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***BROKEN FEATHERS PROGRAM***

***FINAL REPORT***

***Grant #93-VI-GX-0001***

# **BROKEN FEATHERS PROGRAM**

## **FINAL REPORT** **Grant #93-VI-GX-0001**

### **Introduction**

The Broken Feathers Project was funded from October 1, 1992 through December 31, 1994. A no cost extension was approved for 12/31/94 through 3/31/95, a second no cost extension was approved through 7/31/95 to facilitate the completion of a training conference.

The primary purpose of this grant was two-fold;

- to develop a structured system to manage severe physical and child sexual abuse cases
- to provide community education and awareness regarding severe physical and sexual abuse.

These major objectives have been met and even though the funding has ended, the work continues. A Multidisciplinary Team (MDT) has been implemented to review all cases on Trust/Reservation Lands in the seven county services area. Additionally each of the three offices which service the seven county area have Child Protection Team (CPT) that review all child abuse cases and network with the MDT when necessary. Through the work of a sub-committee of the Governor's Task Force on Children's Justice, a Tribally Specific Model Protocol has been developed and adopted. The Multidisciplinary Team of the Sault Ste. Marie Tribe of Chippewa Indians reviewed and further modified this protocol to be specific to this Tribe. The second main objective of education was more challenging. Obtaining and creating opportunities for educational presentations was often difficult. In spite of challenges, over the two years gains have been made; for now the agency is receiving requests to do specific child abuse trainings. A Conference presented by Ann Ahlquist, a nationally acknowledge trainer in the area of interviewing and treating victims of sexual abuse had been scheduled for February 6 through February 10, 1995 and has been rescheduled for July 10, 1995 through July 14, 1995. This conference will provide an opportunity to educate and train a wide range of professionals who work with children in handling disclosures and interviewing and treating the victims of child sexual abuse.

The service community has begun to experience a true systematic change relative to the investigation of and intervention with victims of severe physical and sexual abuse. The Multi-disciplinary Team approach is working and services are being coordinated to better serve the victims and their families. There

is a strong working relationship between Anishnabek Community and Family Services (the Tribe's overall Social Services Organization) and Tribal Law Enforcement to include the BIA and FBI. In addition to Tribal CPTs; Tribal Social Services Caseworkers regularly attend the State Department of Social Services CPT meetings and there exists a sound and supportive network between our agency and the State Department of Social Services Protective Services Staff in all seven counties.

I. *Status of each goal/objective for the two year grant period.*

## **PROGRAM YEAR ONE**

### **1. Employ two Child Sexual Abuse Coordinators:**

After a prolonged recruitment process two Coordinators were hired by late December, 1992 and were on board by January 11, 1993; one held a lead position. One of the original staff resigned and the lead coordinator was terminated. During the course of this first year, the staffing pattern was reviewed and the agency requested to eliminate one of the two positions. Cathy Sanders, Project Administrator recommended simply postponing refilling this position rather than completely eliminating it. Therefore after the resignation of one coordinator, that position remained vacant for a period. The second coordinator who held the lead position was terminated during the probationary period due to an unsatisfactory job performance. A decision was made to repost for both positions and by October of 1993 the positions were filled and the staffing pattern established which consisted of one primary coordinator and a part-time supervisor. These individuals remained in the positions until the funding ended. The primary coordinator was laid off 12\31\94 for there were no available new funds to continue to staff this position. The supervisor continued due to additional/other job functions and has been able to ensure the continuation of the Multi-Disciplinary Team and other program ideas.

### **2. Develop policies and procedures for the Emergency Response , Child Protection and Interdisciplinary Treatment Teams.**

At the conclusion of the first year, in consultation with Cathy Sanders, a decision was made to eliminate the Interdisciplinary Treatment Team Concept and Rename the Emergency Response Team to the Multidisciplinary Team and maintain the Child Protection Teams. This decision was based on the opinion that the three team model was unnecessary for this area and the CPT which reviews all child abuse and neglect cases and the specialized Multi-Disciplinary Team could adequately address the needs of this community. Policy and

Procedures were developed during this first program year and were reviewed during the second. Modifications are on-going as we learn with each situation.

**3. Develop computerized data base system for recording data on child sexual abuse.**

This goal was accomplished was not accomplished during the first program year.

**4. Educate Tribal members on child sexual abuse issues to assist the Tribe in investigating those cases.**

During the first year, a Brochure entitled "Talking About Child Sexual Abuse" (Attachment # 6) was developed and distributed. The Brochure dealt with the warning signs and what someone can/should do if they suspect severe physical and/or sexual abuse. Community presentations were given and a mandatory training for Tribal members was conducted. During the second year this goal continued with community presentations, articles in newspapers and training on mandatory reporting. Additionally funds were allocated for a conference entitled "Responding to Child Sexual Abuse Victims: From Disclosure thorough Treatment." (Attachment # 7). The presenter is to be Ann Ahlquist who is nationally known for her work in this area. The conference is structured to reach the widest range of professionals who interface with our children. The conference was originally scheduled for the week of February 6, 1995. Due to the presenter's need to cancel as result of a family crisis, the conference has been rescheduled for July 10 through 14, 1995. A no cost extension has been approved to allow for this.

**4. Form Tribal Steering Committees to provide community input to the Multi-Disciplinary Team and CPT.**

During the first program year, Nancy Graham, Deputy Director in consultation with Cathy Sanders, Project Administrator made a decision to eliminate this goal. Ms. Graham submitted a request for modification which was approved.

**Program Year Two**

**1. Utilization of the MDT to coordinate the investigation of all cases of child sexual and severe physical abuse.**

The Multi-Disciplinary Team met on a monthly basis. For the past year, membership representing the various disciplines has been consistent; allowing for a cohesive team to develop. The team or members of the Team are consulted as soon as possible when a referral is received to facilitate and coordinate the investigation and provision of services to the victim. The Team will continue after the program ends.

The creation and implementation of the Team has resulted in a

concrete system's change. The various disciplines now look to one another to coordinate investigative activities, to identify the most appropriate interviewer and to closely organize all activities. The Team reviews all appropriate cases and provides direction to the various disciplines. The team reviewed the policies and procedures and also reviewed the Tribally Specific Child Abuse Protocol and modified this document to make it specific for this Tribe.

**2. The Broken Feathers Procedural Manual will be reviewed and updated.**

The procedural manual was reviewed in January, 1994 and again reviewed in December, 1994. This will be an on-going task as the process is refined.

**3. The Michigan Child Protocol will be reviewed and modified to be Tribally specific.**

The Governor's Task Force on Children's Justice, appointed a sub-committee to develop a Tribally Specific Protocol. The supervisor of the Broken Feathers Project sat on this committee and the Agency Division Director organized the sub-committee. The Tribally Specific Protocol was approved by the Full Governor's Task Force in January of 1995. The Multi-disciplinary Team reviewed this protocol and made it specific to the Sault Tribe and recommended its adoption. The Sault Ste. Marie Tribe of Chippewa Indian's Board of Director's adopted this code on April 18, 1995. (Attachment # 1)

**4. To conduct at least one community presentation in each of the seven housing sites.**

This goal was met with minimum success. In the second quarter a request was made to revise this goal to have community presentations in each of the three areas where offices are housed. One community presentation was given in the first program year in November of 1993. A presentation on mandatory reporting was given to the Youth Sports Program volunteers. It was well attended and participants actively contributed through both questions and presenting specific examples. Though the Project Coordinator continued throughout the second year to extend invitations to host presentations, we were unsuccessful in obtaining a positive response or interest. This was most disappointing for it is through increased community awareness we will achieve increased reporting and therefore protection of children. Through the provision of services, we are seeing more referrals though a great increase. It appears that some progress has been made in increasing community awareness and near the end of 1994 requests from other agencies to conduct presentations were received.

**5. At least three pertinent articles will appear in the Tribal newspaper. Posters will also be developed for distribution in Tribal Buildings and housing sites.**

Two articles were published; one in November of 1993 and one in April of 1994. (Attachment # 4). A third article was prepared and submitted for publication. (Attachment #4)

A poster has been developed to distribute. (Attachment #5)

Broken Feathers Staff took the lead in organizing activities for the Tribally proclaimed Child Abuse Prevention in April 1994. A special activity was developed for each week to focus on this most important issue. A project binder was developed and will be used for future Child Abuse and Prevention activities.

**6. Drafting of Public Service Announcement to be aired on Tribal radio.**

John Mock, Project Coordinator appeared on the Tribal Talk Show - Reservation Reports in December of 1994. The focus of the program was abuse and neglect.

**7. Training will be provided at the National Symposium in Huntsville, Alabama for the Broken Feathers Coordinator and the Program Supervisor.**

This goal was accomplished in February, 1994 when both staff were able to attend the five day training in Huntsville. The first two days dealt with the concept of the Multi-disciplinary approach which was most helpful in providing information to assist in refining our process. The final three days were a variety of workshops which also were informative. Resources were gathered and utilized in the program.

**8. The Broken Feathers Coordinator and Supervisor will provide training to staff involved in providing services to sexual abuse victims.**

The following trainings have been provided:

- 1/28/94: Mandatory Reporting Training for the Sault Tribe Parent Child Care Center Staff
- 5/26/94: Core Training regarding the Federal Child Protection Law(P.L. 101-630) and child abuse investigation techniques. This was provided to Anishnabek Community and Family Services Casework Staff.
- 9/30/94: Training regarding Mandatory Reporting was given to Sault Tribe Housing Staff
- 9/18/94: Training regarding Mandatory Reporting was given to the school personnel for the newly formed Sault Tribal School.
- 11/17/94: Training regarding Mandatory Reporting was given to the Intertribal Head Start and Parent Child Care Center Staff.

\*7/10/95-7/14/95: Responding to Child Sexual Abuse Victims: From Disclosure through Treatment" Ann Alhquist - Presenter. A no cost extension has been granted

to allow for this conference.

**9. Develop a computer data base.**

This goal was accomplished in November of 1994. The demographics of the cases served through the Broken Feathers Program were entered. A monthly report format was developed and implemented in January, 1994. (Attachment #3)

**10. Develop a Treatment Resource Directory for each of the Seven Counties.**

A Resource Directory has been developed for the seven county service area. This Directory will be periodically updated and revised.

**11. Develop a strong working relationship with the Tribal Victims Advocate, as well as the Victim Advocates from all seven counties in our service area.**

One Victim's Advocate served all seven counties. A positive working relationship was maintained with this position. The Victim's Advocate holds a seat on the Multi-disciplinary Team. The Broken Feather's Coordinator and Protective Services Staff have a good working relationship with the Victim's Advocate.

**II. *Statement of implementation problems, corrective actions, and needed changes in the Program Implementation or Program Monitoring Plan.***

Throughout the two years of the program, several implementations problems and programmatic changes occurred.

The first dealt with the modification regarding the need for Steering Committees. Through consultation with Cathy Sanders, Project Administrator during the first year of the program this concept was eliminated. Additionally during the first year it was determined that the original plan for a three team approach was not appropriate for this service area. It was concluded that the original Interdisciplinary Treatment Team fulfilled the same function as the already existing Child Protection Teams. Therefore, the Interdisciplinary Team was eliminated from the plan. The final structure became the existing CP Teams and the creation of the Multidisciplinary Team.

The second modification dealt with the staffing pattern. After the initial hiring of two Coordinators it was determined that the work load was not sufficient to warrant two full-time staff. Therefore a request was made to eliminate one of the positions. Cathy Sanders advised a delay in replacing rather than eliminating. The final decision was to staff the project with one full-time coordinator and a part-time supervisor.



During the second year of funding, a goal was established to have educational presentations in all seven housing sites. After thoroughly exploring the feasibility of this, a request was made to readjust this goal and have a presentation in each of the three areas that had office facilities. Final approval for this modification was never received. Scheduling presentations and finding receptive audiences proved to be one of the more difficult areas and there was limited success during the project time. This need for education and goal of community presentations will be continued.

The composition of the Multi-Disciplinary Team included medical personnel. To date, we have not been able to obtain the representation of a physician or in lieu of this a nurse for the team. We have repeatedly extended invitations and scheduled the meeting for a day when the physicians would be available. This has not resulted in success. It is hoped that when we move to the New Tribal Health Center in the Spring of 1995; we will succeed in recruiting a physician or nurse for the Team.

### *III. Statement of the technical assistance OVC provided.*

Throughout the grant, Cathy Sanders or a member of the staff of the Office of Victims of Crime have been available to answer our questions, give input and suggestions. Ms. Sanders made a site visit during October 1993, which proved most helpful in reviewing and adjusting the program implementation after a difficult beginning. Cathy Sanders was able to obtain a "no cost extension" allowing this agency the time to schedule a nationally known presenter, Ann Ahlquist. This training has been scheduled for July 10, 1995 through July 14, 1995.

### *IV. Statement of project results and achievements.*

The achievements of this project have been highlighted in Section I, with a review of the goals. The overall objective of developing a coordinated method of investigating severe physical and sexual abuse has been accomplished through the implementation of the Multi-disciplinary Team. This Team continues to function with a firm commitment for its continuation and refinement to better serve victims of severe physical and sexual abuse. Staff received invaluable training which allows for specialized training of additional program staff and the community in the area of sexual abuse. Through staff participation in a Governor's Children's Task Force Sub-Committee, this Tribe and it's Multi-disciplinary Team have been given the opportunity to develop the Sault Tribe Protocol for Child Abuse.

In the first program year the following were the number of referrals:

Total number of referrals regarding sexual abuse: 3  
Referrals screened out: 1

Referred to Tribal Police: 1

In the second year, the following were the number of referrals:

Total number of referrals regarding sexual abuse: 13

Referrals Screened out: 7

Referred to: Michigan Department of Social Services: 3

Referred to: Tribal Police: 3

Referred to State Police: 1

Assigned Cases: 6

Substantiated: 3

Unsubstantiated: 3

Statistics indicate an increase in referrals during the program; therefore one can conclude that community awareness and education did have an impact.

#### *V. Statement regarding the travel and scheduled training*

Throughout the two years of funding, program staff have attended the National Symposium held in Huntsville, Alabama each year. Additional trainings included the Regional Conference on Child Abuse held in Green Bay, Wisconsin. Information from these training was disseminated to other agency staff through Core Trainings and consultations. During the first year of the program, a training was conducted by Gloria Gillespe M.A., therapist. Ms. Gillespe has worked with treating sexual abuse victims and is well known within the state of Michigan in this field. A decision was made during the second year, to select a trainer to address a broad range of issues dealing with Child Sexual Abuse and bring that trainer to this area. This conference has been scheduled. Community presentations were also conducted throughout the two year project. The goal to educate the community and all who interact with children regarding child sexual abuse will continue beyond the funding of this grant.

#### *VI. Other Information pertinent to the Grant.*

The Project Coordinator was given the responsibility to organize the campaign to publicize April, 1994 as Child Abuse and Neglect Prevention month. An activity was developed for each week of the month and the information retained in a binder for future use.

During the second quarter of 1994, there was noted increase in referrals recieved. It is the opinion of the staff that this was a result of the increased community and professional awareness.

In June of 1994, the Sault Ste. Marie Tribe of Chippewa Indians sponsored a Grand Assembly. A well-done display regarding the "Broken Feathers Program" resulted in an opportunity to share needed information to members of this Tribe from across the United States.

The Project Coordinator pursued obtaining the Child Abuse and Neglect CD-ROM database, which provides a vast amount of

information regarding many aspects of child abuse and neglect.

In conclusion, this grant allowed Anishnabek Community and Family Services to develop a systematic approach to the investigation of severe physical and sexual abuse to better service the children of this community. The Multidisciplinary Team and its positive benefits will continue.

**STATE OF MICHIGAN**

**GOVERNOR'S TASK FORCE ON CHILDREN'S JUSTICE**

**A Model Child Abuse  
PROTOCOL  
Multidisciplinary Team Approach**

**TRIBAL SPECIFIC PROTOCOL**

**FEDERALLY RECOGNIZED  
MICHIGAN TRIBES**

<b>Bay Mills Indian Community</b>	<i>Brimley, Michigan</i>
<b>Grand Traverse Band of Ottawa and Chippewa Indians</b>	<i>Suttons Bay, Michigan</i>
<b>Hannahville Indian Community</b>	<i>Wilson, Michigan</i>
<b>Keweenaw Bay Indian Community</b>	<i>Baraga, Michigan</i>
<b>Lac Vieux Desert Band of Lake Superior Chippewa Indians</b>	<i>Watersmeet, Michigan</i>
<b>Little River Band of Ottawa Indians, Inc.</b>	<i>Manistee, Michigan</i>
<b>Little Traverse Band of Odawa Indians, Inc</b>	<i>Petoskey, Michigan</i>
<b>Potawatomi Indian Nation, Inc.</b>	<i>Dowagiac, Michigan</i>
<b>Saginaw Chippewa Indian Tribe</b>	<i>Mt. pleasant, Michigan</i>
<b>Sault Ste. Marie Tribe of Chippewa Indians</b>	<i>Sault Ste. Marie, Michigan</i>

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**I. MISSION STATEMENT**

*To maximize the protection of children by prioritizing competent investigation and prosecution resources stressing communication and cooperation between agencies.*

**STATEMENT OF PURPOSE**

Responding to the issue of child abuse is a profound challenge for every community. In recognition of the special needs of child abuse victims, the Prosecuting Attorney's Office, law enforcement, Child Protective Services, health professionals, and educators are committed to working together to establish the following procedures involving Native Americans.

The development of this protocol grew out of the increased awareness among professionals that children are "special" and require a different approach from adults. It is also recognized that there is a greater need for coordination of services for physically and sexually abused Native American children and their families. This protocol is a model for implementation for each of the tribes and newly recognized tribes thereafter, to adopt. In order to provide a more consistent and appropriate response to children, representatives of the following agencies agree to adopt and adhere to this protocol.

List participating agencies:

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## II. GOALS

The following goals serve as a basis for this policy. However, the overriding philosophy of this protocol is to consider first and foremost *what is best for the child* while ensuring the rights of the accused.

1. To ensure child abuse cases are properly and effectively investigated and prosecuted.
2. To provide protection, treatment, and continuing support for abused victims and their family members.
3. To gain improved cooperation among professionals and agencies to develop a common goal of improved management of child abuse cases.
4. To increase awareness and reporting of child abuse cases.
5. To reduce trauma to the child victim by ensuring that all professionals covered by this protocol are properly trained.
6. To ensure that all Tribal providers are utilized prior to utilizing non-Tribal resources.
7. To ensure the preservation of Native American families.



**III. REPORTING CHILD SEXUAL  
ABUSE AND PHYSICAL ABUSE**

A. Any person who is a:

1. physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider; or
2. teacher, school counselor, instructional aide, teacher's assistant, or bus driver employed by a Tribe, Federal, public, or private school; or
3. administrative officer, supervisor of child welfare and attendance, or truancy officer of any Tribal, Federal, public or private school; or
4. child day care worker, headstart teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker; or
5. psychiatrist, psychologist, or psychological assistant; or
6. licensed or unlicensed marriage, family, or child counselor; or
7. person employed in the mental health profession; or
8. law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders:

who knows, or has reasonable suspicion, that a child was abused in Indian country, or that actions are being taken, or are going to be taken, that would reasonably be expected to result in abuse of a child in Indian country shall immediately report the information to the local child protective services agency. "Local child protective services agency" means that agency of the Federal government, of a State, or of an Indian Tribe that has the primary responsibility for child protection on any Indian Reservation or within Indian country.

- B. Abuse means:
1. abuse or neglect is the suspected cause of a child's death; or
  2. the child is the victim of suspected sexual abuse or sexual exploitation; or
  3. severe physical injury such as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any physical injury that seriously impairs the health or physical well-being of a child.
- C. Upon Child Protective Services (CPS) receipt of reported child sexual/physical abuse CPS shall:
1. Perform a preliminary investigation which shall include researching family history, Department of Social Services files, etc. to determine the merit of the case, keeping in mind the safety of the child.
  2. Once there is reasonable suspicion that the abuse is substantiated, the CPS shall:
    - a. Notify the local law enforcement agency.
    - b. The local law enforcement agency shall conduct preliminary investigation into the alleged abuse.
    - c. The local law enforcement will then contact the Bureau of Indian Affairs' Criminal Investigator and the Federal Bureau of Investigation.
    - d. Within 24 hours, CPS shall notify the Prosecutor's Office and the designated Multidisciplinary Team (MDT) leader.
- D. Each MDT law enforcement agency shall establish written procedures apprising CPS of the following:
1. Handling of child abuse cases after normal business hours, weekends, and holidays.
  2. Procedures for immediately notifying CPS when a report of child abuse is received by the agency.

**IV. MULTIDISCIPLINARY TEAM APPROACH****A. Investigative Objectives:**

1. Determine if child was abused or neglected by a person responsible for the child's health or welfare and whether the child is in need of protection; determine if probable cause to believe a crime was committed and that the suspect committed it.
2. Minimize trauma to the victim.
3. Ensure fairness to the accused.

**B. Multidisciplinary Teams (MDTs)**

1. Each member of the team will have received specialized training in the handling of physical and sexual abuse cases, and the team will include the following individuals:
  - a. Tribal Prosecuting Attorney - Team Coordinator
  - b. Protective Services Workers
  - c. Police Investigators
  - d. Medical Professionals
  - e. Mental Health Professionals
  - f. School Personnel
  - g. Victim Advocate
2. While each team consists of seven (7) members, not every case will require the participation of all members of the team. The initial team will consist of:
  - a. Tribal Prosecuting Attorney
  - b. Tribal Protective Services Workers
  - c. Law Enforcement
3. Each Tribal law enforcement agency shall designate at least one (1) officer and an appropriate backup officer, specifically identified and specially trained to handle cases of child abuse occurring within their jurisdiction. Cases of child abuse occurring in the following locations will be handled by the agency listed below.

List appropriate law enforcement agencies:

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4. All designated team members shall be provided with a telephone and/or pager number contact list which shall be maintained and distributed by the team coordinator. This list shall be updated as necessary.

**V. PROSECUTORS**

- A. To facilitate this protocol, the Tribal Prosecuting Attorney or their designee shall:
1. Take a leadership role in the development, implementation, and management of this child abuse protocol.
  2. Coordinate the activities of the MDT.
  3. Provide legal counsel on issues relative to the investigation and prosecution of child abuse.
- B. The Tribal Prosecuting Attorney shall establish consistent practices for the charging, plea negotiation, and disposition of child abuse cases which achieve the following:
1. Minimize trauma to the child victim relative to all proceedings.
  2. Ensure the rights of the accused.
- C. To enhance the advocacy of child abuse victims, the Tribal Prosecuting Attorney shall:
1. Involve Tribal Victim Advocate as the advocate for child abuse victim.
  2. Establish office policy which accommodates the special needs of child abuse victims and their exposure to the civil and criminal justice systems.
- D. When necessary, tribal and county prosecutors shall work together in the implementation of a tribal and county CIT.
- E. Tribal and county prosecutors shall consider the special issues facing the protection of children in Indian country and in the county, such as:
1. The existence of blended families.
  2. The jurisdiction of tribal courts.
  3. The sovereignty of tribal governments.
  4. The special status of Indian children and Indian families.

**VI. CHILD PROTECTIVE SERVICES  
AND  
POLICE INVESTIGATIONS**

- A. Tribal Protective Services or Tribal Police shall proceed with an initial investigation to determine the safety of the children and the credibility of the allegations. The investigation can include:
1. Identifying and/or interviewing of victim.
  2. Identifying and/or interviewing of witnesses.
  3. When an allegation involves sexual and/or severe physical abuse which has occurred within approximately 72 hours, arrangements shall be made for an immediate medical examination at a suitable medical facility.
  4. When an allegation involves sexual and/or severe physical abuse which has not taken place within the last approximately 72 hours, an examination at a clinic specializing in the treatment of sexual abuse is strongly recommended.
  5. Facilitate in-service training for local members of the MDT not less than annually.
- B. Tribal Protective Services shall notify the Prosecuting Attorney and/or the MDT to coordinate the process of the investigation to include:
1. Collection and retention of evidence
  2. Interviewing of victim(s), perpetrator, witnesses
  3. Selecting location of interviews
  4. Methods used to interview
- C. Tribal Protective Services shall notify Tribal Police and the BIA Criminal Investigator concurrently. (\*If the BIA Criminal Investigator is not available, Tribal Protective Services shall notify the FBI Special Agent).
1. The BIA Criminal Investigator will determine when/if contact with the FBI Special Agent is necessary and will make the needed contact.

2. The designated law enforcement member in consultation with the Prosecuting Attorney and/or MDT and Tribal Protective Social Services shall be responsible for management of the investigation.

PUBLIC LAW 101-630, TITLE IV  
INDIAN CHILD PROTECTION

SECTION 407  
WAIVER OF PARENTAL CONSENT

(a) EXAMINATIONS AND INTERVIEWS.--Photographs, x-rays, medical examinations, psychological examinations, and interviews of an Indian Child alleged to have been subject to abuse in Indian country shall be allowed without parental consent if local child protective services or local law enforcement officials have reason to believe the child has been subject to abuse.

(b) INTERVIEWS BY LAW ENFORCEMENT AND CHILD PROTECTIVE SERVICES OFFICIALS.--In any case which officials of the local law enforcement agency or local child protective services agency have reason to believe that an Indian child has been subject to abuse in Indian country, the officials of those agencies shall be allowed to interview the child without first obtaining the consent of the parent, guardian, or legal custodian.

**VII. MEDICAL PERSONNEL**

- A. When medical personnel identifies or has reasonable cause to believe sexual and/or physical abuse is suspected he or she shall:
1. Telephone referral to Child Protective Services immediately.
  2. Complete and submit the appropriate CPS forms within 72 hours.
- B. Physical examination of child.
1. Conducted by specially trained medical personnel.
  2. Testing done in accordance with standardized sexual assault protocol.
  3. Sexual assault kit will be used when appropriate.
  4. All appropriate areas, regardless of symptomology, should be cultured, both blood and bodily fluids, in a timely manner with indicated follow-up.
  5. Results of medical exam should be carefully documented utilizing body maps and photographs.
- C. Interviewing the child for the purpose of medical diagnosis or treatment.
1. Whenever possible, limit the interview of the child to the one person who will examine the child.
  2. Interview child alone whenever possible.
  3. Document child's verbatim statements regarding abuse.
- D. Documentation.

Accurate and detailed statements from children are essential for the other MDT members. Statements concerning child abuse made by a child for the purpose of medical diagnosis and/or treatment are generally admissible in court.



E. Admission to hospital.

1. Child can be admitted even without parental consent, if:
  - a. Parents threaten to remove the child against medical advice.
  - b. Release of the child would endanger health or welfare.
2. Hospital can retain child, under State, Tribal, Federal laws, in temporary custody until the next regular business day of the Court. CPS must be contacted immediately.

**VIII. MENTAL HEALTH PERSONNEL**

- A. When Mental Health personnel identify sexual and/or physical abuse of a child, they shall:
  - 1. Telephone referral to Child Protective Services immediately.
  - 2. Complete and submit appropriate forms within 72 hours.
- B. Evaluation of child victim and family:
  - 1. Assess the degree of psychological trauma to the victim and recommend treatment alternatives.
  - 2. Determine treatment alternatives and referral sources for family members of the victim if appropriate.
  - 3. Mental Health workers will function in a consultant role in the MDT meetings.

**IX. SCHOOL PERSONNEL**

A. When a school administrator, school counselor or teacher, or regulated child care provider has reasonable cause to suspect child abuse he or she shall:

1. Telephone referral to appropriate Child Protective Services immediately, Tribal Social Services. if Tribal Social Services is not available then contact Tribal Police.
2. Complete and submit appropriate forms within 72 hours.

Note: *Reporting the suspicion to the person's superior or administrator does not meet the requirement imposed by law.*

B. Public and private schools and other institutions shall cooperate with Tribal Social Services and/or Department of Social Services during an investigation of a report of child sexual abuse. School personnel should cooperate with the MDT.

1. Cooperation includes allowing access to the child without parental consent (see page 9, Public Law 101-630, Title IV, Section 407).
2. Investigation of whether actual child abuse has occurred is the responsibility, by law, of Tribal Social Service and Law Enforcement officials.
  - a. It is the responsibility of Tribal Social Services or Law Enforcement to inform parents, of any contact made with children regarding the suspect of abuse.
  - b. School staff are not to investigate or judge whether actual abuse occurred.
  - c. No child shall be subjected to a search at school which requires the child to remove clothing, expose buttocks, genitalia, or breasts.

- C. The law does not preclude a school from investigating reported claims of child abuse by its employees. All other requirements imposed by the laws *must* be met first.
1. An *internal* investigation shall not take precedence over the requirements of reporting to Tribal Social Services, Department of Social Services or law enforcement.
  2. An *internal* investigation shall not interfere with or hinder an investigation being conducted by Tribal Social Services, Department of Social Services or law enforcement.
  3. An *internal* investigation must be coordinated with any investigation being conducted by Tribal Social Services, Department of Social Services or law enforcement to ensure proper case management for possible criminal investigation.
- D. All of the above are required by law and should be complied with regardless of any other requirements of the school.

**X. VICTIM ADVOCATE**

The Victim Advocate is the liaison between victim and criminal justice agencies and other organizations.

- A. Coordinate services and referrals.
  - 1. Transportation
  - 2. Child Care
  - 3. Utilize Tribal resources first
- B. Provide support and advocacy.
  - 1. Emergency Needs
  - 2. Personal
  - 3. Court orientation and accompaniment
  - 4. Other
- C. Assist is filing for victim compensation.
- D. Advocate for victim rights.
- E. Assist victim in preparing impact statements.

**XI. GENERAL PRINCIPLES**

- A. The results of all examinations of the child, performed by specialized personnel, for the purpose of the investigation, shall promptly be made available to both Tribal Social Services and the investigating Law Enforcement officer.
- B. In cases where it is determined that the alleged perpetrator is not "a person responsible for the child's health or welfare", Tribal Social Services shall refer the investigation over to the appropriate law enforcement agency. The MDT will evaluate and recommend service resources.
- C. Open communication between all parties is encouraged to resolve any difficulties that may arise in the implementation of this protocol.
- D. In all cases, the best interests, safety, and welfare of the child are of primary importance and the ultimate disposition should reflect this principle. The opinions and advice of all agencies involved in protecting the child should be considered before any final decisions are made.
- E. Anatomically explicit dolls and other aids, if used, should only be used with caution; and, only after the person has received training in their use.

This protocol is hereby agreed to and approved by the following agencies. This protocol may be amended as deemed necessary with the approval of the signing agencies:

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AGENCY: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

*SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS*

*TRIBALLY SPECIFIC PROTOCOL*

*MULTIDISCIPLINARY TEAM APPROACH*



TRIBAL PROTOCOL TEAM MEMBERS

Christine Bouschor      *Director of Anishnabek Community and Family Services.*

Margaret Donaubauer      *Casework Supervisor, Anishnabek Community and Family Services.*

Carol Bauman      *Clinical Social Worker, Anishnabek Community and Family Services.*

Kandra Kerridge      *Children's Court Prosecutor, Sault Ste. Marie Tribe of Chippewa Indians*

John W. Mock      *Coordinator, Broken Feather's Child Sexual and Severe Physical Abuse Prevention Project.*

George Parish      *Police Officer, Sault Tribe Public Safety/Conservation Office.*

Anna Rogers-Stott      *Victim's Advocate, Chippewa Tribal Court.*

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enforcement, Child Protective Services, health professionals, and educators are committed to working together to establish the following procedures involving Sault Tribe children.

The development of this protocol grew out of the increased awareness among professionals that children are "special" and require a different approach from adults. It is also recognized that there is a greater need for coordination of services for physically and sexually abused Sault Tribe children and their families. In order to provide a more consistent and appropriate response to children, representatives of the following agencies agree to adopt and adhere to this protocol.

List participating agencies:

Sault Ste. Marie Tribe of Chippewa Indians Attorney Staff

Anishnabek Community and Family Services

Sault Tribe Public Safety and Conservation Office

The United States of America - Chippewa Tribal Court

Sault Tribe Health Department

## II. GOALS

The following goals serve as a basis for this policy. However, the overriding philosophy of this protocol is to consider first and foremost *what is best for the child* while ensuring the rights of the accused.

1. To ensure child abuse cases are properly and effectively investigated and prosecuted.
2. To provide protection, treatment, and continuing support for abused victims and their family members.
3. To gain improved cooperation among professionals and agencies to develop a common goal of improved management of child abuse cases.
4. To increase awareness and reporting of child abuse cases.
5. To reduce trauma to the child victim by ensuring that all professionals covered by this protocol are properly trained.
6. To ensure that all Tribal providers are utilized prior to utilizing non-Tribal resources.
7. To ensure the preservation of Sault Tribe families.

**III. DEFINITIONS**

--as defined by the Indian Child Protection and Family Violence Act. 25USC 3201, et. seq.; Title IV-Indian Child Protection.

1. **"Child abuse"** includes but is not limited to--
  - (A) Any case in which--
    - (i) a child is dead or exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, and
    - (ii) such condition is not justifiably explained or may not be the product of an accidental occurrence; and
  - (B) any case in which a child is subjected to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution;
  
2. **"Child neglect"** includes but is not limited to negligent treatment or maltreatment of a child by a person, including a person responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.
  
3. **"Local child protective services agency"** means that agency of the Federal Government, of a State, or of an Indian Tribe that has the primary responsibility for child protection on any Indian reservation or within any community in Indian country.
  
4. **"Local law enforcement agency"** means that Federal, Tribal, or State law enforcement agency that has the primary responsibility for the investigation of an instance of alleged child abuse within the portion of Indian country involved.
  
5. **"Persons responsible for a child's welfare"** means any person who has legal or other recognized duty for the care and safety of a child, including--
  - (A) any employee or volunteer of a children's residential facility, and

(B) any person providing out-of-home care, education, or services to children;

6. **Mandatory Reporters are "Any person who is a--"**

- (A) physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider,
- (B) teacher, school counselor, instructional aide, teacher's aide, teacher's assistant, or bus driver employed by any Tribal, Federal, public, or private school,
- (C) administrative officer, supervisor of child welfare and attendance, or truancy officer of any Tribal, Federal, public or private school,
- (D) child day care worker, headstart teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker,
- (E) psychiatrist, psychologist, or psychological assistant,
- (F) licensed or unlicensed marriage, family or child counselor,
- (G) person employed in the mental health profession, or
- (H) law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders;

7. **"Confidentiality."** Pursuant to section 552a of title 5, United States Code, the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. 1232g), or any other provision of law, agencies of any Indian Tribe, of any State, or of the Federal Government that investigate and treat incidents of abuse of children may provide information and records to those agencies of any Indian Tribe, any State, or the Federal Government that need to know the information in performance of their duties. For purposes of this section, Indian Tribal governments shall be treated the same as other Federal Government entities.

8. **"Waiver of Parental Consent."**

- (A) Examinations and interviews.--Photographs, x-rays, medical examinations, psychological examinations, and interviews of an Indian child alleged to have been subject to abuse in Indian country shall be allowed without parental consent if local child protective services or local law enforcement officials have reason to believe the child has been subject to abuse.
- (B) Interviews by Law Enforcement and Child Protective Services Officials.--In any case in which officials of the local law enforcement agency or local child protective services agency have reason to believe that an Indian child has been subject to abuse in Indian country, the officials of those agencies shall be allowed to interview the child without first obtaining the consent of the parent, guardian, or legal custodian.
- (C) Protection of Child.--Examinations and interviews of a child who may have been the subject of abuse shall be conducted under such circumstances and with such safeguards as are designed to minimize additional trauma to the child and, where time permits, shall be conducted with the advise, or under the guidance, of a local multidisciplinary team established pursuant to section 411 or, in the absence of a local team, a multidisciplinary team established pursuant to section 410.
- (D) Court Orders.--Upon a finding of reasonable suspicion that an Indian child has been the subject of abuse in Indian country, a Federal magistrate or United States District Court may issue an order enforcing any provision of this section.

9. **"Multidisciplinary Team (MDT)."** Multi-agency, multi-jurisdictional team that is responsible for the coordination of investigations involving child abuse and/or neglect cases. A key responsibility of the MDT is to reduce the trauma to the child victim. The MDT shall have members who have experience and training in prevention, identification, investigation, and treatment of incidents of child abuse and neglect.

**IV. REPORTING CHILD ABUSE AND NEGLECT**

Any mandated reporter who has reasonable suspicion of child abuse and/or neglect shall immediately report the matter to Anishnabek Community and Family Services-Child Protective Services (CPS) or Sault Tribe Public Safety/Conservation Office.

Upon child protective services receipt of reported child abuse and/or neglect the CPS shall:

- A. Perform a preliminary investigation which shall include researching family history, Department of Social Services' files, etc., to review the report of suspected abuse and/or neglect, keeping in mind the safety of the child.
  - 1. Once there is a reasonable suspicion that the abuse and/or neglect has occurred, the CPS shall:
    - a. Notify the Sault Tribe Public Safety Office.
      - i. The Sault Tribe Public Safety Office shall conduct a preliminary investigation into the alleged child abuse and/or neglect.
      - ii. The Sault Tribe Public Safety Office will then contact the Bureau of Indian Affairs Criminal Investigator (If the BIA agent is not available, the FBI special agent should be contacted directly).
      - iii. The BIA criminal investigator will determine when/if contact with the FBI agent is necessary and will make the needed contact.
    - b. Within 24 hours, CPS shall notify the Tribal prosecutor's office or the designated multidisciplinary team coordinator.
- B. The Sault Tribe Public Safety/Conservation Office shall establish written procedures apprising CPS of the following:



1. Handling of child abuse and/or neglect cases after normal business hours, weekends and holidays.
2. The procedures for immediately notifying CPS when a report of child abuse and/or neglect is received by the agency.

#### V. MULTIDISCIPLINARY TEAM APPROACH

##### A. Investigative Objectives:

1. Determine if child was abused and/or neglected by a person responsible for the child's health or welfare and whether the child is in need of protection; determine if probable cause to believe a crime was committed and that the suspect committed it.
2. Minimize trauma to the victim.
3. Ensure fairness to the accused.

##### B. Multidisciplinary Teams (MDTs)

1. Each member of the team will have received specialized training in the handling of child abuse and/or neglect cases, and the team will include the following individuals:
  - a. Tribal Prosecuting Attorney - Team Coordinator
  - b. Protective Services Workers
  - c. Police Investigators
  - d. Medical Professionals
  - e. Mental Health Professionals
  - f. School Personnel
  - g. Victim Advocate
2. While each team consists of seven (7) members, not every case will require the participation of all

members of the team. The initial team will consist of:

- a. Tribal Prosecuting Attorney
  - b. Tribal Protective Services Worker
  - c. Tribal Law Enforcement
3. The Sault Tribe Public Safety/Conservation Office shall designate at least one (1) officer and an appropriate backup officer, specifically identified and specially trained to handle cases of child abuse and/or neglect occurring within their jurisdiction.
  4. All designated team members shall be provided with a telephone and/or pager number contact list which shall be maintained and distributed by the team coordinator. This list shall be updated as necessary.
  5. The multidisciplinary team coordinator shall facilitate in-service training for local members of the MDT not less than annually.

#### VI. PROSECUTORS

- A. To facilitate this protocol, the Tribal Prosecuting Attorney or their designee shall:
  1. Take a leadership role in the development, implementation, and management of this child abuse and/or neglect protocol.
  2. Coordinate the activities of the MDT.
  3. Provide legal counsel on issues relative to the investigation and prosecution of child abuse and/or neglect.

- B. The Tribal Prosecuting Attorney shall establish consistent practices for the charging, plea negotiation, and disposition of child abuse and/or neglect cases which achieve the following:
1. Minimize trauma to the child victim relative to all proceedings.
  2. Ensure the rights of the accused.
- C. To enhance the advocacy of child abuse and/or neglect victims, the Tribal Prosecuting Attorney shall:
1. Involve the Tribal Victim Advocate as the advocate for the child abuse and/or neglect victim.
  2. Establish office policy which accommodates the special needs of child abuse and/or neglect victims and their exposure to the civil and criminal justice systems.
- D. When necessary, the Tribal and county prosecutors shall work together in the implementation of a multidisciplinary team.
- E. The Tribal and county prosecutors shall consider the special issues facing the protection of children in Indian country and in the county, such as:
1. The existence of blended families.
  2. The jurisdiction of the Sault Tribe court.
  3. The sovereignty of the Sault Tribe government.
  4. The special status of Sault Tribe children and families.

VII. CHILD PROTECTIVE SERVICES  
AND  
POLICE INVESTIGATIONS

- A. Protective Services and/or Law Enforcement shall proceed with an initial investigation to determine the safety of the children and the credibility of the allegations. The investigation can include:
1. Identifying and/or interviewing of victim.
  2. Identifying and/or interviewing witnesses.
  3. When an allegation involves child abuse and/or neglect arrangements shall be made for an immediate medical examination at a suitable medical facility.
  4. When an allegation involves sexual abuse an examination at a clinic specializing in the treatment of sexual abuse is strongly recommended.
  5. Upon a finding of reasonable suspicion that an Indian child has been the subject of abuse in Indian country, the Tribal court may issue an order to waive parental consent as defined in Section III (8) (a) (b) (c).
  6. Law Enforcement shall ensure that the victim is aware of services provided through the Victim's Advocate Program.
- B. The designated law enforcement member in consultation with the Prosecuting Attorney and Tribal Child Protective Services shall be responsible for the management of the investigation.
- C. Protective Services and/or Law Enforcement shall notify the Tribal Prosecuting Attorney for advice and guidance in the following areas:
1. Collection and retention of evidence
  2. Interviewing of victim(s), perpetrator, witnesses
  3. Selecting location of interviews
  4. Methods used to interview

**VIII. MEDICAL PERSONNEL**

- A. When medical personnel identifies or has reasonable suspicion to believe child abuse and/or neglect has occurred he or she shall:
1. Telephone referral to the Tribal child protective services agency (Phone #) immediately.
  2. Complete and submit the appropriate forms within 72 hours.
- B. Physical examination of child.
1. Conducted by specially trained medical personnel.
  2. Testing done in accordance with standardized sexual assault protocol.
  3. Sexual assault kit will be used when appropriate.
  4. All appropriate areas, regardless of symptomology, should be cultured, both blood and bodily fluids, in a timely manner with indicated follow-up.
  5. Results of medical exam should be carefully documented utilizing body maps and photographs.
- C. Interviewing the child for the purpose of medical diagnosis or treatment.
1. Whenever possible, limit the interview of the child to the one person who will examine the child.
  2. Interview child alone whenever possible.
  3. Document child's verbatim statements regarding abuse.
- D. Examinations and interviews shall be allowed without parental consent if local child protective services or local

law enforcement officials have reason to believe the Indian child has been subject to abuse and/or neglect.

E. Documentation.

Accurate and detailed statements from children are essential for the other MDT members. Statements concerning child abuse and/or neglect made by a child for the purpose of medical diagnosis and/or treatment are generally admissible in court.

IX. MENTAL HEALTH PERSONNEL

- A. When Mental Health personnel have reasonable suspicion of child abuse and/or neglect of a child, they shall:
1. Telephone referral to Tribal child protective services agency (Phone #) immediately.
  2. Complete and submit appropriate forms within 72 hours.
- B. Mental Health personnel shall provide the appropriate personnel and services to the multidisciplinary team to:
1. Assess the degree of psychological trauma to the victim and recommend treatment alternatives.
  2. Determine treatment alternatives and referral sources for family members of the victim if appropriate.
  3. Report of the evaluation shall be submitted to the investigative agency to become a part of the investigative record.
- C. Upon request, additional mental health professionals may function in a consultant role in the MDT meetings.

**X. SCHOOL PERSONNEL**

A. When a school administrator, school counselor or teacher, regulated child care provider, school volunteer or employee has reasonable cause to suspect child abuse and/or neglect he or she shall:

1. Telephone referral to Tribal child protective services agency (Phone #) immediately.
2. Complete and submit appropriate forms within 72 hours.

*Note: Reporting the suspicion to the person's superior or administrator does not meet the requirement imposed by law.*

B. Bahweting Anishnabe school shall cooperate with Tribal child protective services agency or Tribal law enforcement during an investigation of a report of child abuse and/or neglect. School personnel shall cooperate with the investigator.

1. Cooperation includes allowing access to the child without parental consent.
2. Investigation of whether actual child abuse and/or neglect has occurred is the responsibility, by law, of local child protective services agency and local law enforcement agency officials.
  - a. It is the responsibility of the investigators to inform parents of any contact made with children regarding the suspicion of child abuse and/or neglect.
  - b. School staff are not to investigate or judge whether actual abuse and/or neglect occurred.
  - c. No child shall be subjected to a search at school which requires the child to remove clothing, expose buttocks, genitalia, or breasts.

C. The law does not preclude a school from investigating reported claims of child abuse and/or neglect by its employees. All other requirements imposed by the laws *must* be met first.

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The Victim Advocate is the liaison between victim and criminal justice agencies and other organizations and shall:

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1. Transportation
  2. Child Care



3. Utilize Tribal resources first
- B. Provide support and advocacy.
1. Emergency needs
  2. Personal
  3. Court orientation and accompaniment
  4. Other
- C. Assist in filing for victim compensation.
- D. Advocate for victim rights.
- E. Assist victim in preparing impact statements.

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- C. Open communication between all parties is encouraged to resolve any difficulties that may arise in the implementation of this protocol.

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This protocol is hereby agreed to and approved by the following agencies. This protocol may be amended as deemed necessary with the approval of the signing agencies:

NAME: George Powell PS/O DATE: 3-27-95

AGENCY: Public Safety / Conservation Dept.

NAME: Carol B. Baerman DATE: 3-27-95

AGENCY: ACFS, Behavioral Services - MH

NAME: John O'Connell DATE: 3/27/95

AGENCY: ACFS / Caseworker

NAME: Lynette H. Robbins DATE: 3-27-95

AGENCY: Sault Tribe Legal Department

NAME: Innovation Kenaubauer MSO DATE: 3-27-95

AGENCY: ACFS Supervisor

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

*ATTACHMENT 2*

# **ABUSE INVESTIGATIONS GUIDE**

(with Child Development guide attached)

Prepared By:

***Broken Feather's Child Sexual and  
Severe Physical Abuse Prevention Project***

Anishnabek Community and Family Services  
1301 Marquette Ave.  
Sault Ste. Marie, MI 49783  
(906)635-6538  
March, 1994

This guide was prepared to aid the Investigator in the investigation of Child Abuse. This is for reference only, and is not a step by step investigation manual.

## Sexual Abuse-

- \* Explain your role
- \* Put Child at ease, assess development/intellect
- \* Location(s) of abuse (reservation, city, county, building, room)
- \* Determine if medical exam has occurred
- \* Determine expectations, fears, and desired consequence of child
- \* Get name of offender and relationship to victim
- \* Physical description of offender
- \* When abused occurred
  - once or more than once
  - how often
  - child's age at time
  - first incident
  - most recent incident
  - time of day/duration
  - association with other events
  - recollection of individual incidents
- \* Corroborative details: specific descriptions of clothing, furniture, witnesses, tv shows,
- \* Child's feelings at time of abuse.
- \* Enticements offered by perpetrator(bribes, gifts, threats)
- \* Elements of secrecy; Do they exist? Is the family secretive?
- \* Offender's words during abuse
- \* Does victim keep a journal or diary?
- \* Does victim have correspondence from perpetrator?
- \* Did victim give correspondence or gifts to offender?
- \* Other witnesses present?
- \* Where were other family members during abuse
- \* Are there other victims known to the victim being interviewed
- \* Victim's attitude toward offender, Now/Then(close, loving)
- \* First person victim told about abuse, and that person's reaction
- \* Others that the victim told and their reaction
- \* Drugs/Alcohol used by offender, Were they given to victim?
- \* Prior abuse(physical/sexual) of victim by current offender or anyone else.
- \* Clarify child's terms for anatomy
- \* Note child's exact words when describing abuse
- \* Nature of abuse
  - oral/vaginal/anal contact
  - fondling/penetration
  - made to perform sex act on offender
  - use of pornography(film, magazine, pictures)
  - use of foreign objects, sex devices, lubricants, contraceptives
  - were photos taken of victim
  - clothes on or off during abuse, victim and offender
  - pain, bleeding, or discharge
  - offender's behavior and words during and after sex acts
  - whether child saw or felt ejaculation
- \* Description of any unusual marks or scars on offender
- \* Description of offenders genitals(pubic hair, erect, circumcised)
- \* If offender ejaculated, where did he?
- \* If cleaned up after abuse, where, with what, and where is it

**Sexual abuse cont... .**

1. What crime has been committed?
2. What is the relationship of the perpetrator to the victim?
3. What has been the duration of the sexual abuse or exploitation?
4. What types of behavioral characteristics is the victim demonstrating?
5. Have there been any threats of violence or coercion directed at the child?
6. Are there any, other forms of child abuse present (e.g., neglect, physical abuse)?
7. Are there any physical indicators of sexual contact?
8. Is the child describing sexual activities that he or she ordinarily would not have knowledge about?
9. Is the child story consistent with what he or she has told others?
10. Has the child been exposed to any form of pornography?
11. Has the child participated in any form of child pornography?
12. Have you collected sufficient background information from teachers, neighbors, siblings, friends, or others with whom the child may have shared information?
13. If the allegations involve incest, is there a "Safe parent"?
14. Has the child participated in a physical examination?
15. Before talking to the child, do you feel you know, enough about the child?
16. Have you considered vocabulary, parental reactions, and unstructured play techniques?
17. What words does the child use to describe sexual activities or body parts?
18. Does the child have any handicaps that might restrict communication?
19. Where is the child going to be interviewed?
20. Is the interview going to be audio or videotaped?
21. Has the investigation been coordinated with other agency professionals (e.g., police services, mental health, or prosecutor's office)?

## Physical Child Abuse-

1. What causation factor(s) are present?
2. What type of trigger mechanisms contributed to the crisis?
3. What are the age and developmental skills of the child?
4. Is the child a target child?
5. Was any delay in treatment or hospital shopping involved?
6. What are the location, configuration, and distribution of the soft-tissue injuries?
7. Do the injuries appear to have been caused by a hand, or a fixed or flexible household item?
8. Are multiple resolving injuries present?
9. Are the injuries within the primary target zone and on more than one leading edge of the body?
10. Is there an identifiable angle of attack?
11. Are there any defense or control-type injuries present?
12. Was a careful check made for the presence of visible injuries on the head, mouth, ears, or nose?



## **Child Abuse by Burning-**

1. Is the burn a wet or dry burn?
2. Where is the burn located on the child's body?
3. Have you considered the 10 suspicion index factors?
4. Is toilet training an issue?
5. How serious is the burn?
6. If the burn was produced by a hot liquid, was the child dipped or fully immersed?
7. What does the line of immersion look like?
8. Are there any splash burns present?
9. Was the child in a state of flexion?
10. How symmetrical are the lines of immersion if stocking or glove burns are present?
11. Have you checked the hot water heater for size, normal functioning, and temperature?
12. If the burn appears to have been caused by a dry source of heat, what is the shape of the burn?
13. Where is the burn located?
14. Have you recorded information concerning the child's height, location of fixtures, etc.?
15. Where was the primary care provider at the time of the incident?

## Guidelines for interviewing children-

- \* Avoid confusing the child
- \* Use words and phrases that the child will understand
- \* If the child uses words that are strange to you, try to find out what the child means by such words.
- \* Don't convey value judgments regarding words that are used.
- \* For very young children ask short questions that do not require complicated answers. It's better to ask several understandable questions than one that is too complex.
- \* Avoid frightening the child
- \* Conduct the interview at the child's eye level
  - Preferably do not sit at a desk
  - For a very young child you might sit on the floor to put the child at ease.
- \* Explain the Purpose of the interview and your interest in the child.
- \* Explain whether parents are aware of the interview.
- \* If you have concerns about retaliation on the part of the parents, you should offer and provide support to the child when he or she faces the parents.
- \* Discuss the nature of the confidentiality of the information: will you share it only at the office? With teachers? Friends? A doctor? Will you be telling the parents?
- \* If the child prefers, allow a person whom the child trusts to be present during the interview.
- \* In situations of sexual abuse, the interviewer should be of the same sex as the child.
- \* Minimize the number of interviews and interviewers with the child.
- \* Treat the child with respect
- \* Don't talk down to the child.
- \* Respond honestly to questions that the child asks.
  - If you don't know, say you don't know but you can find out.
  - Don't give false assurances.
- \* Avoid placing the child on the defensive
- \* Don't expect or encourage the child to take sides against the parents.
- \* Don't give the impression that you think the parents are bad, dangerous, lazy, irresponsible, etc.
- \* Indicate that you want to help the family with specific problems they may be having.
- \* Alleviate the child's guilt
- \* Reassure the child that he/she is not responsible for the abuse, neglect, or consequences of the investigation.
- \* If the child is a self-referral, reinforce the correctness of the action.

### DO:

- \* Make sure the interviewer is someone the child trusts.
- \* Conduct the interview in private.
- \* Sit next to the child, not across a table or desk.
- \* Ask the child to clarify words/terms which are not understood.
- \* Tell the child if any future action will be required.

### DON'T:

- \* Allow the child to feel "in trouble" or "at fault"
- \* Disparage or criticize the child's choice of words or language.
- \* Suggest answers to the child.
- \* Probe or press for answers the child is unwilling to give.
- \* Display shock or disapproval of parents, child, or the situation.
- \* Force the child to remove clothing.
- \* Conduct the interview with a group of interviewers
- \* Leave the child alone with a stranger(e.g., a CPS worker).

## DEVELOPMENTAL CONSIDERATIONS FOR INTERVIEWING CHILDREN

### TODDLER

(2-3)

Understanding of language is far superior to the ability to express self verbally.

Limited ability to verbalize and generalize.

Seeks adult approval.

Imitates other's language.

Separation is extremely difficult.

### PRESCHOOLER

(4-5)

Very talkative.

Can verbalize but may not understand complex questions.

Limited ability to separate fantasy from reality.

Beginning to know the difference between right and wrong.

Responds well to praise and encouragement.

Tends to be protective of the parents.

### SCHOOL AGE

(6-11)

Can be very independent and self-assured at times.

Family is still very important.

Has strong likes and dislikes.

Forms own opinions and ideas.

### ADOLESCENT

(12-18)

Can often be communicated with as an adult.

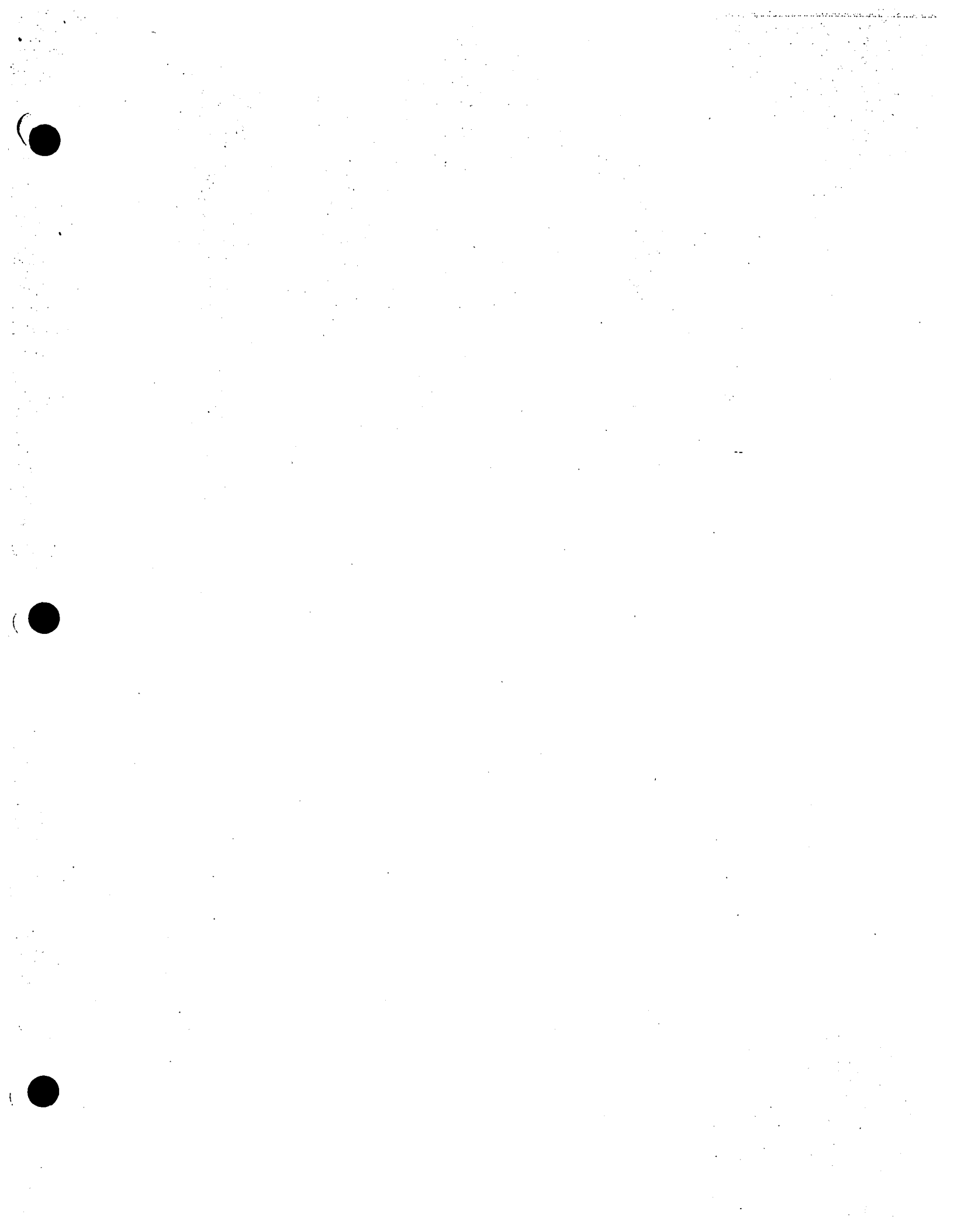
Doesn't feel understood.

Independent yet dependent.

Often doesn't trust adults.

Often doesn't think of consequences of words or acts.

Often idealistic; compare life unfavorably with the ideal.



*ATTACHMENT 3*

**BROKEN FEATHER'S  
MONTHLY STATISTICAL REPORT**

\_\_\_\_\_  
Month/Year

Prepared By: \_\_\_\_\_

**NUMBER OF REFERRALS FROM: (By County)**

Chippewa: \_\_\_\_\_  
 Mackinac: \_\_\_\_\_  
 Luce: \_\_\_\_\_  
 Schoolcraft: \_\_\_\_\_  
 Delta: \_\_\_\_\_  
 Alger: \_\_\_\_\_  
 Marquette: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**REFERRAL SOURCES: (By County)**

**CHIPPEWA**

MDSS: \_\_\_\_\_  
 Other Community Agency: \_\_\_\_\_  
 Community Health Hospital: \_\_\_\_\_  
 Community Mental Health: \_\_\_\_\_  
 Tribal Social Services: \_\_\_\_\_  
 Tribal Mental Health: \_\_\_\_\_  
 Tribal Police: \_\_\_\_\_  
 Citizen: \_\_\_\_\_

**SCHOOLCRAFT**

MDSS: \_\_\_\_\_  
 Other Community Agency: \_\_\_\_\_  
 Community Health Hospital: \_\_\_\_\_  
 Community Mental Health: \_\_\_\_\_  
 Tribal Social Services: \_\_\_\_\_  
 Tribal Mental Health: \_\_\_\_\_  
 Tribal Police: \_\_\_\_\_  
 Citizen: \_\_\_\_\_

**MACKINAC**

MDSS: \_\_\_\_\_  
 Other Community Agency: \_\_\_\_\_  
 Community Health Hospital: \_\_\_\_\_  
 Community Mental Health: \_\_\_\_\_  
 Tribal Social Services: \_\_\_\_\_  
 Tribal Mental Health: \_\_\_\_\_  
 Tribal Police: \_\_\_\_\_  
 Citizen: \_\_\_\_\_

**DELTA**

MDSS: \_\_\_\_\_  
 Other Community Agency: \_\_\_\_\_  
 Community Health Hospital: \_\_\_\_\_  
 Community Mental Health: \_\_\_\_\_  
 Tribal Social Services: \_\_\_\_\_  
 Tribal Mental Health: \_\_\_\_\_  
 Tribal Police: \_\_\_\_\_  
 Citizen: \_\_\_\_\_

**LUCE**

MDSS: \_\_\_\_\_  
 Other Community Agency: \_\_\_\_\_  
 Community Health Hospital: \_\_\_\_\_  
 Community Mental Health: \_\_\_\_\_  
 Tribal Social Services: \_\_\_\_\_  
 Tribal Mental Health: \_\_\_\_\_  
 Tribal Police: \_\_\_\_\_  
 Citizen: \_\_\_\_\_

**ALGER**

MDSS: \_\_\_\_\_  
 Other Community Agency: \_\_\_\_\_  
 Community Health Hospital: \_\_\_\_\_  
 Community Mental Health: \_\_\_\_\_  
 Tribal Social Services: \_\_\_\_\_  
 Tribal Mental Health: \_\_\_\_\_  
 Tribal Police: \_\_\_\_\_  
 Citizen: \_\_\_\_\_

**MARQUETTE**

MDSS: \_\_\_\_\_  
Other Community Agency: \_\_\_\_\_  
Community Health Hospital: \_\_\_\_\_  
Community Mental Health: \_\_\_\_\_  
Tribal Social Services: \_\_\_\_\_  
Tribal Mental Health: \_\_\_\_\_  
Tribal Police: \_\_\_\_\_  
Citizen: \_\_\_\_\_

**ACTION TAKEN**

Screened Out: \_\_\_\_\_  
Reason:  
Inappropriate: \_\_\_\_\_  
No jurisdiction: \_\_\_\_\_  
Referred To: \_\_\_\_\_  
Tribal P.S.: \_\_\_\_\_  
MDSS: \_\_\_\_\_  
Tribal Police: \_\_\_\_\_  
State Police: \_\_\_\_\_

**ASSIGNED:**

Substantiated: \_\_\_\_\_  
Referred to Prosecution: \_\_\_\_\_  
Tribal Court: \_\_\_\_\_  
Federal Court: \_\_\_\_\_  
Referred to Counseling: \_\_\_\_\_  
In House: \_\_\_\_\_  
Out of House: \_\_\_\_\_  
Unsubstantiated: \_\_\_\_\_  
Referred to Counseling: \_\_\_\_\_  
In House: \_\_\_\_\_  
Out of House: \_\_\_\_\_

**COMMUNITY AWARENESS**

**Newspaper Articles:** \_\_\_\_\_

Date                      Location

**Presentations:** \_\_\_\_\_

Date                      Location

**Meetings:** \_\_\_\_\_

Name                      Location

*ATTACHMENT 4*



# BROKEN FEATHERS always there to help

## Service protects Tribal children in danger

By NANCY WATSON

**SAULT STE. MARIE —** Although April is National Child Abuse and Neglect Prevention Month, the Sault Tribe's Anishnabek Community and Family Services department works around the clock seven days a week to protect tribal children.

A staff member of Broken Feathers, a division of Anishnabek Community and Family Services, is always on call to help a child whose been sexually or severely physically abused by an in-home perpetrator.

Although the goal of the program is prevention through education, there remains a num-

ber of children who are in dangerous situations and need intervention, or immediate help.

National statistics indicate that one in four children are sexually molested. Most often, 85 percent of the time, the children are molested by someone they know, said John Mock, coordinator of services for Broken Feathers.

There seems to be no apparent age when children are safe from sexual violation. The age range for victims is newborn to adult, he said.

Broken Feathers may learn of the abuse by a call from the tribal police, the county sheriff, the city police, the hospital where the victim was treated, a babysitter or friend of the family. Most frequently, the call

comes from the police.

Mock then sets a number of people in motion to work with and for the child. The tribal prosecutor, victims' advocate and mental health workers are all contacted.

In the past, children were further traumatized by being interviewed from 17 to 33 times

**"It's really difficult for them. The kids know they're different. They know this kind of activity doesn't take place in other families and they blame themselves."**

— John Mock  
Broken Feathers

before the case was closed. As advocates for children, Broken Feathers lessens the trauma by seeing to it that only two or three interviews are conducted.

"The children want to tell the truth, they just don't know if you want to hear the truth," said Mock. Child sexual abuse is any act on a minor child that sexually gratifies the offender or the child. Such activity may include but is not limited to showing a child pornography, flashing, masturbation, intercourse, oral copulation, taking lewd photographs, fondling or touching the child, said Mock.

Enduring childhood sexual abuse or incest creates a lot of problems that are different for each child, he said. One problem common to all victims is that trust is destroyed and the children have hard time trusting adults.

Although sexual offenders of children are not always male, the majority of perpetrators are male, Mock said. The majority of the victims are female.

"It's really difficult for them. The kids know they're different. They know this activity doesn't

take place in other families and they blame themselves," Mock said.

If the case is not reported so that the appropriate measures can be taken to protect and work with the child, victims may grow to take part in self destructive behaviors like drug or alcohol abuse. They may become enablers in poor relationships or become sexually active when they're too young.

Males may become aggressive. Females are trained to become victims. They may grow up to be perpetrators and repeat the abuse on their own or other children. As adolescents they make take part in destructive activities like starting fires.

According to Mock, incest is a crime that is frequently not reported. The child is told "don't tell." Sometimes the adult partner knows about the incest but helps the offender by telling the child, "he'll go to jail," Mock said.

"They're kind of stuck. In many cases they love the perpetrator," he said.

In cases of severe physical abuse, Broken Feathers determines the extent of the injury. Some of the injuries children suffer include, cigarette burns, footprints, soft tissue (face) damage, bruises on inner arms and legs and bones that have spiral breaks from being twisted, said Mock.

But interceding in the situation and ending the abuse depends on how well Broken Feathers and the other agencies involved can work with the child and the family. Although the safety of the child comes first, taking the child out of the home is a last resort, Mock said. Before that happens, the problems in the home have to dealt with.

If, for instance, alcohol or drug abuse are factors, then appropriate treatment needs to

be undertaken. The family may also become involved in therapy to help solve the problem.

Mock said he wishes there was no need for the Broken Feathers program. Since the main goal of the program is education, he said it is important to get to the parents before the kids have been victimized and teach them what constitutes abuse.


He also said it is important to teach the children to say "no."

Broken Feathers is funded by a grant from the United States Department of Justice.

According to Mock, less than 10 tribes have received the grants to fund the program.

Maggie Donnabauer is a casework supervisor for Broken Feathers.

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**Nishinabek Traditional Pow-Wow**  
**IN HONOR OF VETERANS**

June 4 & 5, 1994  
Wikwemikong, Ontario  
Manitoulin Island, Canada  
**Home of the Three Fires Confederacy**

Guest Drum: Inter-tribal Song Chief  
Host Drum: Wikwemikong Wassnohdeh Drum Committee  
Master of Ceremonies: Daniel King  
Co-Master of Ceremonies: Chns Pheasant  
Coordinator: Daniel Rivers  
Head Male Dancer: Lynn Burnette, Sr.  
Head Female Dancer: ...

## Program receives justice department grant

SAULT STE. MARIE

# Broken Feathers fights abuse of children

By JOHN MOCK

SAULT STE. MARIE — Broken Feathers is the Anishnabek Community and Family Services Prevention and Community Awareness Program for severe physical and child sexual abuse.

The program is funded through the U.S. Department of Justice, Office of Victim's of Crime, and is awarded to Native Tribes throughout the United States. The intent of the program is to secure the unity of families, preserve integrity, maintain stability, enhance the Tribal community, and provide

protection to children for generations to come.

There are currently two employees working to ensure that program goals are met and that the myriad of programs concerned with Child Sexual Abuse are coordinated into a single, unified endeavor. Margaret Donabauer is supervisor of Broken Feather's Child Sexual Abuse Prevention Project and John Mock is the program coordinator.

Donabauer is a graduate of the University of Wisconsin and holds a master's degree in social work. She has 20

years of experience working in the areas of child welfare and substance abuse. She most recently supervised an in-home program for families.

Mock is a member of the Cherokee Nation of Oklahoma, and a recent graduate of Lake Superior State University. He worked for the Sault Tribe as a Public Administration intern.

The two are coordinating the efforts of the Tribe's programs that deal with child safety. This will allow the Tribe to more effectively answer complaints dealing with sexual or severe physical abuse and to work

with the victim's family. This coordinated effort benefits the victims because it curbs the amount of interviews by different agencies so that levels of stress and trauma are reduced.

Another aspect of the program is Community Awareness. This will be accomplished by conducting presentations at the various Tribal centers and housing sites. The two will also create pamphlets, newspaper advertisements and articles.

For more information contact ANISHNABEK COMMUNITY AND FAMILY SERVICES'S AT (906) 635-6538.

Article for Win Aweenen Nisitotung due 12/09/94.

### **BROKEN FEATHER'S**

The Broken Feather's Child Sexual and Physical Abuse Prevention Project will end on December 31, 1994 after a two year Grant from the United States Department of Justice, Office of Victims of Crime.

During the Program's two year existence it helped create and improve many aspects of service provision to child victims and their family's. The main goal of the Program was to implement a Multidisciplinary approach to the investigation of child abuse allegations. This approach coordinates and prioritizes the investigative functions of the many agencies involved in a child abuse investigation, which limits the number of necessary child interviews thus limiting the child victim's trauma. This goal was accomplished by a cooperative effort between many Tribal and Federal agencies.

Even though the Broken Feather's Project will be ending, the services it provides will continue to be offered by the Family Services Program of Anishnabek Community and Family Services.

For further information, or to report child abuse or neglect, call Anishnabek Community and Family Services at 635-6538.

*ATTACHMENT 5*

# When we neglect our children We neglect our future



**For information call:**  
*Anishnabek Community  
& Family Services*  
Phone (906) 635-6538

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**The Sault Tribe of Chippewa Indians declares that  
April is Child Abuse & Neglect Prevention Month**

person should never touch their private parts unless they are being medically examined.

\* *They can trust their feelings about kinds of touching and always ask a trusted adult if they're not sure. If the first adult doesn't respond, keep asking or telling until someone does respond.* It may be helpful to play a "what if" game with children to clarify their feelings and practice ways to deal with a situation. For example, you can say "What if someone put his hand on your bottom?" Children can think about what their reaction might be and can talk about it (for example, say "I don't like that!" and run away and tell someone). If children aren't sure how they feel, they should be encouraged to ask a trusted adult about any behavior that confuses them.

\* *They can tell their parents or a trusted adult about anyone whose behavior makes them uncomfortable or who touches their private parts or who asks them to touch someone else's private parts; they need to keep telling until someone believes them.* Children must be free to ask about adult behavior that confuses them, even when it is behavior not related to sexual abuse.

\* *Being asked to keep an unpleasant secret may mean danger of sexual abuse.* Sexual abuse cannot take place unless it is kept secret from adults who care for the child. No adult or older child has the right to ask or tell your child to keep an unpleasant secret. Explain to your child the difference between a good secret and a bad secret.

#### **HOW DO I RESPOND IF MY CHILD HAS BEEN SEXUALLY ABUSED?**

\* *Believe your child.* It is extremely rare for children to lie about sexual abuse, and it is vital that you not deny or ignore what the child is telling you. If in doubt, err on behalf of your child.

\* *Protect your child* immediately from the suspected offender. You can start repairing the damage at once by assuring your child that the abuse will not continue.

\* *Reassure your child* that it is not his or her fault and that you're glad she or he told you.

\* *Report the suspected abuse at once to Anishnabek Community and Family Services.* You cannot get into trouble yourself for reporting suspected abuse, even if it turns out not to have happened, as long as you make the report "in good faith."

**Make your report to Anishnabek Community and Family Services in :**

<b>Manistique</b>	341-6993
<b>St. Ignace</b>	643-8689
<b>Sault Ste. Marie</b>	635-6538

Broken Feathers  
Anishnabek Community and Family Services  
635-6538

## **BROKEN FEATHERS**



**for the welfare of our children:**

**Talking  
about  
Child  
Sexual  
Abuse**

## What is Broken Feathers?

Broken Feathers is the Anishnabek Community and Family Service's Prevention and Community Awareness Program for severe physical and child sexual abuse. This program has been created in response to the high incidence of child sexual abuse across the country.

## What is Child Sexual Abuse?

Child sexual abuse is sexual contact between a child and adult or older child for the sexual gratification of the offender. It includes *physical contact*, such as handling of the child's or the offender's genitals or breasts, oral sex, or attempted or actual penetration of the child's vagina or rectum; and *nonphysical contact*, such as forcing a child to look at the offender's genitals, talking to a child in a sexually explicit manner, peeping at a child in the bath or while he or she is undressing (voyeurism), exposing a child to pornographic materials, or exploiting a child through pornography of prostitution.

## How Common is sexual abuse?

A national study in 1986 indicated that 35% of all children under age 18 had been sexually abused. Actual numbers are difficult to compile because so many cases are not reported. A national survey of more than 1,200 adults, however, found 27% of the females and 16% of the males were victimized during childhood.

## How can you know, then, if a child has been sexually abused?

There are both physical signs and changes in the child's behavior that might indicate sexual abuse. While many of the behavior changes may occur because of stress other than sexual abuse in the child's life, such changes should be looked into.

## INDICATORS OF SEXUAL ABUSE

- 1) Fear of being around or alone with certain adults.
- 2) Extreme repulsion or fear when being touched.
- 3) Age inappropriate knowledge of sexual matters or sexually explicit language.
- 4) Overt sexual acting out with adults.
- 5) Simulation of sophisticated sexual activity.
- 6) Bruises or "hickeys".
- 7) Public masturbation.
- 8) Self-mutilation.
- 9) Fear of bathroom or shower (abusers can use the bathroom or shower as a place where the victims inhibitions can be lowered.
- 10) Violence toward younger children.
- 11) Prostitution and runaway behavior.
- 12) Promiscuity.
- 13) Problems relating to others.
- 14) Low self esteem.
- 15) Problems in the school and community.
- 16) Delinquency.
- 17) Arrives at school early and leaves late.
- 18) Has abrupt or recent changes in mood, attitude and behavior.
- 19) Draws sexual pictures (if prepubescent).
- 20) Resumes bed wetting.
- 21) Seeks affection, attention, praise and rewards.
- 22) May have more money than normal for such things as toys or new clothing.
- 23) May spend an inordinate amount of time with adults.
- 24) May sexually abuse younger children either inside or outside of home.
- 25) Begins using alcohol or drugs.

### Physical Signs include:

- \* Irritated or reddened genitals
- \* Pain or injury to the area of the genitals or the mouth
- \* Vaginal or penile discharge
- \* Urinary infection, difficulty with urination
- \* Unusual or offensive odors
- \* Venereal disease. Presence of venereal disease in

children may mean there has been sexual contact with an infected adult or older child

- \* Pregnancy

## TALKING TO YOUR CHILDREN ABOUT SEXUAL ABUSE

### Won't I scare my children unnecessarily by talking about sexual abuse:

No. If you realize that teaching your children about sexual abuse is as important as any other rule of health and safety, and approach it that way. You don't worry about scaring your children when cautioning them to be careful of cars, for example, but you do explain that cars can be dangerous, and that there are safety rules to protect children. You can bring the subject of sexual abuse into daily life and make it part of ongoing talks with your children about safety, rather than presenting it as a one-time-only lecture on an unnatural subject.

### How can I talk about sexual abuse?

By becoming acquainted with these basic facts yourself, you will be able to teach them in your way and in your own words. Children need to know that:

\* *Their bodies belong to them and no one has the right to touch them without permission.* Children have been traditionally taught to comply with adults' requests, but they need to know that, regarding touching, they have the right to say NO, even if the touch seems accidental or even if the person touching is a relative or trusted adult. One way to explain private parts is to say that they are the parts of the body covered by a swimming suit.

\* *There are different kinds of touching.* Talk about touch that feels good (hugs, comforting), touch that feels bad (hitting, pinching), and touch that makes children feel "funny" or uncomfortable or scared, or that gives them a feeling of "uh-oh." Children need to know that no matter what it feels like, an older