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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.

1 Let me mention that this panel will
2 provided testimony for ten minutes each. We will
3 then have a period of questions and answers, and
4 following this panel, that will take us to 11:15
5 and we will have a very brief break.

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

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

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

1 boy is scared and feeling hopeless and helpless.
2 My little boy is asking why? My little boy wants
3 to scream, yell, and be heard, to be listened to,
4 to have someone witness.

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

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

22 I am in a corner and my body is being
23 touched and groped. How do I say "stop"? I
24 close my eyes and my tears begin to flow. I go
25 to a far away place with my mind, a safe place, a

1 happy place, a place where I don't have to feel
2 what my body is experiencing. After it's over, I
3 am lifeless, and I begin to come back to my body
4 once again.

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

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

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

1 embrace it, look at it, feel it, and heal from
2 it.

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

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

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

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

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

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

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

22 I'd like to say thank you for
23 allowing me to tell my story today. I tell my
24 story not because I am looking for others to feel
25 sorry for me but because I believe that if I

1 could help one person, I am happy. I believe
2 that the Creator has sent people to help me heal
3 so I am giving back to the Universe.

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

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

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

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

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

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

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

16 To understand how childhood trauma
17 affects normal development and how that affects
18 their adult thoughts, feelings, and behaviors,
19 would require extensive knowledge. You would
20 need to understand normal child development and
21 that there are windows of opportunities,
22 sometimes small ones, for basic processes to be
23 achieved in order for a child to successfully
24 learn basic developmental skills. You would need
25 an understanding of neuropsychology and

1 endocrinology to thoroughly understand how
2 chronic stress and fear during childhood can
3 hardwire the body's nervous system so that in
4 adulthood, a victim's automatic response,
5 sometimes to even the smallest frustrations, can
6 be over the top.

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

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

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

25 Untreated childhood trauma among our

1 Native people, I believe, is the root cause of
2 chemical addictions, intimate partner violence,
3 depression, suicide, anxiety, rage, relationship
4 and parenting difficulties, high school dropout
5 rate and child sexual and physical abuse, as well
6 as witnessing violence.

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

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

20 Religious freedom only came in 1978,
21 spiritual beliefs and practices were
22 underground. Boarding schools stripped their
23 children of family, culture, and sense of pride
24 and belonging to a great people. Worst:
25 Generations of our children suffered physical and

1 sexual abuse and witnessed abuses to their loved
2 ones at the hands of educators who were there to
3 exemplify the teachings of God.

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

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

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

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

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

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

22 Furthermore, we need to remember that
23 only 22 percent of American Indians and Alaska
24 Natives live on reservations or trust lands.
25 Sixty percent live in metropolitan areas.

1 I am head of a nonprofit called
2 Buffalo Star People which I co-founded along with
3 my partner, Francis. The mission of Buffalo Star
4 People is to provide strategic, transformational
5 education and support to promote sustainable
6 healing to Native adults suffering from a
7 life-long effect of childhood trauma.

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

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

1 deserved it."

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

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

19 Buffalo Star people recently
20 completed all three phases of its
21 transformational healing training for the Tulalip
22 Tribes in September of this year. Tulalip Tribes
23 now have four Buffalo Star People facilitators
24 who are far enough along on their healing paths
25 to share their tools and support with others, and

1 they are trained to co-facilitate their own
2 healing circles locally.

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

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

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

1 SENATOR DORGAN: Thank you very
2 much. We have, I will say to this panel, a full
3 half hour of questions and answers. We
4 appreciate your presentations. I should have
5 mentioned that Ms. Bettelyoun has her bachelor's
6 degree in psychology from the University of
7 Michigan, master's degree and a dual doctorate
8 degree from the University of Minnesota in child
9 development and child psychology. These
10 panelists are extraordinary and we appreciate
11 very much what you do.

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

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

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

1 I'm going to talk about our Children's SAFE Place
2 that is our child advocacy center. It was
3 established in 1998 to provide culturally
4 sensitive advocacy and referral services to child
5 victims of violence and sexual assault working with the MDT
6 Team. The advocacy center is located in a
7 separate building on the same grounds as Project
8 SAFE, the domestic violence shelter.

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

25 The Children's SAFE Place developed a

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

8 Each team member is asked to sign the
9 policy and procedure manual to ensure compliance.

10 The MDT is comprised of the following members
11 from both Crow Creek and Lower Brule Indian
12 Reservations: Children's SAFE Place personnel,
13 Medical Examiner/Interviewer of the Children's
14 SAFE Place, Crow Creek and Lower Brule Tribal
15 Prosecutors, BIA Tribal Chiefs of Police from
16 both Crow Creek and Lower Brule, Lower Brule and
17 Crow Creek Criminal Investigators, Victim Witness
18 Specialist, U.S. Probation Officer, and
19 representatives from the State of South Dakota
20 Child Protection Services, Indian Health, Mental
21 Health, U.S. Attorney's Office, and BIA Social
22 Services. We are a model program and we have
23 shared these policies with other tribes as well.

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

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

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

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

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

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

1 regarding the next steps in the investigation.

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

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

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

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

1 adults have had personal experience with family
2 violence. (Crow Creek Community Assessment,
3 2010)

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

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

15 Twenty-five sex offenders are on the
16 registry from Buffalo County and all have
17 committed sexual offenses against children. This
18 does not include those offenders who are
19 incarcerated. (State of South Dakota Registry,
20 2013) The Chief of Police estimates that 35
21 additional offenders are not on the registry.
22 Some of the convicted sex offenders have multiple
23 victims. We know many of these offenses are not
24 being reported by the results of a survey
25 conducted in 2012 on the Crow Creek Reservation

1 by the Native Women's Society of the Great
2 Plains, a tribal coalition.

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

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

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

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

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

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

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

24 In the past year, the Special Agent
25 and Crow Creek Law Enforcement investigated 34

1 allegations of crimes against children. That is
2 the amount of travel needed for investigation.
3 His case files cannot be completed in a timely
4 manner and the majority of cases involving
5 children are held open for months until the
6 investigator has the opportunity to complete this
7 work.

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

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

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

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

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

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

25 SENATOR DORGAN: I know that ten

1 minutes hardly does justice to the amount of
2 information that you can and will impart to this
3 task force.

4 Ms. Bettelyoun, I was looking at the
5 extensive amount of information you've provided
6 us, which is extraordinary, and I was stunned
7 when I read the small amount of information in
8 your testimony that on average, molesters hurt
9 112 children before they are caught. Where does
10 that come from?

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

15 SENATOR DORGAN: It's a stunning
16 piece of data. And let me just mention one other
17 thing, as I was listening to you, Ms.
18 Thompson-Heth, the last statement you made,
19 second to last paragraph sums it all up: The
20 lack of resources is our biggest challenge. And,
21 you mentioned suicide. Teen suicide is something
22 that I've worked on a great, great deal and it
23 too is violence; violence against children;
24 violence around children. So, it connects to all
25 the other things that we discuss today.

1 I want to ask the task force members
2 if they have questions of this panel.

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

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

22 So, we need to educate our
23 communities and that's one of the things that we
24 do as individuals who are a member of the

1 Two-Spirited Society. That's one of the things
2 that we do, we bring awareness and we educate.
3 One of the things we dream about is being
4 welcomed back into our own circle. There's a
5 high rate of suicides amongst two-spirited
6 individuals as children and as adults.

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

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

20 JOANNE SHENANDOAH: Thank you so
21 very much for your heart felt testimony. It
22 really meant a lot to me. As Iroquois people, we
23 also believe that everyone has a place upon this
24 earth and that we all have special gifts and
25 talents to share and that was very, very moving,

1 and that's what it is going to take, I believe,
2 people stepping forward and I love your work, if
3 I may call you "Barbara," and what you've been
4 doing.

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

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

20 So, I think it's a big disservice to
21 go and bring up this subject and bring out all of
22 these emotions and have people come forward and
23 disclose and then only be there for the day.
24 These people need to have services in place.
25 When we go to communities where we know we are

1 able to stay, where we have funding to stay, we
2 have community events, that they are doing in the
3 Tulalip Tribe now, to talk about these things.

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

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

16 I'm also a forensic interviewer by
17 training, and I had a really hard time when I
18 first began, thinking I'm going to want to do
19 therapy for these kids. What am I going to do
20 when they tell me their stories and I have to
21 just be objective and send them on their way.
22 But I learned right away, that is the first step
23 to healing for these children. They were
24 thanking me. They wanted to know: Do I have
25 children? Can I come home with you? They were

1 just so happy for someone to bring up the
2 conversation and believe them, and that's true as
3 adults as well.

4 SENATOR DORGAN: Any other
5 questions by the task force?

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

16 LISA THOMPSON-HETH: Well, no, I
17 haven't. I mean, the only thing that I have
18 heard is, I mean, as far as what Barb is working
19 on, and that would be something, I think, that
20 would be great for a lot of our communities.
21 'Cause like I said, the lack of resources. IHS
22 is not -- they're getting cut in funding all the
23 time and a lot of the counselors -- a lot of IHS
24 employees do not live in our community. They
25 don't live in our community. They work in our

1 community. They are there from 8:00 to 4:30, and
2 then they go home and after that, it's just a job
3 for them.

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

20 And so, I guess to me, what we need
21 to be looking at and our tribes need to be
22 thinking of, is IHS looking at hiring more local
23 people that are right there on the reservation and
24 who have an interest in helping their people.

1 SENATOR DORGAN: Any other
2 questions? As I mentioned, you have submitted
3 additional information and you've done a lot of
4 research, and we obviously on this task force
5 will review it. Because you have been a witness at this
6 first hearing, if there are other pieces of
7 information you wish to submit, for the record
8 we've be very happy to receive that.

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

20 LISA THOMPSON-HETH: Well, if I
21 could just before I started working in
22 this field, I had two daughters who were the ages
23 of three and six years, and when my children
24 disclosed what happened to them, I was ostracized
25 by a lot of my family members. I remember a

1 brother that I looked up to who was a role
2 model for me, and I remember when I was talking to
3 him, one of things he said to me when I was
4 looking for help from him, support, and one
5 of things he said to me is, children lie. And I
6 remember after he said that and I went home,
7 because I was very devastated by it and one of my
8 thoughts in my head was, you know, I don't have
9 any support.

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

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

1 SENATOR DORGAN: That child is
2 then trapped in their silence.

3 LISA THOMPSON-HETH: Yes.

4 SENATOR DORGAN: Mr. Hayes?

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

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

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