# Modifying Personal Safety Education For Native American Children<sup>1,2</sup>

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### Abstract

Report on a pilot study to determine if American Indian students would retain more information from a culturally modified sexual abuse curriculum than from a standard (Anglo) curriculum. A standardized personal safety education curriculum ("Talking About Touching" by Committee for Children) was taught to one group of Native American fourth-grade students (control group) and a culturally modified version was taught to another Native American fourth-grade class (experimental group) at an elementary school on an Indian reservation in Montana. Curriculum modifications were based on input from tribal members, school teachers, and clinical experience working with Native American sex offenders and victims. Modifications included thematic use of a story stressing Indian values, emphasis of culturally relevant topics (gender roles, alcoholism, extended family), and discussion of traditional prevention behaviors such as avoiding proscribed relationships. Students were pre- and post-tested to determine the relative effectiveness of the culturally modified curriculum. The hypothesis was that the least-knowledgeable students would learn and retain the most information from the modified curriculum. This research was funded by a three-year grant from the Frost Foundation.

#### Introduction

Despite recent efforts to deal with child sexual abuse in mainstream society, very little has been done, or is known, about sexual abuse among Native American populations (Fischler, 1985; F. H. Knopp and G.G. Abel, personal communications, September 24, 1991). While sexual abuse is a traumatic experience for all children (Finkelhor, 1986), Wyatt (1990) notes that the social and economic circumstances of minority children exacerbate the impact of victimization. Although some work has been done with Indians in urban settings (Carter, 1991), more culturally distinct rural Native American populations remain largely unstudied. What little work there is finds that the Indian's unique cultural circumstances such as clan organization and intertwined political-judicial systems confound standard intervention methodologies that are based on Anglo values (Long, 1986). Therefore, effective intervention for this neglected population has two separate elements: first, using existing methodologies to identify and treat victims and present prevention education; and second, learning more about sexual abuse among Native Americans so that existing intervention methodologies can be modified to be more culturally sensitive and consequently more successful (Sue & Sue, 1990).

Research by the Applied Anthropology Institute at Rocky Mountain College, in conjunction with South Central Treatment Associates, found that addressing

sexually related social problems is a particularly difficult task for many Native Americans because of a strong taboo on public discussion of sexual behavior (Cochran, Jacobson, and Sullivan, 1991). "In some Native American families discussing any sexual matters between members of the family was taboo" (Marten, 1988, 1). A national survey of 14,000 American Indian and Alaskan Native youths concludes that physical and sexual abuse are reported with greater frequency by Indian youths than by any other groups (Blum et, al, 1992a). Abuse rates are probably higher in Montana reservation communities because rates tend to be higher (particularly for female victims) in rural, economically depressed areas (Blum et. al, 1992a). Other research shows that counseling is most effective with a multicultural approach adapted to reflect and build upon Indian values (Ashby, Gilchrist and Alicia, 1988; Pedersen, 1991; Blum et. al., 1992a; 1992b).

This article presents sensitive information which can be misinterpreted by the unknowledgeable reader. First of all, current lifestyles of Native peoples do not represent "traditional culture," consequently responsibility for any behaviors cannot be unilaterally assigned to Indian culture, but must be shared by the dominant Anglo culture. Second, there is no reason to believe that Native Americans suffer from sexual abuse any more than other groups. "In fact, sexual abuse appears to be very democratic in its social class distribution. The studies have demonstrated strong agreement on this point" (Finkelhor, 1986, 80). The

over-riding hypothesis is that their cultural history make education, victimization, and treatment different from that of Anglos. Lastly, we hope that our work helps people, particularly children and adolescents, without adding to the racist beliefs and behaviors of the Anglo culture.

### Background

Historically, the relationship between Anglos and Indians has been one of domination and exploitation. Anglos stole Indian lands and criminalized Native cultures with legislation designed to force assimilation into the Anglo culture. "The (Dawes) act was designed to destroy the tribes by doing away with the land base held in collectivity and at the same time to integrate Indians into the dominant society" (Oswalt, 1988, 45). This perhaps well-intentioned (Washburn, 1975) attempt at cultural destruction failed, leaving many Indians between two cultures: living not in Indian culture, or in Anglo culture, but in some version of both (McFee, 1968). One must keep in mind that the original Americans did not suffer from social problems such as poverty, substance abuse, poor education, unemployment, suicide, etcetera, until they were "discovered" by Europeans. Today's Native Americans have demonstrated a remarkable ability to survive several centuries of Anglo efforts of biological and cultural extermination. Current efforts to aid Indians will continue this ethnocentric pattern if programs and techniques are based on values which derive from Anglo culture. Sadly, for some Anglos, the reality of Native American social problems will continue to be seen as proof of the inferiority of Native American culture.

A double bind for researchers who study the cultural characteristics of minority social problems is how to help reduce pain in peoples' lives without adding to the chauvinism which gave birth to the social problems in the first place. The Institute is interested in increasing the availability and effectiveness of sexual abuse treatment programs but at the same time we must also provide information which might be interpreted by the racist as further proof of the inferior status of Native Americans. The research shows that the sexual beliefs and social circumstances on a reservation might facilitate sexual abuse; these same beliefs and circumstances may reduce the effectiveness of existing education and treatment. We must choose between presenting this information and being accused

of racism or the equally disagreeable and unethical option of suppressing it.

School education and treatment programs provide direct and effective access to children and their parents (Conte, 1990). Existing programs based on Anglo cultural values are not necessarily sensitive to Native American needs. This pilot project provided an opportunity to use what is known about prevention, identification, and treatment of sexual abuse to address the problem immediately and to learn how to modify primary prevention methods for more effective intervention in Native American communities.

While it is clear that Native American youth have major health needs it is likewise evident that services are frequently unavailable or inaccessible (Blum et. al., 1992a). The same cultural differences which necessitate multicultural counseling also impede outside intervention by non-Indian people. There are, however, insufficient numbers of professionally-trained Native Americans to deal with this problem. We have worked very carefully for the past seven years to create the opportunity to change this situation. The services the Institute offered to the Lodge Grass community established the rapport necessary for this type of project. In addition, the Institute's first Native American undergraduate research assistant returned to the reservation to work as the school social worker at the Lodge Grass Schools after completing her MSW degree.

This project is predicated on the idea that innovative youth-specific, community-based health services need to be developed which better meet the needs of Native Americans. Services need to be integrated between physical and mental health and coordinated with the education system (Blum et. al., 1992a). Placing a Native American social worker in a Montana reservation school to implement an intervention program and to study unique aspects of Native American culture was, therefore, the next step in confronting Native American sexual abuse. Rapid turnover among school, tribal, and government officials makes it difficult for anyone not living and working on the reservation to maintain the rapport required to deal with such an emotionally volatile subject. Our own experience (Cochran, Sullivan, Jacobson 1991) is that formal arrangements which work in Anglo communities are not always effective on reservations. For instance, a widely advertised training workshop for school personnel had very low attendance, while a casual visit

with the Head Start Director resulted in an invitation to a turkey dinner and the opportunity to speak to over fifty teachers and aides.

The community of Lodge Grass, Montana, was our specific choice because of the good relationship the Institute has created through its other activities. Lodge Grass is located in Big Horn County on the southeastern part of the Crow Reservation (near the Little Big Horn Battlefield). Lodge Grass School is famous for its basketball teams, which have been featured in national sports magazines and on national television. Children growing up in this community deal with all the chronic problems associated with reservation life: unemployment (twice the state rate: 16.1%), poverty (per capita income is \$7,148), and high rates of chemical abuse, domestic violence, teenage pregnancy, and suicide. A Montana Department of Family Services study noted that this relatively young, impoverished, uneducated population is served with inadequate mental health services ("Community Forum," 1992).

## Purpose and History of the Organization

The Applied Anthropology Institute was established within the Sociology and Anthropology Department at Rocky Mountain College in 1989. The Applied Anthropology Institute has worked on the Crow and Northern Cheyenne Reservations providing workshops on sexual abuse and AIDS and conducting research on cultural differences with implications for counseling. (Cochran, Jacobson, and Sullivan, 1991; Cochran, Sullivan, and Stewart, 1991; Cochran, 1992). As an "Applied" Institute the primary purpose is to use multicultural knowledge to improve the quality of life for Native American people. The Institute works toward this goal by providing educational programs on sexually related social problems; by supporting the professional development of Native American students who anticipate working with Indian peoples; and by studying multicultural counseling techniques. The Institute has presented workshops at Native American schools, Indian Head Start Programs, and Indian Health Service facilities. Research results have been presented at regional, national and international conferences.

#### Previous Research

The Applied Anthropology Institute's project to develop a more culturally relative sexual abuse prevention education curriculum for Native American

Children resulted from clinical observations of Crow, Northern Cheyenne, and Sioux victims and offenders in the treatment programs at South Central Treatment Associates, an out-patient sexual abuse treatment program. Observations of Indians in group, individual and family counseling convinced us that they were not responding in the same fashion (and therefore not as well) as the Anglos. A potential explanation is the cultural one: Native American culture is sufficiently different from that of Anglos to impede the treatment To test these observations several smallscale synchronic research projects emerged. The first project used the Rotter (Locus of Control) Scale and the Abel Becker Cognition Scale to compare Native American and Anglo high school students' locus of control and sexual values. Shame is reputed to be a more significant method of social control in Indian communities, so they should have tested more otherdirected than the Anglos (Hulburt, 1983). American students endorsed many more cognitive distortions on the Abel Becker scale - most of which indicated an absence of clear boundaries between adults and children -- and surprisingly, the Indian students tested more internally controlled than the Anglo students (Cochran, Sullivan & Jacobson, 1991). This last finding is of particular importance, as it is a central goal of offender treatment to develop an internal sense of guilt in offenders to inhibit additional predation (Finkelhor, 1986).

The second study focused on gender roles (Cochran, Sullivan & Stewart, 1991). The rationale for testing gender roles is that the opportunity for offending is higher in cultures and sub-cultures where gender roles are distinct and men have greater unquestioned power than women. The BEM Sex Role Inventory, and our own Generalized Gender Role Survey, were administered to Naive American and Anglo high school students (Dwyer, 1989; Reed-Sanders, 1984). The results indicated what clinical observations in couples counseling had suggested: Native Americans had distinct power-imbalanced gender roles as compared to the more androgynous Anglo gender roles (MacCorquodale, 1984).

For the third study we administered the Scale to Assess World View (Ibrahim, 1991) to Anglo and Native American populations. This scale is based on Kluckhohn's (1951) concept of world view and measures respondents' lifeworlds on five axes. Statistically significant differences were found on

nineteen of the forty-five SAWV items and four of the five index scales. These findings are relevant to expectations and goals in treatment of victims and offenders (Cochran, 1992).

All three of these studies suggested cultural differences between Indians and Anglos which would reduce the effectiveness of treatment for Indians (Fishler, 1985). An initial result of this work was the establishment of two all-Indian therapy groups on reservations: the first of their kind in the United States. A secondary result was for us to seek funding for a several-year study to test modified personal safety education for Indian children. It seemed logical that the cultural barriers which impeded the progress of Indian victims and offenders would also work to complicate primary prevention efforts like education.

# Hypothesis

Our hypothesis is that Indian children who know the least about sexual abuse will learn more from a culturally modified curriculum than from a standard (Anglo) curriculum (Minuchin, 1974).

#### Methodology

Both the experimental and control sample groups were Crow fourth-grade students in an elementary school on the Crow Reservation in Montana. The control group consisted of twenty fourth-grade Crow students including nine females and eleven males. The mean age for the group was 9.45 years. Nine students reported receiving no previous information about child abuse, while eleven reported receiving previous information from school, family, friends or TV. The experimental group consisted of twenty-two fourth-grade Crow students including eleven females and eleven males. The mean age for the group was 9.18 years. Seven students reported having received no previous information about child abuse, while fifteen reported receiving previous information.

### Curricula

The standardized personal safety curriculum taught to the control group was "Talking About Touching," UNIT II "Touching," by Committee for Children (Seattle, WA). The curriculum is presented as a series of lessons using large laminated pictures to focus student discussion on the following personal safety

topics: 1) "Introduction to Touching:" The continuum of touch ranging from positive or safe to exploitative or unsafe; 2) "Walking Home:" Internal signals warn one about dangerous situations, differentiating between appropriate and inappropriate touch; 3) "Private Body Parts:" Safety rules about touch, saying "no" to sexual touching, and telling adults who can help; 4) "Doctor's Office:" Differentiate between nurturing, confusing, and exploitative touch; 5) "Secrets About Touching:" Never keep secrets about touching, and it is never too late to tell about a touching problem; 6) "Sitting on Father's Lap:" Identify different touches, be aware of feelings related to touch, and trust your feelings.

#### **Modified Curriculum**

The modified curriculum taught to a second Native American fourth-grade class (experimental group) at the same school was based on input from tribal members, school teachers, and clinical experience working with Native American sex offenders and Modifications included the following: 1) victims. Thematic use of a story, "Life is Belonging," stressing Indian values. The story emphasizes the following Respect - Each and every person is values: a) important and deserves respect; b) Children are special and important - Young ones need protection, care and love; c) Indians are strong people with strong traditions and strong beliefs - Indians are survivors -Life is changing and traditional culture is changing.

There were two reasons for using this story to modify the curriculum. First, story telling is a traditional Indian way for elders to transfer the oral tradition to children. As Lowie (1993) observed, oral tradition is the culture carrier of the tribe. Second, the emic mental perspective on sexual abuse, like that on alcoholism, is that it is not a traditional Indian problem. Professionals from the Northern Chevenne, Warm Springs, Crow, and Wind River Reservations state that the Native American perception is that, like alcohol, sexual abuse was introduced by Anglo culture (Flores, 1986). As Tony Martens (1988) says in The Spirit Weeps, "Through the clash between two cultures this disruption caused by assimilation and the entrance of alcohol into Native Society, there was a breakdown in the social fabric which maintained order. Incest began to occur where it had never been seen before. Some Native communities are suffering from the third generation of incest." Therefore, reinforcement of traditional Indian values should be a crucial part of personal safety education. In other words, the way to address sexual abuse among American Indians is to make Indians more Indian, not less.

In addition to re-formatting the curriculum around a story, the modified curriculum emphasized ideographic characteristics of sexual abuse related to Native American social organization. Knowledge of these characteristics resulted from professional observation, clinical experience, and ethnographic information. They included: 1) Stranger definition - while Anglo children are simply taught to be aware of unfamiliar people, Indian children often regard only non-Indians as strangers. Indian children need to expand their definition of strange to include some Indians. Indian children are exposed to danger when making contact with new community members who are not regarded as strangers simply because they are Indian; 2) Increased awareness of vulnerability from extended family contacts. Traditional child-rearing practices expose an Indian child to a vastly expanded number of extended family relatives. Nomothetic patterns of sexual abuse implicate people the victim knows (Finkelhor, 1988). The incidence of sexual abuse increases as the opportunity increases; 3) Addressing disclosure difficulties resulting from large extended families. Reservation children commonly interact with many more relatives than Anglo children. This means the negative sanctions for disclosing abuse from one relative is magnified, and denial and disbelief are enhanced. Of course this greater family also means that Indian children enjoy a larger potential for support; 4) Discussion of traditional prevention behaviors such as proscriptive relationships and gender roles.

### Instrument

In order to determine the relative effectiveness of the culturally modified curriculum both groups of students were pre- and post-tested. The test instrument was originally designed as part of field practicum for graduate research. Based on an item analysis from earlier research and clinical observations, the instrument was further refined and modified. The relative effectiveness of the alternative personal safety education programs was measured by the change in knowledge. While changes in knowledge do not always translate to changes in behavior, knowledge changes are a prerequisite to more assertive behaviors.

The instrument included twenty-one true/false items and six multiple choice items. Most students correctly

answered enough of the six multiple choice items in the pre-test to result in a ceiling effect. Therefore, the multiple choice statements are not used for analytical purposes. There was, however, a broad range in scores on the true/false portion of the instrument.

The true/false statements focus on knowledge and myths about sexual abuse. For example, knowledge about who may sexually offend is assessed in items like, "Only men sexually abuse children" and "Most people who hurt children are strangers." Knowledge about the characteristics of victimization was assessed in items such as "Abused children often think it is their fault" and "Only girls are sexually abused." Knowledge about personal safety was assessed in questions like "Sometimes it is O.K. to say 'no' to an adult," and "It is never too late to tell someone about being abused."

#### Results

The range of scores on the true/false items in the pre-test were from eight to seventeen with the mean score being twelve. The pre-test true/false scores were later sorted into two groups: Low Knowledge describing those students who scored less than twelve and twenty-one, and High Knowledge describing those students who scored twelve or more out of twenty-one on the pre-test. Twenty-four students in the low knowledge group had a mean score of ten, and eighteen students in the high knowledge group had a mean score of 13.7. These two levels of pre-test knowledge are combined with curriculum group to measure the effect of previous information and curriculum on change in knowledge.

The change in knowledge of students in both curriculum groups was measured by the difference between the pre- and post-test scores on the true/false items. The range in the change in True/false score for all students was eleven, from -5 to six (mean score change = two). That is, on average students answered 2 more questions correctly on the post-test.

#### Discussion

Table 1 can be interpreted as follows:

Low/Modified = Children who scored below the median (twelve) on the pre-test and were taught the modified curriculum. Note that sixty-nine percent scored above the mean (plus two points) change in score on the

post-test. These are the children who need sex-abuse education the most. The modified curriculum was more effective to a statistically significant degree (p=.05).

Low/Standard = Children who scored below the median on the pre-test and were taught the standard (Anglo) curriculum. Note that the standard curriculum

I	Pre-T	Test S	Score (	Group	by	Curric	ulum	by	Change	in	Post-	Гest S	Score

Pre-Test Score/	Post-Test Score						
Curriculum	Low %	High %	Total %				
Low/Modified	30.77	69.23	100.00				
Low/Standard	72.73	27.27	100.00				
High/Modified	77.78	22.22	100.00				
High/Standard	77.78	22.22	100.00				

Table 1. Culturally Modified Personal Safety Education for Native American Children Chi-Square (no continuity correction) = 7.81, df: 3, p = 0.0500, n = 42

was not effective with these children: Seventy-two percent scored below the mean change in score on the post-test.

High/Modified and High/Standard = Children who scored above the median on the pre-test and were taught the modified or standard curriculum. Seventy-eight percent of students scoring above the mean on the pre-test scored below the mean change in score (plus two points) on the post-test. A t-test comparing the amount of previous sex-abuse education (school, parent, TV, friends, and other) and the pre-test scores was significant (p<.0001). Their scores did not change significantly between the pre- and post- tests because they already had significant knowledge of sexual abuse.

## **Summary of findings**

This three way cross-tabulation of change in True/false score by level of knowledge by curriculum shows that sixty-nine percent of students in the low knowledge, modified curriculum group increased their knowledge by more than the mean of two points. Only 22 to 27percent of students in the other three groups increased their knowledge by more than the mean. A Chi-Square analysis (p=.05) attests to the statistical significance of this finding.

Therefore, the hypothesis that students who knew the least about sexual abuse would learn the most from a culturally-modified curriculum was supported.

# **Limitations and Future Research**

This research, like most, has limitations. The two major limitations are the sample size and the fact that we worked with only one Native American tribe. Whether or not the modified curriculum would work with other groups of American Indians, or other minority groups for that matter, is problematical.

## Conclusion

This research has corroborated the observations we made of Native Americans in the clinical settings: Indians do have cultural differences which impact sexual abuse prevention. Specifically, Native American children with little knowledge of sexual abuse learn more from a curriculum modified to incorporate Indian values than they do from the unmodified Anglo curriculum.

These results suggests several avenues of further research. The best possible data to obtain would be a longitudinal study of differential victimization rates between those who learned the standard and those who learned the modified curriculum. Do those

children who learned the most actually apply their knowledge and stop or abbreviate sexual abuse?

A second logical possibility is to replicate the experiment with a larger number of Crow of different ages and different acculturation levels. A third alternative is to replicate the study with a different ethnic group. If these additional studies continue to find that minority children learn better with culturally modified curricula it would be useful to create a set of universal principals which other therapists could use to modify their treatment and prevention techniques for the ethnic groups they work with.

#### Notes

- 1. A version of this paper was presented at the 1996 Annual Meeting of the High Plains Society for Applied Anthropology.
- 2. The research population for this paper is variously referred to as Native Americans, Indians, and American Indians. While it is currently politically correct to refer to the first Americans as "Native Americans" their emic mental perspective is that they are American Indians or Indians.
- 3. Ron Cochran, PhD., is a Professor of Anthropology and Sociology and the director of the Applied Anthropology Institute at Rocky Mountain College 1511 Poly Drive, Billings Montana 59201. E-Mail address rpcochra@rocky.edu.
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