

U.S. Department of Justice  
Office of Justice Programs  
*Office for Victims of Crime*



# BITTER EARTH

A Production of:

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**Office for Victims  
of Crime**

**Office of Justice  
Programs**

**U.S. Department of  
Justice**

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## CHILD SEXUAL ABUSE IN INDIAN COUNTRY

Office for Victims of Crime

**OVC**

*Advocating for the Fair  
Treatment of Crime Victims*

# DISCUSSION GUIDE

## OFFICE FOR VICTIMS OF CRIME RESOURCE CENTER

Established by the Office for Victims of Crime, U.S. Department of Justice, the Office for Victims of Crime Resource Center (OVCRC) seeks to increase awareness of the needs of crime victims and improve services to these victims.

Through OVCRC you can access the most comprehensive criminal justice library in the world—the National Criminal Justice Reference Service (NCJRS) Research and Information Center. This collection contains the most up-to-date research findings, statistical reports, program descriptions, and evaluations on victim issues published by public and private sources. OVCRC's resources also include a well-established network of victim advocates and organizations.

OVCRC staff conduct outreach at national, State, and local conferences. They can provide you with individual copies of published materials or bulk copies for mailings, workshops, and conferences.

Contact the Office for Victims of Crime Resource Center by calling 1-800-627-6872 or writing to OVCRC, P.O. Box 6000, Rockville, MD 20849-6000. Resources are also available 24 hours a day through the World Wide Web on the NCJRS home page ([www.ncjrs.org](http://www.ncjrs.org)) and OVC home page ([www.ojp.usdoj.gov/ovc/](http://www.ojp.usdoj.gov/ovc/)).

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For additional information on child sexual abuse, contact:  
National Indian Justice Center  
The McNear Building  
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The Office for Victims of Crimes is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office of Juvenile Justice and Delinquency Prevention.

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**B**itter Earth is an educational tool for increasing the awareness of child sexual abuse in Indian Country among community members and non-Indian service providers. The video can be shown in groups, families, or can be viewed privately by individuals. The content of the video may be disturbing to some viewers as it may trigger memories of abuse. Prior to viewing the video, it will be helpful to inform people of the reactions that they may experience and to identify the local resources available to provide counseling or other assistance. While some may wish to view the video in private, it is important for everyone to know that emotional responses to parts of the video are normal for people who have experienced or witnessed abuse.

For agencies utilizing *Bitter Earth* as a training tool, it will be useful to develop educational handouts to accompany the video. These may include the signs and symptoms of child sexual abuse as well as local resources available to victims of child sexual abuse, past and present, as well as other issues (e.g., discussing male victimization, juvenile perpetrators, multiple perpetrator molestation, female perpetrators, etc.). Other ideas for discussion topics or handouts include:

1. What resources are available in your community for assisting child sexual abuse victims and their families? This discussion can help community members and service providers identify unmet needs and begin to plan for meeting these needs.
2. Who handles child sexual abuse cases in your community? Are these cases handled in a sensitive and appropriate manner? In many communities the agencies involved in handling child sexual abuse cases include: Social Services (either tribal, state, county, or Bureau of Indian Affairs), law enforcement (Bureau of Indian Affairs, tribal, state, FBI, and/or county), judicial—including prosecutors, judges, and other court staff (tribal, federal, and/or state), behavioral or mental health (tribal and/or Indian Health Service), hospitals (Indian Health Service or tribal), schools (tribal, BIA, and/or public), and of course the victim's family and friends. The video can provide an opportunity for viewers to identify how child sexual abuse cases are handled in the community and to explore ways to improve the system's response to child sexual abuse.

Many tribal communities have multidisciplinary teams, often called CPTs (child protection teams), SCAN teams (suspected child abuse and neglect), or MDTs (multidisciplinary teams). These types of teams can be effective in coordinating services for child sexual abuse victims. The

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teams will be especially effective if they have the backing and active support of tribal leaders.

3. What is the tribal leadership's role in responding to child sexual abuse in the community? Tribal leaders play a vital role in education, prevention, and intervention services for the communities. A discussion can include identification of the role tribal leaders currently play in this issue as well as identifying additional ways for tribal leaders to become involved. Some ideas include passing a children's bill of rights, resolutions and activities in recognition of child abuse prevention month (April) and domestic violence awareness month (October), and creating or updating existing family protection codes (including mandatory arrest procedures).
4. How does the community as a whole respond to child sexual abuse? What are community members doing to deal with the child sexual abuse problem in the community?
5. The discussion by a victim's mother regarding her daughter's medical exam may cause concern. This issue is a very important one for discussion in your community. Are there physicians in the community who have been specially trained to perform child sexual abuse exams? It is vital that they receive such training to avoid the problems outlined in the victim's mother's statement. There are alternatives to performing a physical exam on a screaming, traumatized child and, in the process, re-traumatizing the child. Such alternatives can include, when medically indicated, sedating a child victim. However, physicians who have not received specialized training in performing child sexual abuse exams may be unaware of the available alternatives.
6. Jurisdictional issues can cause confusion among service providers and community members. Discussions aimed at clarifying jurisdictional confusion may be very helpful. Does the audience know which agencies have jurisdiction in child sexual abuse cases in the areas of law enforcement, child protection, and judicial services, including how these jurisdictional concerns are influenced by factors such as whether the perpetrator is an Indian or non-Indian, where the abuse occurred, the existing tribal codes, etc. It is crucial that everyone clearly understands these issues.

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7. The video highlights the importance of victim/child advocates in assisting child victims and their families through “the system.” Does your community offer these victim assistance services to child sexual abuse victims? If not, what actions can the community take to make victim advocacy services available? If such services are available, does the community know about them or is additional community education necessary and what will the audience do to provide this education?
8. The video includes a list of behavioral symptoms which indicate child sexual abuse. This information is vitally important. It is suggested that you develop a handout to distribute to community members which outlines behavioral symptoms of child sexual abuse and that all of those working with children in your community are aware of these signs.

Community members viewing the video may identify children who exhibit several behavioral indicators of abuse. The video can be accompanied by a more in-depth discussion of how to evaluate children with behavioral symptoms, when it is appropriate to make a report of suspected child sexual abuse (including where and how to make such a report), as well as support, and referrals, if necessary, for people who are concerned that a child they know has been abused.

9. What types of traditional beliefs and healing approaches can be utilized to make available resources culturally relevant? If you have a local prevention, education, and/or treatment program, does this program integrate traditional values and beliefs? Many professionals working in Indian Country are non-Indian and may be unfamiliar with the community’s cultural beliefs and traditional healing practices. It is vital that community members and non-community members work together to develop programs that reflect the beliefs, values, and traditions of the community they serve.

There are a number of issues which are briefly touched on in the video, due to lack of time. These issues also deserve discussion and should be incorporated as part of any education presentation.

10. Juvenile Perpetrators. Virtually every community, Indian and non-Indian, has noted a dramatic increase in the number of reported juvenile child

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sex offenders. While many people find it difficult to believe that a 6-year-old can molest a younger child, or that a 10-year-old is capable of rape, these activities take place with disturbing regularity. It is important to discuss the fact that juvenile sex offenders exist and that they pose a serious threat to the safety of all other children. The question of treatment for juvenile offenders will undoubtedly arise during any discussion of this type. The question is a difficult one to answer. Most reservation communities do not offer treatment services for juvenile offenders. While there are a growing number of off-reservation treatment programs for juvenile sex offenders, many of these programs have not yet produced long-term data on effectiveness.

The issue of juvenile offenders, including treatment options and possible criminal prosecution (in both federal and tribal courts) is important for every community to address.

11. Dynamics of Incest. The video does not give an in-depth look at the family dynamics of incest. Community education in this area can be especially useful in assisting community members in identifying families in which incest may be occurring.
12. The relationship between substance abuse and sexual abuse. There are many implications of this relationship, including the challenges of FAS (fetal alcohol syndrome) and FAE (fetal alcohol effect) victims and perpetrators. Many people believe that when alcohol is involved in sexual abuse, that treatment of the offender's alcohol problem will also solve the sexual abuse problem. This is a misperception which must be addressed so that appropriate sanctions and treatment can be offered to offenders.

The issues of FAS and FAE interact with sexual abuse in a frightening manner. Child sexual abuse victims who have FAS may be poor witnesses in criminal proceedings. They may be seen by sex offenders as potential victims for this reason. Additionally, some FAS children may lack the cognitive ability to defend themselves against abuse. FAS and FAE children may lack an understanding of cause and effect and may have difficulty understanding why sexual exploitation of another person is wrong. Psychological treatment for FAS/FAE victims of child sexual abuse adds an extra dimension for the therapist. Ensuring these children's continued safety is an extra challenge for the community.

Child sexual abuse is one of the most difficult issues for a community to deal with. After generations of silence, it is difficult for community members to feel comfortable talking about child sexual abuse, especially to outsiders. Denial about the existence of sexual abuse, as well as a desire to avoid “airing dirty laundry in public,” may make tribal leaders and members particularly sensitive to dealing with child sexual abuse. Thus, victims of sexual abuse and their families may feel isolated and alone. They may face strong community and family pressure to maintain the silence and denial which traditionally accompanies child sexual abuse.

This video is a first step in helping Indian people break the silence and denial and to begin the healing of our children, our families, and our communities.

### **Suggested Reading:**

*The Courage to Heal*, by Ellen Bass and Laura Davis, Harper and Row, NY. (1988)

*Let the Healing Begin*, Nicola Valley Institute of Technology, Publications Department, Box 399, Merritt, B.C. V0K 2B0.

*Outgrowing the Pain: A Book for and about Adults Abused as Children*, by Eliana Gil, Launch Press. (1984)

*Treating the Young Male Victim of Sexual Assault: Issues and Intervention Strategies*, by Eugene Porter, Safer Society Press, Orwell, VT. (1986)

*The Secret Trauma: Incest in the Lives of Girls and Women*, by Diana Russell, Basic Books, NY. (1986)

*The Spirit Weeps: Characteristics and Dynamics of Incest and Child Sexual Abuse*, by Tony Martens, published by: Nechi Institute, Box 3884, Postal Station D, Edmonton, AB, T5L 4K1, CANADA. (1988)

*Vulnerable Populations (Volumes I and II)*, edited by Suzanne Sgroi, Lexington Books, Lexington, MA.

# FOR ADDITIONAL INFORMATION ON CHILD SEXUAL ABUSE, CONTACT THE NATIONAL INDIAN JUSTICE CENTER

The McNear Building, #7 Fourth Street, Ste. 46, Petaluma, CA 94952. 707-762-8113.

The National Indian Justice Center (NIJC) has a series of resource materials concerning child sexual abuse in Indian Country, including the following:

***Child Sexual Abuse Training Manual.*** This training manual offers a comprehensive presentation of substantive and procedural information necessary to effectively handle child sexual abuse cases in Indian Country. Chapters include: (1) Overview of Child Sexual Abuse; (2) Reporting Policies and Procedures; (3) Law Enforcement Investigation of Child Sexual Abuse; (4) Child Protection Services and Victim Services; (5) Interviewing Child Sexual Abuse Victims; (6) Tribal/Federal Coordination of Child Sexual Abuse Cases; (7) Child Sexual Abuse Cases in Tribal Court; (8) Witness and Evidentiary Considerations in Child Sexual Abuse Cases; (9) Roles in Child Sexual Abuse Cases; (10) Sentencing, Treatment and Resource Development; and (11) Problem Areas in Child Sexual Abuse. The 750+ page manual is in a seven ring binder and is available for \$69 (includes shipping and handling).

***Child Sexual Abuse Protocol Development Guide.*** The NIJC has developed an extensive protocol development guide for child sexual abuse cases. An interagency child sexual abuse protocol is a written document outlining each agency's specific role and responsibility in the investigation and prosecution of child sexual abuse. This protocol guide includes general guidelines for protocol development and examples of various types of protocols. It is available from NIJC for \$10 (includes shipping and handling).

***Child Sexual Abuse Tribal Code Revision Resource Packet.*** This tribal code revision resource packet is designed to provide assistance for Indian tribes seeking to improve the handling of child sexual abuse cases. The resource packet includes both possible guidelines for use in revising tribal codes to improve the investigation and prosecution of child abuse cases in Indian Country and extensive supplemental resource materials. The 500+ page resource packet is available from the NIJC for \$25 (includes shipping and handling).