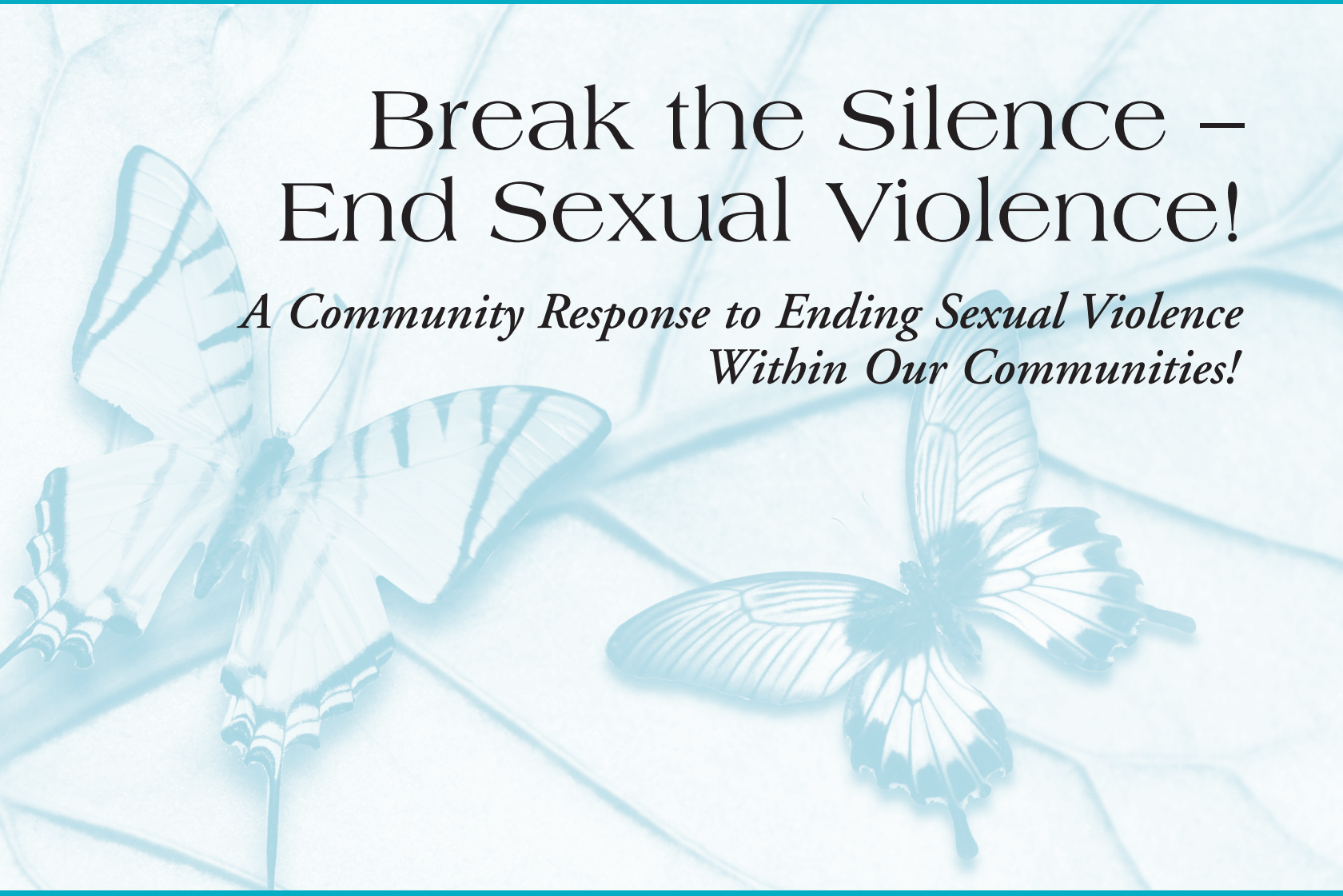
Break the Silence – End Sexual Violence!

A Community Response to Ending Sexual Violence Within Our Communities!



NATIVE AMERICAN WOMEN'S HEALTH EDUCATION RESOURCE CENTER

ROUNDTABLE REPORT ON SEXUAL VIOLENCE WITHIN NATIVE AMERICAN COMMUNITIES

SEPTEMBER 2018

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Introduction By Charon Asetoyer, MA

The Native American Community Board is based on the Yankton Sioux Reservation in Lake Andes, South Dakota and has been serving Indigenous women and families for almost 32 years. It is headquartered in the Native American Women's Health Education Resource Center, which provides direct services to the communities including working on policy issues that improve the health and well being of Native women and their families.

Over the past 32 years the NACB has worked to address issues that will help strengthen the health and well being of our way of life. Not only working on policies and services to strengthen our way of life but also to protect the human rights of Indigenous Peoples. The work of the organization is divided into two categories; they are direct services and policy advocacy. By providing direct services to community members we become aware of the gaps in services within various agencies such as the Bureau of Indian Affairs, Department of Education, Indian Health Service, Law Enforcement and other agencies serving our community. It is those gaps in services that often result in creating a standard of service that is not equal to the mainstream, violate our equal protection of the law or in some cases violate our human rights.

Break the Silence – End Sexual Violence is a community response to ending sexual violence within Native communities. Is provides a much faster response time then waiting for Law Enforcement to arrive and lets the perpetrator know that we will no longer stand in silence and allow him to strike again.

The Break the Silence – End Sexual Violence also has a public awareness campaign that produces Public Service Announcements for radio, places adds in the local papers and works with the local schools to bring awareness of the issue to the students of the participating schools. Student involvement can be students helping other students by supporting them while they disclose their stories, wearing Tee-shirts with the BTS message on them at sports events or helping to pass out informational materials that explain what the campaign is about to parents and other students.

The campaign also has a confidential, supportive component to it that encourages women to disclose, to speak up and to report a rape. By taking the campaign into places where these kinds of issues are not usually spoken about, we get people to feel safe about addressing the issue. It puts pressure on the perpetrator and gives power back to the victim. It provides a victim with encouragement to speak up and to disclose.

When a person is raped they live in fear, pain, humiliation and often self-blame, leading to a life time of negative behavior, drinking, taking drugs and often falling victim to being sex trafficked and suicide. Their lives get preempted, not being able to move beyond the trauma. Dreams and aspirations often vanish. However if someone can disclose they begin to gain back their self-confidence, realizing they are not the one to blame for what happened and they can begin their journey to healing.

This program is about healing, about gaining back yourself, moving forward with your life and helping others to do the same. Many of the quotes in this report come from very young survivors who have started their journey of healing. For many of the young people whose voices are reflected in this report is taking back their own personal power. It is about their journey…

Pidamaya,

Charon Asetoyer, MA,
Executive Director
Native American Women's Health
Education Resource Center

EXECUTIVE SUMMARY BY PAM KINGFISHER

Native American and Alaska Native women are more than 2.5 times more likely to be sexually assaulted or raped than other women in the United States. One in three Native women will be raped during their lifetime. At least 86% of perpetrators of these crimes are non-Native men. Native women deserve justice for the crimes committed against them, but they aren't getting it.

However, Indian Health Service (IHS) clinics and hospitals in Indian country often do not:
- consistently provide rape kits;
- have someone on site trained to administer the rape kit;
- ensure staff testify if a rape is ever brought to trial and the rape kit is in evidence; • adequately track data on sexual assault services provided

In the communities, women are concerned about the immediate safety of our young people in the tribal housing areas, and we see a gap between the assault incident, contacting the police and/or a shelter. This is a major area of concern, especially when we hear reports of young women who have been raped and they run to a home and bang on the door and get arrested. We want to establish community solutions between the shelter and the crime itself, in order to provide someone immediate help through this campaign.

Our Break The Silence campaign fills the gap in the communities, as we continue to advocate for stronger policies and resources from tribes and federal agencies. Break the Silence is a direct community response to reduce rape and sexual violence in our communities.

Barriers to Justice

Indigenous women who are survivors of sexual assault face barriers to seeking justice. The time it takes to establish whether tribal, state, or federal authorities have jurisdiction can result in inadequate investigations or in a failure to respond at all. The federal government's steady erosion of tribal authority and chronic underfunding of

law enforcement agencies and health service providers compounds the failure to protect Indigenous women from sexual violence. One central piece to justice for Native women is access to rape kits. Yet, access to rape kits in Indian Health Service Centers is uneven, leaving many women without the options they need and deserve.

The Role of Indian Health Service and barriers to care

Sexual assault forensic examinations can provide crucial evidence for a successful prosecution if they are collected and stored properly. However, the quality of provision of such services to Native American and Alaska Native women varies considerably from place to place. IHS must provide survivors of sexual violence with adequate and timely sexual assault forensic exams, ensure that such examination kits are stored properly, and implement sexual assault protocols equally in IHS centers throughout Indian Country.

Main barriers to post-rape care

In general, IHS facilities are severely underfunded and lack resources and trained staff, including sexual assault nurse examiners. This impacts a survivor of sexual assault's ability to receive a forensic medical examination.

Survivors may have to travel over 150 miles to reach a facility where a forensic examination can be performed.

Mistakes are often made by law enforcement personnel, who are responsible for properly storing and analyzing evidence collected in rape kits.

Health care providers who collected evidence are often prevented from testifying in court due to subpoenas rarely being approved in a timely manner by the IHS making evidence useless. Even with passage of the new protocol for forensic witnesses being passed in the TLOA of 2010 timely delays are still occurring.

The preservation and storage of medical forensic evidence kits is not regulated centrally by IHS, but rather is coordinated by hospitals and local law enforcement, often resulting in improper evidence preservation.

Tribal Law and Order Act - and remaining problems

Though the Tribal Law and Order Act was signed into law in 2010, IHS still faces many challenges in providing Native women with post-rape care.

- IHS headquarters only had limited information on the ability of its facilities to provide forensic examinations; it does not track the number of sexual assault forensic examinations performed at its facilities.
- 19 out of 45 IHS and tribally operated facilities were unable to provide sexual assault forensic evidence collection exams for either adults or children and instead had to refer survivors to other facilities.
- Of the 26 facilities that do provide sexual assault evidence exams to either adults or child assault medical forensic exams, 6 of them did not have providers with any specialized training or certification in sexual assault medical forensic exams
- The preservation and storage of medical forensic evidence kits is not regulated centrally by IHS, but rather, is coordinated by hospitals and local law enforcement, often resulting in improper evidence preservation.

We have been hearing stories of collected evidence being left in hot cars while an officer is out of a call or being left on a counter at the I.H.S. hospital unattended while people randomly walk by, resulting in the chain of evidence being broken.

IHS has made some progress in developing policies and procedures regarding rape kit provision for survivors of sexual abuse; however, major challenges remain in standardizing and sustaining the provision of medical forensic services:

- overcoming long travel distances for survivors;
- establishing plans to help ensure that hospitals consistently implement and follow the new policy;
- developing similar policies for domestic violence and child sexual abuse; and turnover and compensation.

Impact on Children

Children are also at high risk of sexual violence and are in need of holistic care, yet the IHS was cited in the 2011 GAO report for not having developed or implemented the Child Maltreatment Policy. Despite requests by stakeholders, such a policy has not been made available for review or comment, and, and as of now, no policy on Child Maltreatment has been implemented.

"One time my best friend told me she had been raped by someone in her family. She just told me, but I don't think she did anything about it. I think she should've went to the hospital to be examined so they could gather proof and get that man arrested." NM girl, aged 14.

"My cousin died from sexual assault but the Navajo Nation Police didn't put up an amber alert on time, so she died. The guy took my other cousin's brother, but he made it through." NM girl, aged 12.

METHODOLOGIES

We utilize traditional "talking circles" or roundtables with community women to identify priority areas for our work. Throughout 2016 we hosted women's roundtables on sex trafficking and the women's recommendations led to the launch of this campaign to break the silence and create safe zones for young people to seek help. By hosting talking circles with Native women in Oklahoma, New Mexico and South Dakota we take our directions from the women in the communities. By utilizing a traditional and confidential process, we identify the issues and gaps Native women face in accessing healthcare. This campaign is the outcome of our work over the years on birth control, abortion, domestic violence, sexual assault and sex trafficking in Native communities.

BREAK THE SILENCE – END SEXUAL VIOLENCE

Because Native American women are at far greater risk of becoming victims of sexual violence than any other group, the crises must be addressed by including the voices of the victims. Native women's situations are unique and we must navigate through the multi-layered effects of the jurisdictional maze, colonization, governmental policies such as assimilation and boarding schools, and the resulting loss of traditional culture.

The crises of sexual assault for Native women and girls:

- 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (14.8 percent completed rape; 2.8 percent attempted rape).
- Girls ages 16-19 are 4 times more likely than the general population to be victims of rape, attempted rape, or sexual assault.
- 17.7 million American women have been victims of attempted or completed rape.
- Lifetime rate of rape/attempted rape for women by race:

All: 17.6 percent
White: 17.7 percent
Black: 18.8 percent
Asian Pacific Islander: 6.8 percent
American Indian/Alaskan: 34.1 percent
Mixed race: 24.4 percent

- On average during 1992-2001, American Indians age 12 or older experienced annually an estimated 5,900 (reported) rapes or sexual assaults.
- American Indians were twice as likely to experience a rape/sexual assault compared to all races.
- Sexual violence makes up 5 percent of all violent crime committed against Indians (about the same as for other races).
- Offender/victim relationship: 41 percent stranger; 34 percent acquaintance; 25 percent intimate or family member.
- Most sexual assaults committed against Indian women are interracial with more then 85% perpetrated by non-Native men, the majority of whom are white.
- According to the Justice Department an arrest is made in just 13% of the sexual assaults reported by Native women, compared with 35% for black women and 32% for whites.

Sex Trafficking

Native American women/girls are exposed to many risk factors for sex trafficking. This is due to a history of exploitation of Native women, as well as current legal policies and practices. Factors that put women at risk for being trafficked include a history of early sexual or physical abuse, unstable home environment, involvement in the foster care system, gang affiliation, low self-esteem, race, marginalized, abused, people of color, LGBTQ, and the sexualization of women and girls. Underlying these issues, is the inter-generational poverty that puts our women at risk for abuse, addictions and treatment as second-class citizens by the agencies who are supposed to protect us.

Missing and Murdered Indigenous Women

There were 5,646 Native American women entered as missing into the National Crime Information Centre (NCIC) database last year, with 5,711 in 2016. In the first six months of 2018 there were 2,758 indigenous women reported missing. The FBI is responsible for investigating the most serious crimes committed on reservations, but when it comes to crimes on Native lands, the Department of Justice (DoJ) declines to send 30 to 40 per cent of all applications to prosecution. The last set of available data from 2016 shows that 35 per cent of cases were not sent for prosecution. The DoJ gives two major reasons - either insufficient evidence, or referring the case to another prosecuting authority, usually the tribes themselves.

– Roundtable Voices

We focus our work in the three bellwether states of Oklahoma, South Dakota and New Mexico to bring awareness and resources to Native women and communities. This past year our gatherings were discussing sexual assault and trafficking of vulnerable Native women and girls. Our communities have a long-standing taboo of talking about sex or rape in our families. Many of our Native parents and grandparents were sexually assaulted in the Boarding Schools they were forced to attend and they carry that trauma with them in to family life. Our cultural teachings of humility, generosity and respect for elders have helped to inadvertently create the silence about these shameful acts. We must Break the Silence and Stop the Rape. Break The Silence is a campaign to end sexual violence within Indian Communities by engaging community members as first responders and providing them with the tools to do so.

In New Mexico, we hosted a Roundtable of 15 women, elders and providers who shared local information and determined the focus for a safe places "Break the Silence" campaign.

"We can emphasize sexual health through Pop Culture and a good sex education curriculum. We need to include land based skills and healing as well. We need culturally appropriate systems that include translation services and a deep understanding of our history & trauma in our women and communities."

"I'm teaching Indigenous History to 9th and 10th graders and it's not in the past, it's all happening now. I am putting women in the curriculum and trying to be non-Navajo centric in my teaching."

"There is no transportation in the Pueblos. There is so much stigma, shame and gossip.

"We know the perpetrators – we need to tell each other". As women we hold that spiritual space to express boundaries and expectations. We should each have an emergency room response kit to give to girls – include EC, gas money, etc."

"Sexual assault has been an epidemic for a long, long time, but now it is the norm."

We can start to address the effects of domestic and sexual violence by educating our communities that sexual violence is not a Native tradition and supporting traditional family values and activities. By "breaking the silence" Native people will have to learn how to talk about Sexual Assault, Rape and Trafficking. Once community people are talking about the issue it becomes easier to do something about it. But if people do not talk about it and continue to keep it a "secret" nothing will happen, it will just continue as "business as usual". It is the youth that will make a difference in this issue, and they are asking for our help.

In Oklahoma, we coordinated three Roundtable meetings at the Wichita and Affiliated Tribes in Anadarko and at the Ponca Tribe in White Eagle, Ok. The groups were a mix of mothers, daughters, advocates and program directors from a variety of tribes in the two distinct regions. Over the two sessions, over 35 women elders and providers shared their experiences in their communities and what they are currently seeing happen to the youth in relation to sexual exposure and rape and sex trafficking.

We heard from the women about their concerns and what they see happening in the community. They noted a lot of parenting problems with a lack of skills and a lot of dysfunction in our families and communities. There is also a racial barrier we don't talk about – it is ingrained that we are "less than" other people.

"We have these empty houses that are used by druggies and I was walking by and heard a woman yell, "stop". That could have been me. There becomes a degree of "it's ok". You can spot the drug houses and there are little girls in there with grown men going in and out."

Ponca City is the home of Phillips petroleum and the oil industry in Oklahoma, and the grandmothers shared deep concerns about their community situation and the need for more information on sexual assault, trafficking and emergency contraceptives to be shared with young girls. "There is so much demand for sex and drugs. We are not giving them a permission slip with birth control, because they need to be safe. Not everyone knows right from wrong. It's all happening here. We have a meth epidemic. With this huge refinery here we have men rotating in and out of the community. We have a big rodeo and powwow that attracts a lot of visitors."

"There are no moral values being instilled anywhere. No respect is being taught. I just worry about the girls all the time. Our kids are so affected by the world. Now the movie theaters are selling alcohol."

We were asked by community women to provide skill building and resources to aid community advocates in giving emergency first line services. We created campaign tools for people to utilize in their communities, including, Safe House signage to designate your home or office as a safe space to Break the Silence; Car Identification with a magnetic bumper stickers to let other people know that you be an advocate for someone needing assistance; and Community Education in gatherings and at cultural events. We hosted booths at some of the larger Powwows to pass out information, dancer's sashes, a script for the Announcer to talk about the campaign.

Over the summer and fall our team took the BTS campaign out of the conference rooms and into our traditional community circles. We visited three large powwows in South Dakota and Oklahoma with information, branded gifts, public service announcements and high visibility in the parades and arenas. The impact of creating this visibility in a positive Native community event was felt in each setting. Dancers wore BTS sashes into the arena and we hosted dance specials with cash prizes. We gave away educational and fun swag, such as tee shirts, key chains, fans, ink pens, nail files, Frisbees and magnetic bumper stickers. These activities brought a lot of attention to our message; especially as honored elders and arena directors supported our work and repeated the messages to thousands of Native peoples.

ROLE OF INDIAN HEALTH SERVICE

The Native American Women's Health Education Resource center also advocates for reproductive justice policies and services at the federal level, especially the need to develop policies and procedures for child and adult victims who seek justice from the court.

According to the Government Accountability Office (GAO), the Indian Health Service developed an Implementation and Monitoring Plan in late 2011 following the GAO Oct 2011 report on the Indian Health Service's sexual assault policy as of March 2011.

This plan included actions and timelines for:

- Providing training in forensic medical examinations;
- Providing forensic equipment to Indian Health Service hospitals and clinics;
- Developing a mapping project to identify facilitates that provide on-site examinations and those that refer to facilities more than 2 hours away;
- Providing training on sexual assault response teams.

As of July 2017, we are unable to find a publicly available copy of the Implementation and Monitoring Plan.

It is our request that the Indian Health Service make publicly available its Implementation and Monitoring Plan for standardized sexual assault protocols that were developed according to the General Accounting Office in 2011.

We are very concerned about the lack of policies regarding child sexual abuse. We welcome the development of a child maltreatment policy that requires the reporting of instances of child sexual abuse, however, we are concerned about the lack of guidelines regarding the treatment and care of such cases within this policy. This lack of policies does not align with the National Protocol for Sexual Abuse Medical Forensic Examinations – Pediatric, published by the Department of Justice's Office on Violence Against Women in April of 2016.

Regarding the data collection of the Indian Health Service, Division of Program Statistics. We are concerned that reports of the Indian Health Service Division of Program Statistics do not adequately collect and disseminate data regarding victims of sexual assault or services provided to sexual assault victims, such as the number of patients admitted for suspected or reported sexual violence or the number of medical forensic exams and rape kits administered at IHS facilities.

"Indian Health Service: Continued Efforts Needed to Help Strengthen Response to Sexual Assaults and Domestic Violence." GAO-12- 29: Published: Oct 26, 2011. Publicly Released: Oct 26, 2011.
http://www.gao.gov/assets/590/585899.pdf

In November 2017, along with Amnesty International, we met with the Bureau of Indian Affairs Department of Justice and the Office of Public Affairs; Office of the Asst. Sec. Indian Affairs. Later that day we met with Indian Health Service Michael Toedt, (IHS/HQ) Chief Medical Officer, and ten of his lead staff.

At the BIA meeting they admitted that most rape/VAWA cases are not prosecuted. Sexual assault numbers are very high, but the US attorneys decline to bring forward cases involving intoxication - cases that they say are hard to prove. Alcohol and date rape drugs are used to silence our women during an assault and then the women are blamed for intoxication or memory loss and have no legal recourse provided to them. This is an excuse that allows for serial rapists on reservations and discourages women from reporting or being provided legal protections. Tribal, BIA and State Police just write off Native women as being not creditable and nothing happens in terms of investigating. Think about how many of our women are under these conditions and no investigation is conducted. In other words they are denied equal protection of the law.

We also pointed out that some tribes are not jailing non-Native offenders under VAWA due to their confusion about the rules. There is need for clarity on this ruling and we requested a directive on jailing rules after we were told that tribal jails CAN house non Native offenders.

We are concerned that the failure to implement protocols that standardize post-rape care across Indian Health Service centers continues to be a major obstacle for Native women. We welcomed the development of sexual assault protocols that included guidelines for post-rape care, however, we are concerned at reports from health activists that such protocols are unevenly, if ever, fully implemented across IHS facilities and IHS-funded or IHS-contracted facilities. We are concerned at reports that:

Native American and Alaskan Native women are not always getting a rape kit at IHS facilities

If a rape kit is available, there is not always someone at the IHS facility who is trained to administer the rape kit

If a complete rape kit is passed to the police department, it is unclear if the kit is ever being processed

If the rape kit is processed and brought as evidence to trial, the IHS employee who administered the kit is called to testify, but IHS is not always processing those requests for their employees, meaning the expert does not get the request, does not testify, and the evidence is not heard

All of the important gains of the Tribal Law and Order Act that built the way for meaningful justice for rape and sexual assault survivors are not ultimately meaningful without access to a rape kit that is processed and can be used in trial.

We requested information regarding the 2011 Implementation and Monitoring Plan and data collection in regards to rape and sexual assault claims and services provided. It is our request that the Indian Health Service release their data and patient care statistics from that documents, reports, and analyzes the number and percentage of patients admitted to IHS facilities for suspected or reported sexual violence, such as sexual assault and rape, as well as the number and percentage of services, such as medical forensic exams and rape kits, provided by IHS facilities following such requests. We are still waiting on this information from our Freedom of Information Act request.

National Congress of American Indians
- Tribal Leaders Advocacy:

We attended the June 2018 meeting in order to raise awareness about jurisdiction and seek tribal support for our work with the Indian Health Service. We hosted an Exhibitor table with information and we presented a formal request for an NCAI Resolution. We worked with their VAWA task force and the Resolutions Committee to present and successfully gain passage of the Resolution: KAN-18-005 Healthcare & Justice for Sexual Assault Survivors through the Tribal Law and Order Act.

http://www.ncai.org/resolutions/2018-mid-year

Impact on Children and Young People

We hosted eight classes of Native American students aged 12 to 16 years old over the past year. One of our partners is the Native American Community Academy, a charter school for Native students in New Mexico, where we have conducted youth trainings for the past three years, beginning with our What to do When You Are Raped book, discussing sex trafficking and birth control facts and resources. The young attendees represent many tribes living in urban Albuquerque, including: Jicarilla, Apache, Zuni, Yakima, Lakota, Navajo, the Pueblos of Santa Clara, Laguna and Acoma students.

We also discussed laws and trends in each state affecting reproductive choice as well as emergency contraceptives (EC) and the right to access it through I.H.S. as well as how to encourage compliance by tribally operated health services (which we find lacking).

We learned many things from the voices of very young survivors who were eager to learn more and discuss these tough issues. Discussing Sexual Assault and Rape with young people reveals how much they know and how much more they need to know in order to be safe. Questions covered the range from simple to quite complex.

We reviewed:

Pimps – who are they and how do they operate?

Trafficking is tied to Cartels and drugs – you can sell a girl many, many times

Watch our for "Modeling" offers that are a trick

Report to police vs. tell someone - He could be arrested for his actions

Many times, the family protects the perpetrators

There are triggers and internet tricks abusers use

Do not have unprotected sex

Fear of pregnancy is pretty high among the girls

"Keep talking to kids at school about it – it happened to me. Intoxicated girls don't know what to do. When I woke up I had bruised shoulders and all the way down both legs, where the boys held me down. I ran to a house and banged on the door and the lady got scared and called the cops on me. The cops wouldn't believe me and took me to jail instead of to the hospital. I couldn't bathe for three days, until the sexual assault person came in on Monday. "These window cards could have really helped me! I didn't tell anyone until a few weeks later, when I was arrested in Omaha for fighting. A man who worked there kept asking me questions until I finally told him. He talked to me about filing charges, because these guys will do this again to other girls. So I am going through with filing charges and going to court."

"Behavioral Self Blame" from girls as young as 11 and 12 years old:

"I just want to know if what I did was right". I was 6 or 7 and I kicked him and yelled and my mom and aunties are mad at me because he ran away. Should I go ahead and tell my grandpa so he'll do something next time?

Consent – what it means and how to define your boundaries.

Statement: "I wasn't in my right mind".

Response: If you are drunk, you are not yourself. They got consent from someone else – not you. He can't touch you without your consent.

It doesn't matter how old you are, he could be your husband and it is still assault or rape.

During the break, one young girl asked us, "What would you do if you were sexually assaulted" and we realized she is experiencing a very recent trauma. She folded herself into teacher's arms and cried.

The 12 and 13 year old girls are being told, "You are so pretty, come and party with us" and it becomes a lifestyle real fast. "We live right in the middle of oil country, so the companies like Halliburton, Exxon, Sunoco have rigs at the lake pumping and the crews come and go." When a girl gets a reputation as a "pass around", and that happens a lot, it ruins her life.

"Sex education is optimal by age 8, because they know everything by then. Children are learning about sex from My Little Pony or the Cartoon Network (which is really bad)."

We met with a Ponca tribal youth group of 15 girls and boys, ages 12-17, sharing our youth Rape and Sex Trafficking handout and reviewed the Rape Workbook. We learned many things from the voices of very young survivors who were eager to learn and discuss these tough issues. There were two problems we heard repeatedly, 1) Dad's don't know what to say to the boys and 2) There is a lot of bullying going on in the schools.

All of the young participants have phones and use snap chat, instagram, Facebook and talked about the text codes like "KMS" means, "kill myself". This was a good opportunity to talk with young people about social media predators, trolls, and pimps and how sex trafficking works. The kids see a lot of alcohol and drugs on the streets, and many of the homes they visit are "chaos" houses. The girls aren't allowed to walk anywhere in Ponca City, as it is so unsafe.

IMPACT

At the end of the year, we hosted a Native American women's roundtable with twenty-five women to reflect on and strengthen our campaign efforts. With this campaign, we are breaking the social norms by getting Native people to engage in dialogue around sex, rape and trafficking. Hosting talking circles for Native women to share their stories led us to create a full campaign to break the silence and create safe zones for people, especially young ones, to seek help. The youth themselves have a lot of powerful ideas and approaches along with the Elders on how to reduce sexual violence. The girls are asking us elders to be advocates and step up our protections. We need more community advocates, who can navigate the first few hours after a sexual assault. As one women stated, "We know who the perpetrators are in our community. We need to let them know we are watching and helping".

Now we are hearing that there is more sexual violence and less reporting, i.e. more non-reporting. Women discussed the need for new words to talk about this – it is not an epidemic, it's not an illness and it's not sudden. It is the systemic societal oppression of woman and vulnerable men. The high rates are a phenomenon similar to other epidemics, but without statistics and convictions, how do we name this crises?

We are rocking the boat by addressing the topic of Native sexual violence in public. We are hearing from the women that things can no longer be business as usual, with people turning their backs on the issue and walking away from our children. With this campaign, we are forcing people to talk about it in a way that it is usually not done. There is a cultural approach we are using to address it at cultural and community gatherings, such as powwows, in shelters, women's meetings and talking circles.

The younger a person is when they are raped, the harder it is to have a sense of self worth and the effects can be devastating. It is important to have compassionate caregivers involved at every step of care a person receives. When a person that has been raped does not get the kind of care they should it can leave an indelible trauma on their soul resulting in wiping out a lifetime of dreams and aspirations for a bright future. Only too often when a Native person is raped we are treated like a second-class citizen and are denied due process of the law, especially if the perpetrator is white. Cases seem to fall through the creaks and the perpetrator is free to rape again and they do!

Our youth need a safe space to disclose their trauma in order to start their journey to healing. Our work creates that safe place for our youth to disclose their rapes and begin their journey. You can see their faces change, smiles return, confidence return and the desire to help other as their journey begins. They can feel again, they can trust and begin to see a brighter future for themselves and a return to our spirituality and traditional values.

When our Powwow Arena Directors speak to the crowd with their own words and testimony, we know we are helping to "Break the Silence – End Sexual Violence".

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