SENATOR BYRON DORGAN: All right.

We are going to thank very much the three different presentations. Thank you very much.

As I indicated, the next panel will be a panel on child sexual abuse in Indian Country. Lenny Hayes, Barbara Bettelyoun, and Lisa Thompson-Heth. If you will come forward please and take your places at the witness's table.
Let me mention that this panel will provided testimony for ten minutes each. We will then have a period of questions and answers, and following this panel, that will take us to 11:15 and we will have a very brief break.

But, first we are going to have testimony from Lenny Hayes. Lenny is a mental health therapist, Shakopee Sioux Community. He's a psychotherapist with Tate Topa Consulting, LLC with very extensive experience. Lenny, why don't you proceed. Thank you very much for being with us.

LENNY HAYES: Thank you. First of all, I want to say thank you to the Creator for allowing me today to give my testimony. I also would like to thank the advisory committee for allowing me to speak today. And, I also want to publicly thank my partner Brian and my colleague Lisa Fulton (sp) for traveling with me to give my testimony today.

So, first of all, I speak today as my six-year-old boy who is being traumatized. My little boy is sitting in the corner with his head between his legs. He looks up with no face, messed up hair, and tattered clothes. My little
boy is scared and feeling hopeless and helpless.

My little boy is asking why? My little boy wants
to scream, yell, and be heard, to be listened to,
to have someone witness.

The ones who are to be my protectors,
are the ones that are hurting me. How do I tell
them to stop? How do I yell for help when I am
being told to keep quiet? "Shut up or I will
hurt you even more!"

I am a boy who wants and needs to
play with no worries. I am a boy who is supposed
to ride a bike. I am a boy who is supposed to
laugh and giggle. I am a boy who is supposed to
enjoy the sun beating down on my face. I am a
boy who is supposed to play in the mud. I am a
boy who is supposed to dream. But instead, I am
a boy who is scared to even go to sleep because I
am afraid I might wet the bed. If I wet the bed,
I will be beat again and again. I am victimized
almost daily with physical, mental, emotional,
and sexual abuse.

I am in a corner and my body is being
touched and groped. How do I say "stop"? I
close my eyes and my tears begin to flow. I go
to a far away place with my mind, a safe place, a
happy place, a place where I don't have to feel what my body is experiencing. After it's over, I am lifeless, and I begin to come back to my body once again.

Many times when I am being victimized over and over, I am looking down from the ceiling and I can see my body being taken advantage of. I am saying "poor little boy, it will soon be over."

As a young adult, I carried shame, anger, frustration, hurt, and lashed out at others. I made bad choices in which I abused alcohol to try to make the pain go away. I carried the mental, spiritual and emotional scars of being physically and sexually abused. I did not want others to look directly at me in my eyes because I was afraid they would see the pain of my past. I made bad choices and was in dysfunctional relationships.

The only life I knew was to be abused as an adult. The terrible dreams I experienced, and still do at times. The many tears I shed as I talked and experienced my pain all over again. I knew it within my heart that in order for me to heal from my pain, I first had to learn to
embrace it, look at it, feel it, and heal from it.

One day, I saw the little boy that suffered and still suffers. I reached out my hand, and a little boy reached out his hand, and he looked up at me, sideways at first as if seeing a bright light that was too much to take in, and he reached back to me. I gave him my healing and, he gave me his pained heart. Together we walked, talked, healed, healing towards a more whole person.

The journey of healing was not at all happy excitement and joy. The path of healing was, is, painful, very painful, but I made it through.

I am no longer a victim. I am a survivor. I am a survivor of physical, emotional, mental, and sexual abuse. A survivor doesn't mean that I just am acknowledging it but that I am choosing to grow and learn and move forward.

Surviving means that I know my triggers. Surviving means asking for help when I need it. Surviving means that I don't take away what has happened to me but learning to forgive.

my perpetrators. Most of all, surviving means acknowledging my little boy when he comes out to play. Surviving means taking my little boy and saying, "I am here and I see you!" "You will be okay little boy and it's my turn to take care of you."

Now as an adult who has looked at my path of healing, I can now be a helper, a healer, and a listener.

As a mental health therapist, I bring forward understanding, compassion, empathy, and an open mind, an ear to listen, kindness and love to the children and adults who are struggling to heal. Within my role as a therapist, guide, mentor, and member of a circle of practitioners who see historical trauma and have also experienced it, I am a believer that all little children can and will heal from trauma with those who can reach out to them to witness their stories, experiences, and bring them through their own healing journey.

I'd like to say thank you for allowing me to tell my story today. I tell my story not because I am looking for others to feel sorry for me but because I believe that if I
could help one person, I am happy. I believe
that the Creator has sent people to help me heal
so I am giving back to the Universe.

I want to dedicate this speech to ALL
the children who have died because of trauma and
to the ones who are experiencing it right now and
to the adults who are not living due to their
struggles and challenges of facing their own
childhood trauma. I am witness to your stories.

Thank you.

SENATOR DORGAN: Mr. Hayes,
those children to whom you've dedicated your
presentation today owe you a great bit of
gratitude, and I think with constant work and
dedication you've demonstrated today, we will
improve lives and save lives and very much
appreciate you.

Barbara Bettelyoun, you are next on
our list. And, Barbara is a psychologist from
the Rosebud Sioux Tribe. We very much appreciate
your willingness to testify. You may proceed.

BARBARA BETTELYOUN: Thank you,
Senator. Thank you. I want to say thank you to
my relative Lenny. My husband is a survivor of
child and sexual abuse and physical abuse and

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neglect, and I know very well how difficult it is
to tell the story and how important it is. It's
also difficult to hear the pain and the terror of
our precious children and our adults too, our
loved ones are suffering.

It takes courage to ask the question
that you posed here today and courage to hear the
answer and I thank you, all of you for that. I'm
heartened by this first of many conversations that
have to take place for us finally to begin the
process of healing our people.

I've been asked to present on the
effects of childhood sexual abuse, physical abuse
and witnessing violence. Both short-term effects
of children and into adulthood.

To understand how childhood trauma
affects normal development and how that affects
their adult thoughts, feelings, and behaviors,
would require extensive knowledge. You would
need to understand normal child development and
that there are windows of opportunities,
sometimes small ones, for basic processes to be
achieved in order for a child to successfully
learn basic developmental skills. You would need
an understanding of neuropsychology and
endocrinology to thoroughly understand how
chronic stress and fear during childhood can
hardwire the body's nervous system so that in
adulthood, a victim's automatic response,
sometimes to even the smallest frustrations, can
be over the top.

These over-the-top responses cause
stress to systems of the body, wearing them out,
and making them vulnerable to a whole host of
stress related diseases, amount them cancers,
diabetes, heart disease, and addiction.

The field of psychology teaches us to
understand that adults have thoughts, feelings,
and behaviors that are automatic and often first
learned in childhood. Until those automatic
responses are challenged, adult victims continue
to think, feel, and behave in ways that may
sabotage their health and happiness because
they're based on childhood feelings, thoughts,
and beliefs.

I've provided 27 pages of written
testimony to try to address many of these complex
issues, as well as to describe the complexities
of addressing child abuse in Indian Country.

Untreated childhood trauma among our
Native people, I believe, is the root cause of chemical addictions, intimate partner violence, depression, suicide, anxiety, rage, relationship and parenting difficulties, high school dropout rate and child sexual and physical abuse, as well as witnessing violence.

(Speaking in Native language.) It's a Lakota phrase that describes one of the central tenants of indigenous cultures. We are all related. We are all family. The suffering of one affects us all. That is certainly true with child abuse.

Sexual abuse and violence are learned behaviors. Over 60 percent of convicted child molesters disclose that they were abused as children. Historical U.S policies of attempted genocide, systematic rape, and humiliation of Native women, and subjugation strategies are still in the memory of our people.

Religious freedom only came in 1978, spiritual beliefs and practices were underground. Boarding schools stripped their children of family, culture, and sense of pride and belonging to a great people. Worst:

Generations of our children suffered physical and
sexual abuse and witnessed abuses to their loved
ones at the hands of educators who were there to
exemplify the teachings of God.

Today, we must free ourselves of the
yoke of oppression. We must break the silence
for healing to begin. We know that
statistics on childhood abuses are based on the
number of reported incidents. We also know that
the vast majority of child abuse victims don't
report the abuse. We know the prevalence is
high. We know the effects on children are
severe. We know they continue to suffer throughout
their lives. It is time to turn our focus on
healing and prevention.

As a Lakota woman, I have experienced
the strength and power of our traditional and
spiritual ways. These are essential to healing
those suffering from childhood traumas. Our medicine people,
and healers alone cannot heal this plague.

It is the combination of our
traditions with the western ways of healing that are
congruent with indigenous beliefs, that are most
effective. Healing must be sustainable. We need
to go from incapacity to help others heal. No
one is more motivated to help others heal than

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victims who, through culturally relevant healing,
can transport their own pain and are now
survivors who have survived. It needs to be
grassroots. It must be run by Native people.

Building a trust relationship is a
critical first step to healing and historical
trauma and its lingered effects has become a huge
obstacle in trusting for Natives. More importantly,
healing needs to include the teaching and
practices of our native ways. Healing must take
an integrated approach utilizing indigenous
spirituality and coping strategies such as story
telling, with western tools and concepts that are
congruent with Native values is critical.

Healing must be widespread because of
the high incidence of child sexual abuse.
Healing needs to be integrated in all programs
that are now treating only symptoms; addiction
recovery, grief and loss, anger, management, and
parenting issues, depression, anxiety, so that
finding the core issue is addressed.

Furthermore, we need to remember that
only 22 percent of American Indians and Alaska
Natives live on reservations or trust lands.
Sixty percent live in metropolitan areas.
I am head of a nonprofit called Buffalo Star People which I co-founded along with my partner, Francis. The mission of Buffalo Star People is to provide strategic, transformational education and support to promote sustainable healing to Native adults suffering from a life-long effect of childhood trauma.

Educationally, I am trained at a doctoral level of child development and clinical psychology. But after years of treating Native children who were sexually and physically abused and who had witnessed trauma and then putting them right back in to the same homes with the same parents who were suffering from their own pain and were unable to heal their children, I decided I needed to turn my efforts towards healing the adults.

We use a train-the-trainer approach that builds local capacity by providing adults with the tools and support they need to transform from victim to survivor. As they learn to thrive, they also learn how to use their own healing stories to help others. This provides a much-needed sense of life purpose and meaning to why abuse happened other than "I
deserved it."

A common symptom among survivors is feeling like an outsider. Learning basic Native ways in a trusted circle of other survivors provides opportunities to learn new ways of looking at the world, connecting to Creator and Mother Earth, and build a sense of belonging to the Native community, sometimes for the first time.

Helping others by sharing the stories of our own healing journeys gives a sense of self-mastery, pride in learning or relearning our cultural ways, and helps us bring meaning to our lives. Victims learn about tools that work; behaviors, thoughts and emotions that can undermine our healing processes; they learn there is hope; and most importantly, they learn that they are not alone.

Buffalo Star people recently completed all three phases of its transformational healing training for the Tulalip Tribes in September of this year. Tulalip Tribes now have four Buffalo Star People facilitators who are far enough along on their healing paths to share their tools and support with others, and "Transcript from the First Hearing of the Advisory Committee of the Attorney General’s Task Force on American Indian/Alaska Native Children Exposed to Violence. Bismarck, ND. December 9, 2013."
they are trained to co-facilitate their own healing circles locally.

The Tulalip Tribes' graduates successfully petitioned their local foundation to fund a community-wide feast to share their healing journeys, their experiences in Buffalo Star People's healing training, and to recruit others as new participants.

Building local capacity on the Tulalip Tribes Reservation to help their families heal is our greatest outcome to date. This is how the model is sustainable. Our graduates went before the Tulalip Tribes' Board of Directors. They shared their personal stories of early traumas, their healing stories with Buffalo Star People, and how that journey has forever transformed their lives and the lives of their families.

They petitioned their leaders to begin to finally address the root causes of the addictions and dysfunctions that plagued their community today. And as a result, and to their credit, the Tulalip Tribes has adopted our training curriculum and supporting their local providers. This is sovereignty. Thank you.

"Transcript from the First Hearing of the Advisory Committee of the Attorney General’s Task Force on American Indian/Alaska Native Children Exposed to Violence. Bismarck, ND. December 9, 2013."
SENATOR DORGAN: Thank you very much. We have, I will say to this panel, a full half hour of questions and answers. We appreciate your presentations. I should have mentioned that Ms. Bettelyoun has her bachelor's degree in psychology from the University of Michigan, master's degree and a dual doctorate degree from the University of Minnesota in child development and child psychology. These panelists are extraordinary and we appreciate very much what you do.

Next, we will hear from Lisa Thompson-Heth. Lisa is from the Lower Brule Tribe located in South Dakota. She's been working in the fields of domestic violence, sexual assaults, and child abuse for more than 20 years. She is Executive Director for an organization which operates two domestic violence shelters, one on the Crow Creek Reservation and the other located in Sioux Falls, South Dakota.

We appreciate very much you being with us. You may proceed.

LISA THOMSON-HETH: (Words in Native Language) Good morning, and thank you for allowing me to be here and give this testimony.

"Transcript from the First Hearing of the Advisory Committee of the Attorney General’s Task Force on American Indian/Alaska Native Children Exposed to Violence. Bismarck, ND. December 9, 2013."
I'm going to talk about our Children's SAFE Place that is our child advocacy center. It was established in 1998 to provide culturally sensitive advocacy and referral services to child victims of violence and sexual assault working with the MDT Team. The advocacy center is located in a separate building on the same grounds as Project SAFE, the domestic violence shelter.

Before the Children's SAFE Place was developed, it would take six months or longer for a child (sexual abuse victim) to be interviewed and the child and their non-offending family members would have to travel long distances, taking anywhere from three hours one way. Waiting months before a child was interviewed, caused valuable information to be forgotten by the child. I know nationally before child advocacy centers were developed, one of the things in mainstream is that they said that children were interviewed usually 7 to 14 times by different agencies while on our reservations. That was not true. Our children would be lucky if they got one interview if any at all, and it would take months before they heard back from the interview.

The Children's SAFE Place developed a

policy and procedure manual for the MDT which includes: Objectives, mission, roles and responsibilities, and a defined process. The best interest and welfare of the child are of primary importance and all team members are required to make decisions that reflect this principle.

Each team member is asked to sign the policy and procedure manual to ensure compliance. The MDT is comprised of the following members from both Crow Creek and Lower Brule Indian Reservations: Children's SAFE Place personnel, Medical Examiner/Interviewer of the Children's SAFE Place, Crow Creek and Lower Brule Tribal Prosecutors, BIA Tribal Chiefs of Police from both Crow Creek and Lower Brule, Lower Brule and Crow Creek Criminal Investigators, Victim Witness Specialist, U.S. Probation Officer, and representatives from the State of South Dakota Child Protection Services, Indian Health, Mental Health, U.S. Attorney's Office, and BIA Social Services. We are a model program and we have shared these policies with other tribes as well.

Referrals are made to the Children's SAFE Place and are screened by the staff in

conjunction with the Department of Social Services and the FBI to access their appropriateness for the team. If the case is deemed appropriate, all members of the MDT and staff of the child advocacy center follow the written procedures for the interview process.

The procedure calls for the medical examiner and/or interviewer to question the child and non-offending parents or caregivers about the medical history, provide for the medical examiner at the Children's SAFE Place, consult with appropriate medical professionals, discuss the case with the MDT members, and develop a plan for follow-up, treatment, and need for prosecution.

The interviewer is extensively trained and has a written process of interviewing that is followed. All interviews are audibly and visually recorded to provide monitoring by members of the MDT. Since the interviews are conducted at the center, the child is subject to just one interview in most cases. The MDT opts for flexibility with each case, and there may be certain circumstances that would lead to another interview, although the MDT strives to keep that from happening. The video camera records the

interview and plays live on a monitor in the observation room. Observers cannot communicate with the interviewer unless they interrupt the interview. The interviewer, at the end of the session, lets the child know there are other people watching and informs the child that the interviewer is going to visit with the people and may have additional questions she will then be asking the child.

The procedure is as follows: A pre-interview meeting is held to share information regarding the case, the team assists the interviewer in designing the most appropriate interview based upon the age and developmental level of the child and the respective needs of the MDT; a parent interview is held with the non-offending parent to obtain the necessary information about the child and the parent's perspective on the alleged incident; the child then meets the interviewer and separates from the parents, and after the interview, the child is returned to the parent and they proceed to the exam room for the physical examination; the post-exam meeting of the MDT allows for discussion of the interview and discussions.

regarding the next steps in the investigation.

Regardless of the outcome of the investigation, our advocates and counselor are available for the child and the non-offending family members throughout the process and for follow up.

Problems: Currently, the children endure high rates of physical and sexual abuse; teen pregnancy; child alcohol and drug abuse; school absences and drop-out rates; and even seven times the national rate of suicide and delinquency.

Persistent poverty has affected the majority of children and 61 percent of families on the Crow Creek supplemental nutrition assistance. (2001 Crow Creek Reservation Databook) The overwhelming poverty of the reservation means that few resources are available to assist children in dealing with the problems facing them.

Many families suffer from generations of violence, substance abuse, and dysfunction. The tribal alcohol treatment program estimates that 96 percent of families on the reservations are impacted by the alcohol and 90 percent of

adults have had personal experience with family violence. (Crow Creek Community Assessment, 2010)

In the past three years, the staff has completed 61 cases. Forty-five of the children in these cases were under 12 years of age. Two of them were under 6. The others were under 18. Twenty-eight of the perpetrators live in the home, 20 perpetrators were juveniles, and only 4 were not known by the victim.

In 2012, there were 8 offenders but 12 victims with some perpetrators abusing more than one child. This has been the case in other years too.

Twenty-five sex offenders are on the registry from Buffalo County and all have committed sexual offenses against children. This does not include those offenders who are incarcerated. (State of South Dakota Registry, 2013) The Chief of Police estimates that 35 additional offenders are not on the registry. Some of the convicted sex offenders have multiple victims. We know many of these offenses are not being reported by the results of a survey conducted in 2012 on the Crow Creek Reservation.
by the Native Women's Society of the Great Plains, a tribal coalition.

One hundred seventy-four people completed the survey and 129 reported that they knew someone who was sexually assaulted or raped and 26 replied that they had been sexually assaulted as a child and didn't tell anyone until after age 19.

One hundred nine said they know of an offender who lived in the community and 105 believed there is a "code of silence" in the community about sexual assault of both children and adults.

National research has shown the damaging effects of sexual abuse of children, and I believe we see that in our community with the high rates of substance abuse in our teens. 680 youth drug/alcohol referrals and a suicide rate among teens that is 6.2 times the national average.

Remember that this is in a community of 2,000 people. Approximately 50 Crow Creek juveniles were incarcerated in a detention center in the past 12 months and another 175 cases are awaiting a court decision.

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At the advocacy center, we often see children not just once but multiple times. This happens in families where generational abuse has occurred and parents think that because they endured abuse and survived without assistance or healing that children can.

We also have children who will not disclose abuse because the family is shielding the perpetrator. In one case, a mother brought her child in for an interview and within the hour, we got calls from family members stating the "mom is crazy and making up things." And the child said to the mother, "see why I don't say anything because everyone will be mad at me."

This child did not disclose.

Children don't lie to get into trouble, children lie to get out of trouble. The most obvious gap in services is the lack of resources for investigations. Only one BIA Special Agent serves the Crow Creek Reservation, and he investigates all major criminal matters on the reservation, not only crimes against children.

In the past year, the Special Agent and Crow Creek Law Enforcement investigated 34
allegations of crimes against children. That is the amount of travel needed for investigation. His case files cannot be completed in a timely manner and the majority of cases involving children are held open for months until the investigator has the opportunity to complete this work.

We have no juvenile services for youth on the reservation. BIA Social Services investigates and places children in need of supervision, but there are no facilities for placement on the Crow Creek and children are sent off reservations away from family support systems.

Our community citizens need on-going education and awareness for parents and caregivers, on-going education and awareness in our schools. Local people need to be trained to provide trauma informed services.

We are in desperate need of counselors. IHS has a constant turnover of counselors with most of them moving on to other jobs within two years. In addition, the counselors are not specifically trained on the trauma of sexual abuse.

More programs need to incorporate Native spirituality into their work with families, a spirituality that teaches children and youth about respecting life, each other, plants, animals, and the traditional ways of healing. Most families do not practice any type of spirituality.

The lack of resources are our largest challenge. So many of the agencies on the reservation, including Wiconi, are almost totally dependent on grants from the federal and state government and this is not a certain stream of money. And, this continues to be one of the problems, the on again, off again service interruption caused by the lack of resources. Any delay in the awarding of grants or the denial of funding stops the service.

In spite of the problems and lack of resources, we continue to serve our community the best way we can because we feel we can make a difference and create a safer community and nation through our work but we need more advocacy centers like the Children's SAFE Place and throughout Indian Country. Thank you.

SENATOR DORGAN:  I know that ten
minutes hardly does justice to the amount of information that you can and will impart to this task force.

Ms. Bettelyoun, I was looking at the extensive amount of information you've provided us, which is extraordinary, and I was stunned when I read the small amount of information in your testimony that on average, molesters hurt 112 children before they are caught. Where does that come from?

BARBARA BETTELYOUN: I apologize for the incomplete citations throughout my testimony. I'd be very happy to provide those to you, I don't have that off the top of my head.

SENATOR DORGAN: It's a stunning piece of data. And let me just mention one other thing, as I was listening to you, Ms. Thompson-Heth, the last statement you made, second to last paragraph sums it all up: The lack of resources is our biggest challenge. And, you mentioned suicide. Teen suicide is something that I've worked on a great, great deal and it too is violence; violence against children; violence around children. So, it connects to all the other things that we discuss today.
I want to ask the task force members if they have questions of this panel.

EDDIE BROWN: This question is for Mr. Hayes. I'm interested in your opinion in regards to programs and services for two-spirited children. Do you feel that there are services and programs being provided? From what you know either in your community or in broader national programs. And if not, do you have any specific recommendations in regards to programs to meet the needs of two-spirited children.

LENNY HAYES: Well, first of all, I am involved with Minnesota Two-Spirited Society. One of my dreams and hopes is of creating a 501-C3 specifically for two-spirited individuals and families. One of the things that I'd like to say is that a lot of the tribes need to recognize what it means be two-spirited and because of historical intergenerational trauma, a lot of what two-spirited individuals represented, no longer exists.

So, we need to educate our communities and that's one of the things that we do as individuals who are a member of the
Two-Spirited Society. That's one of the things that we do, we bring awareness and we educate.

One of the things we dream about is being welcomed back into our own circle. There's a high rate of suicides amongst two-spirited individuals as children and as adults.

I too struggle. I am a survivor of suicide, a suicide attempt. What we need is more of our two-spirited people to come forward instead of being shameful of who we are. We need to be accepted back into our communities. We need people who are not turning their heads from us, because we are good people. We are educated people.

I hope that I -- I mean that's one of the things that I look at is that we need to be accepted back into our communities. We need to be heard. We need to be listened to. I hope that answered some of your question.

JOANNE SHENANDOAH: Thank you so very much for your heart felt testimony. It really meant a lot to me. As Iroquois people, we also believe that everyone has a place upon this earth and that we all have special gifts and talents to share and that was very, very moving,
and that's what it is going to take, I believe, people stepping forward and I love your work, if I may call you "Barbara," and what you've been doing.

My question for you is: How has the community embraced you and what are your recommendations for more community based events or, you know, I know you're working more one-on-one? Just kind of wanting to get your feeling on that. How do you engage?

BARBARA BETTELYOUN: When we first started out, we were going into communities and we talked about this healing work. And what happens in every case is people will step forward and disclose. But, that felt rather inhumane because then there are no services for them. And, people like us, and organizations like us, again, need resources so that we are able to provide those services.

So, I think it's a big disservice to go and bring up this subject and bring out all of these emotions and have people come forward and disclose and then only be there for the day. These people need to have services in place.

When we go to communities where we know we are
able to stay, where we have funding to stay, we have community events, that they are doing in the Tulalip Tribe now, to talk about these things.

The first thing we do is we need the local people to find out what the resources are so that we can provide local resources to people who are going to need them when we are no longer in that community. So, I think that's very, very important.

It's not hard to lead your community. People are hungry for healing. People are hungry to tell their stories. People are hungry for something to open this conversation so they can come forward. Our indigenous way is to tell stories. We're all storytellers.

I'm also a forensic interviewer by training, and I had a really hard time when I first began, thinking I'm going to want to do therapy for these kids. What am I going to do when they tell me their stories and I have to just be objective and send them on their way. But I learned right away, that is the first step to healing for these children. They were thanking me. They wanted to know: Do I have children? Can I come home with you? They were
just so happy for someone to bring up the
conversation and believe them, and that's true as
adults as well.

SENATOR DORGAN: Any other
questions by the task force?

ERIC BRODERICK: This question
is for Lisa. Lisa, you described a pretty common
dilemma in that local resources, people trained
from the community are not available, and so you
rely on people from outside the community to
provide service and they come and go. Do you
have any thoughts about any places for you seeing
programs that develop the capacity within the
communities that work closer and closer in time?
If not, what are your thoughts about that?

LISA THOMPSON-HETH: Well, no, I
haven't. I mean, the only thing that I have
heard is, I mean, as far as what Barb is working
on, and that would be something, I think, that
would be great for a lot of our communities.
'Cause like I said, the lack of resources. IHS
is not -- they're getting cut in funding all the
time and a lot of the counselors -- a lot of IHS
employees do not live in our community. They
don't live in our community. They work in our
community. They are there from 8:00 to 4:30, and then they go home and after that, it's just a job for them.

Those that have come and lived in our community, they don't last long because there was burnout and they cannot work beyond 4:30. I've met many wonderful people that have come through IHS and have worked and tried to develop programs, but the people higher up wouldn't allow it. That's one of things about the federal government, there is so much red tape, so much constraint. I mean, they can only follow what the chain of command says and we don't even have people that are on call afterwards. Years ago, we used to have on-call people that would go out especially when there was suicides, when our suicide rates were much higher. They won't allow any of the IHS employees to provide any type of after hours service whatsoever.

And so, I guess to me, what we need to be looking at and our tribes need to be thinking of, is IHS looking at hiring more local people that are right there on the reservation and who have an interest in helping their people.
SENATOR DORGAN: Any other questions? As I mentioned, you have submitted additional information and you've done a lot of research, and we obviously on this task force will review it. Because you have been a witness at this first hearing, if there are other pieces of information you wish to submit, for the record we've be very happy to receive that.

One quick question. I'm assuming based on visits that I have had on Indian reservations and discussions I've had with many people about child abuse, that one of the dilemmas for children who are in abusive circumstances is that when they do tell someone, they are immediately branded as a liar. Not true. You're telling us something about an adult we know and shame on you for lying about that adult. Is that generally the case? Any anecdotal evidence about that?

LISA THOMPSON-HETH: Well, if I could just before I started working in this field, I had two daughters who were the ages of three and six years, and when my children disclosed what happened to them, I was ostracized by a lot of my family members. I remember a
brother that I looked up to who was a role model for me, and I remember when I was talking to him, one of things he said to me when I was looking for help from him, support, and one of things he said to me is, children lie. And I remember after he said that and I went home, because I was very devastated by it and one of my thoughts in my head was, you know, I don't have any support.

One of things I was thinking about doing was turning on the gas stove and just committing suicide and taking my children with me because I was thinking about what all I had to face. Thankfully, I didn't do that because of the Creator.

And like I said, there's a purpose why we're up here, but I was able to overcome that through the work in the child advocacy center. In a lot of the cases, sometimes you get parents themselves that wouldn't even believe their children, they think that they're making it up. And so, when you get a child that discloses about the abuse and they're called a liar and when there's multiple abuses that happen to that child, that child is not going to disclose again.

"Transcript from the First Hearing of the Advisory Committee of the Attorney General’s Task Force on American Indian/Alaska Native Children Exposed to Violence. Bismarck, ND. December 9, 2013."
SENATOR DORGAN: That child is then trapped in their silence.

LISA THOMPSON-HETH: Yes.

SENATOR DORGAN: Mr. Hayes?

LENNY HAYES: I also agree children need to be heard, but also as an adult, we need people who have gone through their own healing to come forward and tell their testimony because when we do that, what that means is that -- for me as an individual, the reason why I tell my story is because I want others to come forward and talk about their healing because when we don't talk, it stays based in shame, and we can't do that. I mean, we as adults, who have gone through healing, need to speak. We need to be mentors. We need to be individuals who are willing.

As for me, my story is still painful and I'm 45 years old. It will never go away. It will always be there. It will come knocking on my door, but I have the tools now to acknowledge it when it is painful for me. I do this kind of work for a reason because I believe our people can heal. These are the effects of historical intergenerational trauma.