



Culturally-Sensitive Medical Evaluations for American Indian/Alaska Native Children Experiencing Maltreatment

Background

It is important to learn about different cultures. If we don't try to place ourselves in the shoes of someone of a different culture, we are not entering that relationship from a place of respect. As a healthcare professional, we are taught to put our patients first, but what does that really mean? Codes of ethics, such as those from the American Nurses Association, reinforce that we are responsible for caring for all of our patients, no matter who they are or where they come from. Patients should be treated with compassion and respect, taking into account their inherent dignity, worth, and unique attributes as a person. Therefore, it is important to exemplify four key principles.¹

1. **Autonomy:** each patient's right to self-determination and decision-making
2. **Beneficence:** actions guided by compassion, for the benefit of others
3. **Justice:** the element of fairness in all decisions and care
4. **Non-maleficence:** do no harm

The American Academy of Pediatrics has a similar code of ethics related to pediatric decision-making that also includes the important principles of beneficence, autonomy, and non-maleficence. Decision-making in pediatrics is often the responsibility of the parent, who is the surrogate decision-maker on behalf of the minor; however, parental authority must also be viewed considering patient autonomy. "The rights and obligations of all involved, as well as the importance of the family unit, must be taken into account."²

When working with survivors of child sexual abuse who are Indigenous, it is imperative to understand the culture and beliefs of the child and family. Below are terms that help provide a baseline towards understanding.

Ethnicity: an ethnic group; a social group that shares a common and distinctive culture, religion, language, or the like

Culture: what someone learns after they are born; we are not all the same – each individual has a distinct background with different views, and this impacts how we respond to situations

Cultural Competency: a skill in which someone can be trained/taught to achieve a place of competence to work with diverse patients

Cultural Humility: the ability to enter a relationship intent on honoring a person's customs, beliefs, and values, while questioning one's own assumptions, judgments, and prejudices

Indigenous People distinct social and cultural groups sharing collective ancestral ties to the lands and natural resources where they live, occupy or from which they have been displaced³

Indigenous people may call themselves "American Indian," "Native American," "Native," "First Nations," and "Indigenous," among other terms. Alaska Natives and Native Hawaiians are included as well. The term "American Indian/Alaska Native" (AI/AN) refers to the U.S. federal designation for these populations. Additionally, individuals may not identify as "part indigenous." In fact, it will likely be perceived as marginalizing and insensitive to introduce an indigenous person as "half Navajo" when the person self-identifies simply as Navajo.⁴

It is important to note that AI/AN children experience maltreatment at rates that exceed other racial and ethnic groups in the United States. Nationally, the maltreatment rate is more than double that of white children, with the rates being as high as nine times that of white children in some states.⁵ AI/AN victims have the highest rate of victimization as compared to other known race or ethnicity across all age spans. They have the highest reported rate of neglect (83.5%); psychological maltreatment is the second largest category amongst maltreatment types across known race and ethnicity (15.5%).⁶ While these are actual reported statistics, it also must be acknowledged that there is a bias in reporting for the AI/AN population that demonstrates an overrepresentation of abuse cases in comparison with the general population, for varying reasons. Therefore, when reviewing the statistics, it is important to take into account that it is hard to know the actual differences between the general population and the AI/AN sub-population.

The CAC and Tribal MOUs

The Native Child Advocacy Resource Center has identified that "one barrier [which] is frequently reported anecdotally, and that individual children's advocacy centers (CACs) do have some power to address, is a lack of trust, or a lack of authentic partnership, between Tribes and CACs. This lack of trust is often rooted in interrelated concerns about historical context, Tribal sovereignty in child and family services, and/or the absence of culturally-responsive services. One measure of the CAC movement's navigation of these issues is the prevalence of Tribal/CAC memorandums of understanding (MOUs)."⁷ As of June 2021, the National Children's Alliance (NCA) reported 159 CACs that served 425 federally recognized tribal communities, with five federally recognized tribes having established NCA member CACs directly on tribal lands, yet less than one-third reported having MOUs in place with tribal communities.⁸

To meet the needs of Tribal children, Tribal MOUs should be the goal of the CAC movement, respecting the Sovereign Tribal rights to determine the best interest of the child and their family. When a CAC fails to consult with Tribal experts, a potential result is that Tribal agencies and leaders may choose not to refer children to the CAC. "From the perspective of a CAC, this refusal to refer children may appear to increase those children's risk of negative case outcomes. From a Tribal perspective, a CAC that does not respect Tribal sovereignty or

seek the input of Tribal stakeholders is a clear threat to the wellbeing of its children, families, and communities.”⁷ By working in a cooperative relationship, referrals can take place to CACs. CACs should both be educated regarding the trauma inflicted on Tribal groups, historically and presently, and work on authentic engagement with Tribes as sovereign nations who have their own customs and beliefs. By working in a respectful manner to develop MOUs that are customized to the individual Tribe, culturally-responsive services can be established, thus tailoring the services offered to the needs of the Tribe and Tribal Council, showing respect for their traditions and autonomy, and forging a true partnership.

Healthcare Disparities

There are important health disparities for Indigenous populations that need to be considered. For example, sexually transmitted infections (STIs) are more prevalent in the AI/AN population, likely due to higher rates of sexual victimization and trafficking, resulting in a disproportionate increase in STI incidence.

According to the CDC, in 2018:⁹

- **Chlamydia:** among AI/AN people, 784.8 cases/100,000 population of AI/AN; this is 3.7 times the rate amongst Whites.
- **Gonorrhea:** among AI/AN people, 329.5 cases/1,000,000; a rate 4.6 times the rate of white people; this disparity is larger in the Midwest than other regions of the country.
- **HIV:** among AI/AN males, 16.2 cases/100,000, and among AI/AN females, 3.0 cases/100,000 compared to white males/females.
- **Syphilis:** both primary and secondary syphilis are reported at a higher rate amongst AI/AN, and the congenital syphilis rate has grown markedly among AI/AN live-births.
- **Tuberculosis (TB):** the rate of TB in AI/AN people is greater than eight times the rate of TB in white people.
- **Viral hepatitis:** AI/AN people had the highest hepatitis C related death rate amongst all race/ethnic groups.

It is important to screen your patients for the prevalent STIs in your community, utilizing the Center for Disease Control guidelines. The medical evaluation itself is the same as with any population, however, it is important to remember to incorporate a culturally-sensitive environment and approach. In addition, when referrals are necessary, it is important to make referrals either to healthcare providers and therapists that will actively incorporate a culturally-sensitive environment and care or to a tribal medical facility/provider when appropriate/available. While the science of medical diagnostics will not change, the approach to providing medical care in a culturally sensitive fashion should be adapted to best serve the AI/AN population.

Barriers to Care¹⁰

- Underreporting or not reporting sexual assault and violence
- Lack of advocacy
- Structural and personal barriers to accessing care
- Tensions with law enforcement and child protection
- Tension with health care providers and the healthcare system
- Lack of transportation
- Limited number of providers who provide culturally-safe care

Creating a Culturally-Competent Environment¹¹

- Get to know the Indigenous culture(s) in the region you serve – a “cookie cutter” approach is unlikely to be effective, as each Indigenous group has their own culture. Educate yourself about specific colonial histories as well as collective experiences of the communities with whom you work.
- Take the time to familiarize yourself with the social structures and nuances within the communities you are serving (e.g., how direct eye contact is viewed, whether direct questions are effective, etc.).
- Be aware that healthcare providers may be viewed as authority figures – historically, the colonizers of indigenous people were viewed as authority figures that did not have their best interest in mind and enacted great harm on their people (e.g., forced residential schools, forced sterilization, forced suppression of native language, etc.).
- Remember that some Indigenous people may be hesitant to ask questions – find a way to elicit input and include the patient in decision-making processes.
- Traditional healing practices are an important part of Indigenous culture – ask about the traditional healing practices that the patient may be using in order to acknowledge and respect their culture.
- Time may be measured differently, and the Indigenous communities may not run on your timeline and schedules – allow for extra time. This includes the pacing of conversations; listen at the pace of the individual rather than your own habitual pace.
- Be aware of your own viewpoint towards Indigenous communities and any stereotypes you may hold; consider an Indigenous awareness course to unlearn and combat any implicit biases.

Providing Culturally-Safe Care^{10,12}

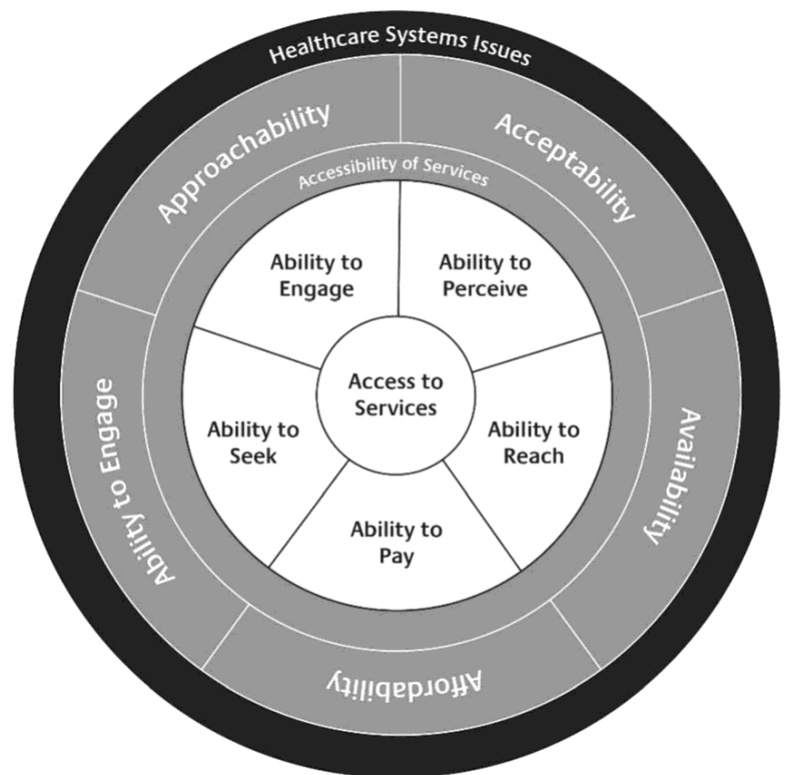
- Culturally-safe care is intended to create an environment that is physically, spiritually, emotionally, and socially safe, without denial of the individual’s identity or needs. Trauma can erode a child’s/family’s sense of physical and emotional safety, and it is important to promote trust to rebuild that sense of safety.

- Cultural safety ensures we don't replicate oppressive practices that put survivors "in a box" that can lead to "othering." Safety and trust are established through actions, not only through words.
- Offer culturally-specific resources when available, especially advocacy services.
- Use the Tribe's traditional language when writing policies/procedures for your CAC. Make resources available in the traditional Tribal language of the population you serve; there are some words that may represent feelings of culture or connection within the Tribal language, and some words can convey feelings that don't exist in the English language.
- Don't be afraid to ask questions, such as, "how can I best support you?" or, "is there anything I need to know about your cultural preferences?"
- Research suggests that it is NOT the objective severity of the trauma, but how it is experienced by the child or caregiver, that determines the traumatic stress response.
- Viewed through a cultural lens, a child's/caregiver's perceptions of the trauma experience can be quite different from a health care provider's perception.
- Remember to involve the family in your treatment plan. "Whatever happened in the past may be impacting a family now. The family may interpret your attempt to support or gather information from them in light of past events."¹³ Traumas and losses, historical and current, impact not just the individual and their family, but potentially the entire tribal community.

Providing Culturally-Appropriate Primary Health Care

This chart is an example of an accessibility framework that can be used by the Indigenous medical provider or other health care services (as a setting) in service of an AI/AN person. It identifies eight characteristics of Indigenous primary health care:¹⁴

1. Accessible health services
2. Community participation
3. Continuous quality improvement
4. A culturally-appropriate and skilled workforce
5. Culture
6. A flexible approach to care
7. Holistic health care
8. Self-determination and empowerment



Helpful Tips

1. **Listen** for variations in understanding; follow the family's lead in using the terms they are using.
2. **Be open** to involving other healing professionals and customs; ask about decision-making processes and who else they may wish to involve.
3. **Respect** different communication practices; connect families with community resources they trust, and show respect by working within and through their specific family structure.

Additional Considerations: Promotion of Self-Sovereignty¹⁰

- Promote options and choices for survivors.
- Empower victims, don't save them.
- Self-sovereignty is self-love and self-care (my body = my rules).
- Encourage self-healing.

Multiple Ways for Victims to Seek Justice

- Mainstream criminal justice interventions
- Use of more traditional practices of the tribe related to holding perpetrators accountable
- Other victim-identified strategies

Transform the medical forensic exam: throughout the medical forensic exam, we can provide opportunities for healing, growth, and restoration.

The bottom line: the experience of the American Indian/Alaska Native communities are significantly different than non-Native populations, and it's your role as a provider to offer culturally-sensitive and safe care.

To access other resources related to sexual violence against children, adolescents, and adult females, visit the Indian Health Services [provider resources for forensic healthcare](#).¹⁵

For tips on alternative healing ways, Appendix C of Mending the Sacred Hoop's "[The Principles of Advocacy: A Guide for Sexual Assault Advocates](#)" may also be a good resource in working with your AI/AN client.¹⁶

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