Findings reported here are analyses completed as part of the Tribal Youth Victimization and Juvenile Delinquency Project.

The presentation presents findings from analysis of the Youth Risk Behavior Surveillance Survey.

Partnership between Prevent Child Abuse America, National Indian Child Welfare Association, Purdue University Calumet

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Rate of violent victimization among American Indian/Alaska Native youth is almost double that of all races (DOJ, 2004).

Seventy-four percent of the youth in custody of the Federal Bureau of Prisons are AI/AN (Federal Bureau of Prisons, 2008).

The American Indian and Alaska Native population is young: the median age of the Indian population is 28.6 years compared with 35.3 years for all races in the US (IHS, 2008).

AI/AN population has a poverty level nearly twice that of the rest of the population (IHS, 2008).

Fewer AI/AN mental health providers are available (273 per 100,000 for whites versus 181 per 100,000 for AI/AN).

According to the Surgeon General’s 1999 report, only an estimated 25 psychiatrists in the United States were of Indian or Native heritage in 1997.

About half of AI/ANs have employer based health insurance, whereas 72% of whites receive health insurance through their employer.

The IHS also reported that the AI/AN population has double the number of people without health insurance than other races (IHS, 2008).

The rate of alcohol-related arrests among AI/AN for alcohol violations is double the national rate.

64% of AI/AN violent crime victims experienced violence by an offender using alcohol, compared to 42% for the national average.

Native Americans are at higher risk for experiencing multiple victimizations.

Among AI/AN youth research indicates an association among risky sexual behaviors, substance abuse, and exposure to violence.

Intact social networks maintained in AI/AN communities are thought to mediate the effects of trauma and substance abuse.

Pavkov & Wallerth (2008) found that AI/AN children entering systems of care were less likely to have received medication.
Mental Health

- Childhood exposure to violence has negative effects on parenting ability later in life
- The suicide rate for AI/AN youth has been reported as three times the national average
- Studies indicate that psychological disturbances related to dysfunction, trauma, and suicide are higher among AI/AN persons than in the general population
- Elevated lifetime rates of alcohol/drug dependence, post-traumatic stress disorder, and suicide have also been reported within reservation populations
- These phenomena are thought to be linked to historical trauma experienced by AI/AN populations
  - According to DOJ, 60% of AI victims of violence described the offender as White.

Research Questions

- What are the observed differences related to victimization, delinquency, substance use, sexual behavior, and mental health between American Indian/Alaskan Native youth compared to youth of other categories of race/ethnicity?
- What is the observed association between victimization and delinquency for American Indian/Alaskan Native youth?

Method

- The Centers for Disease Control and Prevention (CDC) surveys youth every odd year since 1991 via the Youth Risk Behavior Surveillance System (YRBSS).
- National YRBSS is representative of 9th through 12th graders enrolled in public and private high schools in the 50 states and the District of Columbia
- YRBSS is designed to:
  - monitor the prevalence of health-risk behaviors in the target age group
  - assess how rates of participation in these behaviors change over time
  - assess how likely certain behaviors may be to co-occur

Dataset

- 3-stage cluster design
- Oversampling of target populations
- Data editing
- Weighting
Item responses were dichotomized wherever possible in order to emphasize the difference between groups, and to simplify the analysis.*

- AI/AN youth were compared to:
  - Caucasian
  - African American
  - Hispanic/Latino
  - Asian
  - Other/Mixed-Racial

Limitations:
- Questionnaire is self-report
- Sample only representative of youth who are enrolled in school
- Process of obtaining parental permissions is not consistent from one school to the next
- YRBS not designed to evaluate effectiveness of interventions aimed at decreasing health-risk behaviors
- Impossible to measure every behavior that poses a potential health-risk
- AI/AN youth were not over-sampled, yielding very low sample sizes for this population within a given year

At the CDC's suggestion, data from the three years (2007, 2005, and 2003) were concatenated into a single file

Items were selected for secondary analysis based on their face-valid relevance to one of five categories including:
- Violent or delinquent behaviors
- Substance use
- Sexual behaviors
- Experience of victimization
- Suicide-related behaviors

A Chi-Square test was used to determine whether there were statistically significant differences between each group (e.g., AI/AN vs. Caucasian, AI/AN vs. African American, AI/AN vs. Hispanic/Latino, etc.) within each of the dichotomized variables.

Five separate two-by-two analyses for each item:
- A Bonferroni correction was used in determining statistical significance within each category (family), for each racial/ethnic/dyadic comparison group, to compensate for the large number of statistical tests conducted.

In order to test the relationship between youths’ responses to the violence/delinquency items and their responses to the victimization items, the eight violence and delinquency items were paired with each of the five victimization items, to create 40 unique pairs of items.

A Chi-square analysis was then used for each of the 40 pairs of items, within each of the six race/ethnic categories.

The presence or absence of a relationship between each pair of items was then considered across each of the six race/ethnicity reference groups, in order to highlight pairs which had a relationship among one or more reference groups, but not among others.

Again, a Bonferroni correction was used within each racial/ethnic reference group (40 tests, alpha = 0.00125) to determine the appropriate cutoff for statistical significance for each analysis.
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Figure 3.

Figure 4a.

Figure 5.

Figure 6.
Violent Behavior

- AI per capita rate of violence twice that of US population
- 7 of 10 AI juvenile murder victims killed by another AI
- American Indians more likely to be victims of assault and rape by stranger
- 62% of offenders used alcohol (42% national average)

Discussion

- Analysis confirms the disparities that exist relative to violent and/or delinquent behaviors
  - Higher levels of involvement in physical altercations
  - AI/AN youth almost 3 times more likely to be injured in a fight than Caucasians
  - Almost 2 times more likely than either African American or Hispanic youth to be injured in fight
  - AI/AN youth more likely to carry a weapon than youth from other groups

Similar disparities are confirmed to exist related to substance use behaviors

- Smoking behaviors are higher among AI/AN youth than all other groups
- AI/AN youth generally use tobacco, alcohol, and marijuana at younger ages than other groups
- Substance use is higher among AI/AN youth at a factor between 1.5 and 4 times that found among other groups

Discussion

- Significant differences emerge between AI/AN youth and African American youth related to sexual behaviors
- Few differences emerge across groups on selected victimization variables
  - One exception related to being afraid to go to school
  - Qualitative findings (Dr. Fox's research)
  - Higher rates of suicide behaviors than all other group

Discussion

- Linkage between delinquency and violence is somewhat less evident among AI/AN youth than with other groups
  - Smaller sample sizes?
  - Indian culture provides protective factor?
Lack of evidence based practice developed for tribal communities

- Many interventions do not incorporate AI/AN values in treatment programs
  - Reciprocity - manifested by the giving of gifts
  - Sense of Community - orientation toward the good of the group rather than good of the individual
  - Actively incorporating prayer into daily life

For further information, or to obtain a copy of this PowerPoint presentation, please contact:
- Thomas W. Pavkov - tpavkov@calumet.purdue.edu
- Leah M. Travis - htravis@calumet.purdue.edu
- Kathleen E. Fox - kfox@nicwa.org
- Connie R. Bear King - connie@nicwa.org

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