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PERSPECTIVE ARTICLE

A Call for Culturally-Relevant Interventions to Address Child Abuse and Neglect in American Indian Communities

Apryl Joe[1] · Cora McElwain[1] · Kyla Woodard[1] · Stephen Bell[1]

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Abstract

The American Indian population has the highest rate of child abuse and neglect in the country at 14.2 cases per 1000 children. Yet, there is a paucity of child abuse interventions available and an even deeper need of culturally relevant interventions for American Indian families. This paper explores the literature of the existing interventions that are specifically used with American Indian families affected by child abuse and neglect. This paper is also a call for culturally relevant interventions and a proposal of recommendations for child abuse and neglect interventions for American Indian families.

Keywords American Indian · Native · Child abuse · Culture · Families · Interventions

Introduction

In most American Indian[1] (AI) communities, children and youth are significantly valued because they are the next generation to carry on the teachings, practices, and languages of their people. In the USA, there are 573 federally recognized tribes, as well as dozens of state-recognized tribes and unrecognized tribes. Nearly 5.2 million people in the USA, or 2% of the population, identify as American Indian [1]. While only 20% of American Indians live on Indian land, such as reservations or trust land, 78% of American Indians live outside of Indian land in urban, suburban, and rural communities [1]. Many of these AI cultures, on and off Indian land, believe children are sacred beings; therefore, they are highly respected and are viewed as equal partners in their family and community [2]. They fulfill roles and contribute to AI societies equally along with AI adults and elders [2]. Each AI child has a purpose in life; therefore, it is important they have a positive and healthy development. Since AI people believe children are sacred and should be protected, it is concerning that there are high rates of child maltreatment cases within AI families. This demonstrates even more the need to provide culturally relevant interventions and services for AI children and families.

Child abuse and neglect is a significant problem in the AI community due to historical trauma, substance use, lack of parenting knowledge, poverty, and significant health disparities [3–5]. Even though there are numerous evidence-based interventions available for servicing families that are experiencing child abuse and neglect, there are very few that are culturally relevant. Without the Native cultural relevance, AI families are less likely to access and more likely to drop out of treatment [6, 7]. Therefore, it is necessary to identify existing culturally relevant interventions for child abuse and make recommendations for interventions to be further adapted and researched.

Definition

Child abuse and neglect in Indian Country is a significant social issue that negatively impacts families and communities. It is important that these challenges be addressed in a culturally appropriate manner. Currently, there is a paucity of culturally relevant services available for AI parents. To better understand the need for culturally relevant interventions, it is helpful to delineate the current criteria for determination of abuse and neglect, how these definitions vary across governmental entities overseeing child welfare cases. The definition of child abuse and neglect varies across federal, state, and

[1] Throughout this paper, "American Indian," "indigenous," and "native" will be used interchangeably in order to fully represent the diversity of terms used to describe this population in the United States.

✉ Cora McElwain
c.mcelwain@wustl.edu

[1] Buder Center of American Indian Studies, Washington University in St. Louis, 1 Brookings Drive, St. Louis, MO 63130, USA

tribal governments. However, it is the federal government's definition that provides the framework for state laws [8]. The amended and reauthorized Federal Child Abuse Prevention and Treatment Act (CAPTA) of 2010 defines child abuse and neglect as, "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm" [8, p. 2].

There are various types of abuse, such as physical, emotional, and sexual. Physical abuse is defined as a "nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child" [8, p. 3]. Emotional abuse, otherwise known as psychological or verbal abuse, is defined as "a pattern of behavior that impairs a child's emotional development or sense of self-worth" [8, p. 4]. Furthermore, CAPTA's definition of sexual abuse includes "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children" [8, p. 4].

Child neglect encompasses various situations where parents, guardians, or other caregivers failed to provide for a child's basic needs [8]. These cases can be in the form of physical, medical, educational, or emotional neglect. These definitions are established by the federal government's guidelines and standards to provide a foundation to address child abuse and neglect. States have similar definitions; however, they have the jurisdiction to formulate their own definitions and standards. In addition, some tribal nations have defined child abuse and neglect that fits their community. Addressing abuse and neglect in Indian Country is a challenge because of the variance in definitions and jurisdictional designations [9].

Statistics and Prevalence

Due to the differences in federal, state, and tribal definitions and jurisdictions, there continues to be a great difficulty in collecting and presenting data that gives an accurate representation of the extent of child abuse and neglect in Indian Country. In general, this difficulty stems from differing definitions of neglect and abuse from state to state and the lack of reporting to law enforcement or social services [10]. Particularly, in Indian Country, there are additional barriers to the collection of accurate data including: definitions of who is counted as AI, insufficient access to private information from tribal nations, and limited resources to assist child welfare workers in Indian Country [10]. Possible limited resources might include: a lack of financial resources; a lack of professional development and training opportunities for staff; a lack of child welfare workers in general (this may cause burnout for current child welfare workforce which may also lead to a lack of proper documentation) and even more so, qualified child welfare workers (i.e., those that hold Human Services or other related degrees). Furthermore, data from Department of Health and Human Services (DHHS), Bureau of Indian Affairs (BIA), and Indian Health Service (IHS) are frequently unaligned [9]. This is due to the variances in data collection methodologies and systems across the USA [9]. For instance, rates of child abuse and/or neglect of AI children in Arizona by the BIA reported a rate of 12.72 whereas DHHS reported 5.2 in 1999, respectively [9]. For this reason, it is difficult to compare data between agencies since the numbers tend to be inconsistent.

While there is difficulty in collecting enough data to tell the full story, currently available data provides a glimpse at the problem at hand. The Children's Bureau of the United States Department of Health and Human Services [11] holds the most recent data available which speaks of the child abuse and neglect cases that were reported. In 2015, there were 623,219 reported child abuse and neglect cases reported in the USA, which is a national increase of 30,000 child abuse and neglect reports since 2010. The highest frequency of the 2015 reports was related to American Indian children at 8379 cases of the total 623,219 cases. The largest number of child abuse and neglect cases was reported in Oklahoma and California [11], which are the two states with the highest AI population according to the 2010 United States Census with California at 13.9% and Oklahoma at 9.2% [12]. Furthermore, the AI rate of 14.2 child abuse and neglect cases per 1000 children is the highest in the country, closely followed by African Americans at 13.9 cases per 1000 children [13]. This rate contrasts greatly with the two lowest ethnicities: whites at 8.1 and Asians at 1.7 cases per 1000 children [11].

Role of Historical Trauma

Historical trauma is one of the significant factors that may contribute to the higher prevalence of child abuse and neglect within the AI population. Brave Heart, Chase, Elkins, and Altschul describe historical trauma among Indigenous people as the "cumulative emotional and psychological wounding across generations, including lifespan, which emanates from massive group trauma" [3, p. 283]. Colonization, mass genocide, forced assimilation, and removal all impact the current experience of historical trauma within the AI population [14]. As a result, Indigenous people have experienced compounding discrimination, racism, and oppression [3],

which has been experienced collectively across generations and continues today.

Historical trauma may also contribute to the high rates of mental health challenges that AIs experience, such as substance use disorder, post-traumatic stress disorder, and major depressive disorders [15]. In addition to mental health disorders, AIs experience disproportionate rates of psychosocial distress [3, 16] including but not limited to despair, shared trauma exposure, loss, and unsettled grief [3]. The cumulative impact of historical trauma and its resulting mental health effects, along with frequent traumatic losses and higher suicide rates in Indian Country, may contribute to the lack of parenting ability and perpetration of child abuse and neglect against AI children [3, 17, 18].

A significant and pervasive example of historical trauma, which has caused intergenerational suffering of AIs, relates back to federal assimilation policies that brought the boarding school era. The Bureau of Indian Affairs (BIA), which was once responsible for regulating tribes, created federally operated boarding schools for AI children and viewed them as a solution to the "Indian problem" because of its assimilative intentions [19]. This federal policy mandated the forced removal of AI children from their families and communities in an attempt to assimilate them into dominant, "Western" society, eliminating Native languages and cultures. During this time, AI children were forbidden to speak their own language, practice their religion, and/or maintain cultural or spiritual practices [20]. Children who showed resistance faced corporal punishment and intense shaming tactics [19, 20]. Brave Heart and Debruyn describe these tactics as being destructive messages intended to degrade AI families as "not being capable of raising their own children and that AIs are culturally and racially inferior" [19, p. 59]. Forced attendance at boarding schools, where youth were often abused in addition to being assimilated, was a traumatic event that was internalized by many and later manifested in psychological symptoms [20]. Children were not afforded the opportunity to develop positive and culturally appropriate behaviors, which in return affected their self-esteem, sense of belonging, and identity [19].

This lack of positive development has led to profound consequences for AI families today. These children, now adults, were unprepared to raise their own children in a traditional or positive way [19]. The boarding schools taught them detrimental behavior, including abusive behaviors—physical, emotional, and social [19]. This may have negatively affected the quality of parental interaction with children and contributed to the development of unresolved or prolonged grief, depression, substance abuse, and other behavioral health issues [3]. These negative behaviors continued to be taught and passed onto the next generation(s). Without culturally appropriate methods for healing, the resulting psychological symptoms from historical trauma are passed onto family members and following generations, which sustains the cycle of child abuse and neglect in some Native families [3, 17, 19–21]. Addressing parental trauma and the generational effects of boarding schools through culturally relevant interventions may help to improve parenting skills and reduce the risk of child abuse and neglect [3].

Lack of Services

Currently, there is an evident lack of available and accessible mental health services and parenting resources for the AI community, regardless if they are located on or outside of tribal lands [6, 7]. Even when generic mental health services are available, AIs tend to be less responsive to treatments, are more likely to drop out, and underutilize services in general [7, 22]. In a community-based survey, which was disseminated and analyzed by the University of California-Davis [23], there is a general consensus among the AI-surveyed population that the mental health services provided by government and non-profit agencies are lacking in quantity and quality. Goodkind et al. [6] concur with the survey findings by claiming that even though the AI population experiences a significant amount of distress, there are insufficient general mental health services to treat or heal the distress and its consequential mental health and familial challenges. For example, the majority of AI live in urban/suburban areas, but the main source of culturally relevant mental health care remains on reservations, sometimes hundreds of miles away [1, 24, 25].

Culturally Relevant Interventions

Jernigan et al. (2018) posit that there is a paucity of community-level mental health services for AI [26], which relates to the even deeper absence of culturally relevant mental health and parenting services in AI communities [23]. Current social service providers are often unaware of and untrained in the history and cultural values of the AI clients, whom they are serving [7, 23, 27, 28]. The University of California-Davis [23] survey concurs in their report that the services that are indeed accessible are being underutilized by the AI population because the services are not aligned with the community's "traditions, values, and cultural pride." This palpable scarcity of culturally relevant mental health services can be traced to the ubiquitous deficiency of evidence-based, intervention research for AI populations and the lack of cultural training available for students in social service programs [7, 28].

Because of the relational effect of historical trauma on the presence of child abuse and neglect in families, interventions for child abuse are imperative for AI communities. Dionne, Davis, Sheeber, and Madrigal [4] assert that the intergenerational trauma has had the most severe impact on the AI family structure, value of family, and community. Child abuse and neglect is a repercussion of the detrimental effect of

colonization on the AI's cultural practices related to family rearing [20]. Without effective, culturally relevant services, the issue of child abuse and neglect will not abate and will continue the transgenerational cycle of trauma via the perpetration of child abuse. Therefore, to acknowledge colonization's role in, to heal from this historical trauma, and to stop the detrimental abuse cycle, it is necessary that culturally relevant interventions are created by and for AI communities to heal the impact of historical trauma and its resulting mental health disorders, as well as address parenting challenges [29, 30]. Culturally relevant interventions can be interventions that are congruent with and/or explicitly inclusive of cultural knowledge, beliefs, values, customs, traditions, and practices of AI individuals, families, and communities. In developing culturally relevant interventions, consideration should be made in the diversity from one AI community to the next. With over 570 federally recognized tribes, about 60 state-recognized tribes [31], and many other AI communities and tribes that are not recognized, a single culturally relevant intervention will be difficult (possibly impossible) to develop. To alleviate this tension, interventions for specific AI communities or tribes and interventions for multiple AI communities or tribes, to be used in urban settings [32, 33], should be developed. In addition, it is important that these interventions are accessible to AI communities. Moreover, nearly two-thirds of AI live off of tribal lands and almost half of AI will not use available tribal resources [7]. Because of this limited accessibility, it is of equal importance to develop, evaluate, and disseminate culturally relevant interventions for AI to service providers on tribal lands, as well as for therapists and social workers who serve AI off tribal lands.

Possible Interventions and Theories

As stated earlier, there is a significant lack of culturally relevant services that treat child abuse and neglect with AI families, which demonstrates the high need for such programs and resources. Below is a summary of four interventions that have been used with AI families. Even though these four interventions have produced some positive outcomes, there continues to be a great need for further development of interventions that are accessible and relatable to AI families that are experiencing child abuse and neglect.

At present, there are three methods of generalizing or applying family interventions for child abuse and neglect to AI families and communities. The first "Eurocentric Design" is an intervention created by non-natives, intended to be generalized for the general population, and has been proven to produce positive, effective outcomes for AI individuals without cultural adaptation [7, 22]. The second method, the "Culturally-Adapted Eurocentric Design," is a Eurocentric design modified to be more relevant for AI communities [34]. Lastly, the "Culturally-Based Native Design" is created by a group of Native clinicians, often in collaboration with a research organization, solely used for the AI community with components rooted in AI values, traditions, and teachings [30]. Intervention studies suggest that the incorporation of culture into an intervention can increase relatability, fidelity, and improve outcomes [7, 22, 28, 35] for AI clients. In their article, Dickerson et al. (2018) concur that culturally adapted Eurocentric designs and culturally based Native designs are paramount in working with AI communities [36]. The authors also add that clinicians and professions need to integrate culturally centered knowledge, use Native-based theories, and be aware of their Western-based methodologies when working with AI peoples [36]. Because of this concurrence, this paper focuses on the culturally adapted Eurocentric design and the culturally based Native designs.

Culturally Adapted Eurocentric Design

Triple P

Triple P, otherwise known as the Positive Parenting Program, is a world-wide parenting program that aims to address family risk factors and to enhance parents skills and confidence with the goal of preventing adverse developmental problems for children. The program is a five-level program that is adaptable to meet families where they are at [37, 38]. The first level of the program includes a media and information campaign, while the next four levels have a combination of the following components: self-directed, telephone-assisted referrals, individual services, and group services. Because of this, the program is present in over 12 countries and has been translated into 21 languages. Additionally, Triple P uses adaptable and individualized interventions for every family, empowering parents to adapt and choose resources to fit their family [37].

Over the past 35 years, 696 studies have proven that this program is effective in producing positive outcomes, such as lowering rates of out-of-home placements, maltreatment, and child abuse injuries, as well as improving parental well-being (e.g., stress and feelings of depression), parenting skills, and the safety of children compared to control groups [37, 39]. Specifically, within Indigenous communities, this program has been tested twice. Turner, Richards, and Sanders [40] studied this program with 51 Australian Indigenous families and found high satisfaction ratings and high cultural acceptability of the program. Additionally, Turner et al. [40] found significant improvement in child behaviors and significant decrease in "dysfunctional parenting strategies," compared to the control group. Houlding, Schmidt, Stern, Jamieson, and Borg [41] tested 11 Indigenous Canadian families and found similar results, specifically perceived improvement in parenting skills, child behavior, and stronger parent/child relationships. The parents shared that this program was a good

fit for their learning style due to the use of indigenous workbooks, role plays, and visual strategies.

Regarding strengths and limitations, Triple P's biggest strength is the depth of evidence and adaptability to various populations. Additionally, Triple P serves a wide age range, offers flexible and individualized delivery, is cost effective, and provides organizational support [29]. There are two limitations to consider in implementing this program. First, according to National Registry of Evidence-Based Programs and Practices [39], the program's written materials can be dense and are written at 6th grade level, assuming that parents have strong reading comprehension skills. Second, there are only two studies that have been tested with Indigenous populations. While strong evaluation results for the Indigenous population might not be available yet, resources are already adapted to Indigenous communities.

TF-CBT and PCIT by ICCTC

As part of the National Child Traumatic Stress Network, the Indian Country Child Trauma Center (ICCTC) developed a series of AI transformations of evidence-based treatments (EBTs) titled the "Honoring Children Series" [42]. Two of the models include culturally adapted versions of existing EBTs: Parent-Child Interaction Therapy (PCIT) and Trauma-Focused, Cognitive Behavioral Therapy (TF-CBT). Bigfoot and Braden [42] suggest that the process of adaptation begins with identifying the core concepts within these existing evidence-based treatments and then connecting them to cultural values, teachings, and practices. To do this, ICCTC collaborated with Native consultants and EBP developers to incorporate Native traditional teaching and concepts into trauma therapy as well as to develop interventions, training materials, implementation support strategies, and protocols [42]. These traditional teachings (i.e., parenting techniques and healing practices) and cultural worldviews explain individual behavior [42]. The end result included a culturally adapted evidence-based treatment of PCIT called "Honoring Children, Making Relatives" [21] and of TF-CBT called "Honoring Children, Mending the Circle" [34]. The interventions place a specific focus on the clinical implementation of parenting skills to address child abuse and neglect and behavioral skills to support the healing process of trauma in children [42].

According to Bigfoot and Funderburk [21], PCIT was culturally adapted to provide an effective treatment model for parents who struggle with appropriate parenting skills or for their children who have challenging behaviors. The model represents the basics of PCIT while incorporating AI philosophies through the Circle Theory and Old Wisdom [21]. A central feature focuses on the following: parent instruction, modeling behavior, parent practice, parent-child working relationship, and parent appraisal [42]. Next, Honoring Children, Mending the Circle (HC-MC) is a cultural adaptation of TF-CBT that affirms AI cultural view of healing, specifically the healing process of trauma in children [34]. The strengths of the HC-MC are that TF-CBT is already compatible with some AI traditional teaching and beliefs for instance, the key role caregivers and families have in supporting a child, the sharing of personal stories, the interconnectedness of emotions, beliefs, and behaviors and the identification and expression of emotions [34]. Next, there are limitations of these culturally adapted versions of PCIT and TF-CBT. To date, these practices have not been evaluated or tested, which can affect the validity and reliability of the culturally adapted EBPs. Furthermore, cultural teachings and practices vary across tribes and are more broadly presented (i.e., pan-tribal) in the culturally adapted EBPs which is problematic because certain aspects of these interventions may not be inclusive of or effective for each individual tribes traditional beliefs, teachings, and practices [34, 42]. Thus, when considering how to culturally adapt any EBP not initially developed for AIs, it is essential to involve the community (i.e., AI consultants [ex. elders and professionals] from various tribal communities) to build trust and ownership as well as to accurately represent their beliefs, teachings, and practices to the best extent while also meeting the needs of the community as opposed to making assumptions. This is expanded upon in the recommendation section.

Culturally Based Native Design

It is important for Native people to have a larger input in interventions that prevent and treat child abuse in Native families. Earle and Cross further argue that Native people should have the opportunity to "develop a culturally appropriate definition of abuse and neglect and a larger say in when and how a designation of neglect is made for [AI] children" [9]. The positive outcomes that result from the below interventions support the argument of Native people being involved in interventions that will be used with Native families.

Family Spirit

The Family Spirit intervention was created through a 10-year long community-based participatory research project [43], which was run by Johns Hopkins Center for American Indian Health and in collaboration with various AI reservations to fully inform the creation and implementation of this intervention [43]. Through the community-based participatory research approach, Family Spirit was created through community input and research methodology, a truly "ground-up" approach. Family Spirit is rooted in and encourages Native cultural and traditional values and was disseminated with Native populations on reservations solely [43]. Family Spirit has been validated by three randomized controlled trials

(RCTs) that produced positive outcomes such as an increase in parenting knowledge and skills, safety, and less behavior problems for both the mother and child [45, 46]. So far, the Family Spirit has only been implemented with the Navajo, White Mountain Apache, and San Carlos Apache tribes.

Family Spirit is a home intervention program that is delivered by Native paraprofessionals to women, whom are either pregnant or have a child younger than 3 years old [30, 43, 44]. The intervention ideally starts with pregnancy and accompanies the mother and child through the child's third birthday. The intervention typically lasts for 43 structured sessions that are one-on-one between the Native paraprofessional and the Native parent. Through parenting education, maternal mental health care and life skills, and the relationship between mother and service provider, the intervention's goal is to improve the well-being of mother and child by increasing parenting knowledge and self-efficacy, adoption of life and parenting skills, and the promotion of mental health care [30, 43, 44]. These gains were theorized and eventually validated by the RCTs to decrease the likelihood of child abuse and neglect, substance use, and parenting obstacles [43, 44].

There are various benefits and obstacles for utilizing the Family Spirit intervention on reservations with Native families to reduce the occurrence of child abuse and neglect. The greatest obstacle in expanding Family Spirit to be disseminated is the extensive, costly training needed for the Native paraprofessionals and the bureaucratic costs required to manage the various paraprofessionals on each reservation [44, 45]. The benefit of Family Spirit is that it is suggested that it is generalizable to different tribal communities. Also, the dependence on paraprofessionals instead of master level clinicians to provide the services is beneficial because it increases accessibility and dissemination [30, 43].

Our Life

The Our Life intervention used the community-based participatory research (CBPR) approach, which focuses on the importance of building relationships between external researchers and a specific community, such as the AI community [47]. This approach merges the systems level with the micro level of the clientele [47]. In addition, CBPR is deemed as a more socially just approach to research because all parties involved have positive strengths to offer to the project [36, 47]. The Our Life intervention used the CBPR approach by implementing a collaborative effort between various organizations, such as a university research center, tribal community members, tribal counseling agency, and a coalition of tribal community service providers and their families [6].

In addition to the CBPR approach, this study also implemented a mixed-methods design to address the impact of trauma and promote mental health wellness among AI families [6]. Qualitative interviews were conducted at five-key time periods of the 18-month longitudinal study [6]. To collect quantitative data, a number of scales were used to measure a variety of key areas, such as exposure to violence, PTSD symptoms, self-esteem, coping mechanisms, enculturation, etc. [6]. AI children (7–11 years old) and youth (12–17 years old), and at least one of their parents/guardians were recruited to participate in the study totaling 18 children/youth who met the "treated sample" definition of attending at least 9 out of the 27 sessions [6]. The intervention has four components and was delivered over a 6-month period [6].

The following are the components of the Our Life intervention: (1) recognizing and healing from historical trauma, which was largely based on Maria Yellow Horse Brave Heart's model; (2) reconnect to traditional culture and language, which consisted of discussions and activities about traditional roles and practices taught by practitioners and elders; (3) parent and social skill-building component was adapted from a family-strengthening program developed by the Anishinaabe (Ojibwe) community; and (4) relationship building between children and their parents through equine-assisted therapy utilized psychotherapy techniques to help develop self-awareness and trust [3, 6].

The study resulted in positive outcomes for the participating families. There was a positive effect on self-esteem, increase use of positive coping strategies, and improved quality of life and social functioning for both children and youth. There were also improvements in terms of the psychosocial functioning of the youth, stronger parent-child bonds, and an increased interest and commitment to AI cultural practices, teachings, and their communities [6]. The limitations of the study were the small sample size, a lack of control group, and retention and attrition challenges [6]. However, overall, the study had positive results for the AI children, youth, and parent participants. These positive outcomes are protective factors against the continuation or the prevention of child abuse or neglect in AI families.

Recommendations

In reviewing the available interventions, thematic strengths and weaknesses became apparent and were synthesized to discuss the literature more generally. One of the major strengths is that each of the described interventions are easily adaptable to various populations or have already been adapted to an AI context. Family Spirit and Our Life were developed within Native communities and TF-CBT has been specifically adapted from a Eurocentric model to an intervention more relatable to Native communities. Furthermore, Triple P has not been adapted for Native communities in the USA; however, it shows strength in adaptability as it has been used in various countries and is translated in 21 languages. The second benefit is that each of these programs showed significant

positive outcomes in improving parenting and family well-being as a result of these programs. Through increasing positive coping strategies with Our Life, improving perceived parenting skills with Triple P, developing parent-child relationships with PCIT, and increasing parent self-efficacy with Family Spirit, these programs show promising results for decreasing the risk for child abuse and neglect perpetration through improving the family's well-being. This synthesis shows that adaptability and positive outcomes are strengths for existing programs that intervene with parents and families experiencing abuse and neglect.

However, as with all interventions, limitations must be considered before implementing these programs in any community. Even though these interventions have been used with Native populations, or could be adapted to do so, there is no documented consideration of tribal diversity. With 567 federally recognized tribes, many state-recognized tribes, and unrecognized tribes, there can be a breadth of diversity from one tribe to the next and between tribal members as well. The language, practices, beliefs, government, views on family styles, and many other aspects of their culture could vary. Even though there is a variance in Native cultures, there is no consideration of this diversity in any of the intervention research. For example, Our Life was only tested with Native families in New Mexico. Additionally, the interventions have only been tested in reservation or rural Native communities. Triple P was only evaluated with rural Indigenous communities in Canada and Australia; Family Spirit showed positive outcomes on the Navajo, White Mountain Apache, and San Carlos reservations. According to the US Census Bureau [1], even though 78% of AIs live outside of indian land in urban, suburban, and rural communities, there is a lack of support for AIs living in cities [24, 25]. Because the described interventions, and most interventions for AI communities in general, are validated within reservation communities, the interventions and their outcomes may not be generalizable to urban AIs. Moving forward, more consideration and support must be given towards the diversity in culture and settings of Native communities.

What Is Missing?

In general, there is a need for further studies to be conducted with AI communities that address child abuse and neglect prevention and intervention strategies. In addition, it is important that these research studies utilize culturally appropriate approaches, such as using Native frameworks to create, disseminate, and assess the effectiveness of interventions. These precautions will ensure that the interventions are being delivered and measured properly within the Native context. Another area that is missing in the research is that the current interventions tend to take a deficit approach rather than a strength-based approach. Therefore, identifying AI community, family, and individual assets and strengths is crucial in order to motivate community participation and capitalize on AI existing assets. If the creation, delivery, and assessment focus on strengths and protective factors in Native communities, it could be even more useful in preventing child abuse and neglect.

Currently, there is limited data regarding child abuse and neglect incidents in Indian Country. Prevalence data and intervention research that are specific to individual tribal communities is needed to better understand the scope of the problem in AI families. In addition, information about the particular causes of abuse and neglect of AI children per tribe would be helpful in developing targeted interventions. This data may also assist with applying for intervention funding and developing policies to challenge abuse and neglect in Native communities. Moreover, this necessary information could help identify more resources to support research and the development of interventions, programs, and services for AI children, youth, and families impacted by abuse and neglect.

Recommendations

Based on limitation across existing intervention research, as well as the strengths and limitations of existing AI family interventions reported above, several recommendations are offered to consider for future research and practice with AI families experiencing child abuse and neglect:

1. Develop an assessment to identify cultural identity values for urban/suburban AIs.
2. Due to the evidence of Eurocentric programs failing to consider indigenous values, family-strengthening interventions should be placed within truthful, reverent historical, and cultural contexts [3, 4].
3. When developing culturally driven family interventions, utilize culturally appropriate approaches (i.e., community-based participatory research), draw on individual and community strengths, and elicit community ownership [3, 6].
4. Utilize various tribal community assets such as AI cultural consultants, traditional healers, and tribal programs to assist in integrating more common indigenous worldview and traditional practices (i.e., significance of extended family, practices regarding respect, interrelation of spirituality and healing, smudging, etc.) into culturally relevant family interventions and services [21].
5. Considering the lack of data on child abuse and neglect in Indian Country in general, but more specifically in individual tribal communities, it is crucial that more prevalence data and intervention research be conducted in these areas to better understand the scope of the problem in AI families.
6. EBTs need to be culturally adapted in order to make them more relevant and relatable to AI families. Additional support for adapting existing EBTs include: program and

administrative support; training and consultation; and program evaluation and planning for sustainability [21].

7. Because culturally based and culturally adapted evidence-based practices can be overgeneralized and difficult to fit the values, beliefs, and practices of every tribe, there is a need for targeted interventions for single tribes as well as for multiple tribes in urban settings [32, 33]. Developing such interventions would help to evaluate the effectiveness in pan-tribal interventions versus tribe-specific interventions.
8. In conducting research to examine the effectiveness of Eurocentric and Culturally Adapted Eurocentric designs, it is important to use large study samples (when possible) that are representative of many different tribes in order to avoid invalidly generalizing the findings and applicability (especially as effective) of EBTs to all tribes as they may not be truly representative of all tribes' beliefs, teachings, and practices.
9. In order to make culturally based Native designs more accessible to Native communities, reservations and non-profits in urban communities may consider partnering with a research university to share the costs of training, implementation, and assessment. For example, if the Kickapoo tribe is seeking a family intervention for child abuse and neglect, they may consider partnering with the University of Oklahoma to share the costs. The University may be interested in participating in an evidence-based research project, while the tribe may create job opportunities by having their tribal members trained to deliver the intervention.

Considering these recommendations, we believe that the most helpful family intervention of the three available methods (i.e., Eurocentric design, culturally adapted Eurocentric design, and culturally based Native design) is the culturally based Native design. This bottom-up design embodies community- and family-driven components of effective, culturally relevant family interventions and services to address child abuse and neglect among AIs. This design is created by a group of Native clinicians, in collaboration with a research organization, and solely used for the AI communities, so it is much more relatable to the AIs of the tribe that created the intervention than the Eurocentric or culturally adapted designs. Even more so, the core components of these interventions, as evidenced by the Family Spirit Intervention and Our Life Intervention, are rooted in AI values, traditions, and teachings. Although these interventions can be more costly, they have been proven to be effective in increasing positive outcomes for AI families and are worth implementing in AI communities. Another notable benefit of this design is that it can be more specialized to certain tribes and integrates richer cultural components, which has been proven to have a positive impact on individual and family well-being.

Conclusion

Family well-being and community mental health programs are integral components of community development [48, 49] in Indian Country because of the high prevalence rate of child abuse and neglect in addition to various mental health phenomenon. Although there are high rates of child abuse and neglect in Indian Country, there is a severe paucity of culturally relevant services for families experiencing these challenges [11]. In order to establish these services, a community development approach is necessary to ensure that the services are relevant and appropriate for the AI population. The intent of mental health community development is to create or adapt services to more appropriately fit the community's needs and to increase the participation of community members in the design, implementation, and assessment of the interventions [48, 49]. The development of community mental health programs improves the health and well-being of families, which decreases the risk for child abuse and neglect perpetration. Therefore, there is a deep need for a community-based participatory approach to developing family interventions for child abuse and neglect in Indian Country.

As discussed, there are multiple, available methods—Eurocentric, culturally adapted, and culturally based Native design—in developing family interventions for child abuse and neglect for AI families. Even though each method, hence each of the sampled interventions, have respective strengths and weaknesses, all methods have been proven to produce positive outcomes in improving family health and well-being, which decreases the risk of child abuse and neglect perpetration in AI families. From a community development perspective, the culturally based method for treating families with child abuse and neglect is the most appropriate intervention because of its roots in community-based participatory research, which integrates cultural values, community members' input, and the need for cultural relevance into the creation, delivery, and assessment.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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