26 to April 27, 2012  

### IHS SAE Trainings

**Phoenix and Tucson Areas**  
Date: May 7 to May 11, 2012  

**Oklahoma Area**  
Date: June 11 to June 15, 2012  

**Albuquerque Area**  
Date: June 18 to June 22, 2012  

**Navajo Area**  
Date: July 9 to July 13, 2012  

**Billings Area**  
Date: July 16 to July 20, 2012  

**Aberdeen and Bemidji Areas**  
Date: July 23 to July 27, 2012  

**Nashville Area**  
Date: August 6 to August 10, 2012  

### IHS Clinical Skills Trainings

Dates: July 30–31, 2012/August 17–19, 2012/September 7–8, 2012, Registration:  
[http://cs-co-csl-trng-july.eventbrite.com](http://cs-co-csl-trng-july.eventbrite.com)  
[http://cs-co-csl-trng-august.eventbrite.com](http://cs-co-csl-trng-august.eventbrite.com)  
[http://cs-co-csl-trng-september.eventbrite.com](http://cs-co-csl-trng-september.eventbrite.com)
IHS Programs Support Vulnerable Children

According to the 2010 report\(^1\) on child maltreatment published by the Administration on Children, Youth and Families, American Indian and Alaska Native (AI/AN) children are victims of child abuse and neglect (CAAN) at a rate of 11.0 per 1,000, the third highest rate of victimization after African-American and mixed-race categories. Research suggests that child abuse is related to an increased risk for developing adverse physical and mental health outcomes in children. The Adverse Childhood Experiences (ACE) study shows a strong and graded relationship between adverse childhood experiences and adverse health outcomes in adulthood. The following further illustrates the importance of CAAN among AI/AN children:

- More than 3.6 million reports of suspected CAAN were received in 2010, averaging 10,000 reports per day
- Abused or neglected children in the age range of birth to one year had the highest rate of victimization at 20.6 per 1,000
- Reported cases were nearly equally represented by boys (48.5 %) and girls (51.2 %)
- Rate of fatalities from abuse and neglect was 2.07 per 100,000 children (1,560 children), averaging four deaths per day as a result of CAAN
- Victims of CAAN also were exposed to other risk factors in the home, including caregiver domestic violence (25.7% of cases), caregiver alcohol abuse (11%), and caregiver drug abuse (18%)
- More than 7,000 AI/AN cases of CAAN are reported annually, averaging 19 cases per day
- American Indians, Alaska Natives, and Pacific Islanders are overrepresented in the number of child victims of CAAN, accounting for 1.7% of total child fatalities from abuse and neglect

To effectively address this Indian Country public health problem, IHS professionals are working through agency initiatives, as well as in collaborating with law enforcement, social services, and other stakeholders at the community level, in the development of a coordinated prevention, early intervention, and treatment response to CAAN.

Domestic Violence Prevention Initiative (DVPI)

DVPI projects are utilizing the Strengthening Families curriculum, which teaches parenting skills, children’s life skills, and family life skills. For example, elders have shared their knowledge and wisdom on how essential healthy relationships are to making strong families. The projects also are using the Safe Dates curriculum, which helps youth recognize the difference between caring supportive relationships and controlling, manipulative, or abusive dating relationships. In addition, DVPI projects collaborate with Child Advocacy Centers to provide advocacy, clinical services, and prevention education for children and families to deter child abuse.

IHS Child Maltreatment Policy

The IHS is developing a child maltreatment policy as a stand-alone chapter in the DHHS Indian Health Manual that will outline operating procedures and protocols for child victims of abuse and neglect. The policy will be a foundation for IHS-managed hospitals and clinics to develop standards of care for victims of child maltreatment.

Child Maltreatment Training – Child Adolescent Referral and Evaluation (CARE)

The IHS is sponsoring regional trainings in the CARE multidisciplinary team (MDT) model. This training will provide a foundation for collaborative efforts in the evaluation of alleged cases of child abuse. The unique benefits of a team-based approach will be presented from the perspective of medical, psychological, law enforcement, and victim services and social services perspectives. In addition to an overview of the CARE model, roles of specific team members will be discussed and case examples will be presented for instructional purposes. Breakout sessions will be held for medical, mental health, victim services and social services, and law enforcement MDT members of MDTs.


Victim Assistance

BIA programs reduce trauma to victims

The Victim Assistance Program (VAP) located within BIA Office of Justice Services is a new program specifically designed to assist crime victims in Indian country when a crime is reported. BIA “Victim Specialists” are located throughout the Western United States and serve multiple reservations and their communities. Victim Specialists are currently located in the following states: Montana, North and South Dakota, Oklahoma, New Mexico, Arizona and Wyoming. The VAP assists federal, tribal and state law enforcement agencies in providing services to victims; establishing rapport with victims and their families; enforcing victims’ rights; and maintaining victim services at the center of law enforcement response.

The primary goal of the VAP is to help reduce trauma to victims; assist with their immediate needs; assess important safety issues; provide crisis intervention; tribal court accompaniment; and to provide follow-up services. The VAP has been instrumental at strengthening and improving the investigative process with respect to working with Native American victims. The VAP also collaborates with a host of other victim service agencies within the criminal justice system (tribal, state and federal) to provide a continuum of services for victims.

All victims are entitled to be treated fairly and with dignity and respect. The VAP helps to ensure that Native American victims of crime in their communities are treated as such with the collaboration of their law enforcement counterparts. A new and exciting era has emerged for BIA Office of Justice Services Law Enforcement and for Native American citizens who call Indian country their home. The national non-emergency toll-free number to learn more about this program is (855) 827-7242.

Resources and Services

TRIBAL JUSTICE SYSTEM CAPACITY BUILDING TRAINING AND TECHNICAL ASSISTANCE PROGRAM

U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) offers funding under the Tribal Justice System Capacity Building Training and Technical Assistance Program. The program furthers the Department’s efforts to assist tribal communities in planning and implementing comprehensive strategies to reduce and control crime associated with alcohol and other drug abuse; and in developing, implementing, and enhancing American Indian and Alaska Native tribal justice systems. Applications are due May 31, 2012. https://www.bja.gov/Funding/12TribalJusticeTTAsol.pdf.

GRANT PROGRAMS TO END VIOLENCE AGAINST WOMEN

The Office on Violence Against Women (OVW) administers 21 grant programs authorized by the Violence Against Women Act of 1994 and subsequent legislation. These grant programs are designed to develop the nation’s capacity to reduce domestic violence, dating violence, sexual assault, and stalking by strengthening services to victims and holding offenders accountable. For further information, please contact: Office on Violence Against Women, 145 N Street NE, 10th Floor, Washington, DC , 20530, (202) 307-6026, http://www.ovw.usdoj.gov.

Grants.gov is your source to FIND and APPLY for federal grants. Learn more about http://www.Grants.gov and determine if you are eligible for grant opportunities!
Office of Indian Alcohol and Substance Abuse Director Position Recruitment Open

The Substance Abuse and Mental Health Services Administration is searching nationwide for a leader to direct the new Office of Indian Alcohol and Substance Abuse. Incumbent directs and coordinates Federal inter-agency efforts to provide technical assistance, information, guidance and other resources to tribes and the tribal committees regarding the implementation of the Tribal Law and Order Act. For more information, please go to: http://www.usajobs.gov/GetJob/ViewDetails/312271000.

2012 SAMHSA/CSAP Prevention Fellowship Program Summer Internship for Graduate Students

SAMHSA’s Center for Substance Abuse Prevention announces their annual Prevention Summer Internship program. The Prevention Fellowship Program is excited to partner once again with the Strategic Prevention Framework Tribal Incentive Grantees (SPF-TIGs). The program invites qualified graduate students from schools of public, behavioral, and allied health to apply for the 10-week paid internship program in one of seven participating SPF-TIG locations. Eight selected Interns will benefit from hands-on substance abuse prevention experience within the SPF–TIG locations. Program details, participating SPF-TIG and Tribal Organization locations, and the online application can be accessed at https://www.seiservices.com/SAMHSA/csap/preventionfellowship. Applications will be accepted from eligible candidates from Monday, March 19, 2012 through Monday, May 7, 2012.

Alaska Native Tribal Health Consortium, Senior Epidemiologist

ANTHC, a leading and award winning healthcare services provider that values the unique contributions all employees bring to their services, encourages the application of Alaska Native and American Indian applicants for the position of Senior Epidemiologist. Incumbent plays a role in EpiCenter projects, from cancer to suicide to regional health profiles, and plays a major role in domestic violence and sexual violence projects. In addition, incumbent’s role would be part epidemiology and part program evaluation and technical assistance, all to help the Tribal Health System and the health of Alaska Native and American Indian people in Alaska. For more information, please go to: https://anthccareers.silkroad.com/anthcext/Employment_Listings.html.

Remember to visit the Office of Indian Alcohol and Substance Abuse Website at http://www.samhsa.gov/TLOA/ for up-to-date information on implementation of the Tribal Law and Order Act (TLOA), and other pertinent stakeholder information and resources.

If you have any questions or comments about the newsletter, please feel free to contact the Newsletter Committee Co-Chairs: Gloria T. Mora, (202) 513–7619 or gloria.mora@bia.gov
Juanita M. Mendoza, (202) 208-3559 or juanita.keesing@bie.edu
We look forward to hearing from you!

This newsletter was created in collaboration with the following partners: Administration for Native Americans—Administration on Aging—Bureau of Indian Affairs—Bureau of Indian Education—Indian Health Service—Office of Justice Programs—Office of Tribal Justice—Substance Abuse and Mental Health Services Administration—The White House Initiative on Native American and Alaska Native Education

National Domestic Violence Hotline
http://www.ndvh.org
1-800-799-SAFE (7233)
1-800-787-3224 (TTY)

Rape, Abuse, and Incest National Network (RAINN)
http://www.rainn.org
1-800-656-HOPE (4673)

National Teen Dating Abuse Helpline
http://www.loveisrespect.org
1-866-331-9474
1-866-331-8453 (TTY)

National Center for Victims of Crime, Stalking Resource Center
http://www.ncvc.org/src/
1-800-394-2255
Indian Health Service

2012 National Behavioral Health Conference

Mobilizing Partnerships to Promote Wellness

SAVE THE DATE

June 25-28, 2012 • Bloomington, Minnesota

Includes: The Methamphetamine and Suicide Prevention Initiative & The Domestic Violence Prevention Initiative Annual Meetings

To register and for more information:
Email: bhconference@kauffmaninc.com
Phone: (509) 789-2673
No Registration Fee

DoubleTree by Hilton Bloomington – Minneapolis South
7800 Normandale Blvd.
Bloomington, MN 55439
(952) 885-7800
Toll-free: 1 (800) 325-3535
www.doubletreehotelbloomington.com/index.php

Phone Reservations
Reservation Number: 1 (800) 222-TREE (8733)
Room Block Name: IHS Behavioral Health Conference
Room Block Rate: $95.00 per night, plus tax
Room Block Rate Deadline: Friday, June 1, 2012