

Executive Summary and Logic Model Overview

The goal of the Pueblo of Zuni Safe Start initiative is to create, through collaborative planning and coordination of community resources, a culturally sensitive system to enhance child advocacy, community prevention and intervention services. We believe that this system will protect Zuni children and their families and effectively address the needs of those that have been victimized or exposed to violence.

This plan to reduce the incidence and impact of violence, with an emphasis on violence in the home, on children ages 0-6 in the Pueblo of Zuni was developed through an intense collaborative planning process led by the tribal leadership of Zuni. The collaborative planning team built upon the previous work of Zuni projects, the national research base and the hard work of planning team members to collect and review a broad range of data. These data confirmed the concerns of the Zuni leadership that led the Pueblo to originally pursue Safe Start funding – the children of our community, as a result of a complex ecology including the intersection of traditional and modern ways of living, were at risk of significant developmental challenges secondary to exposure to violence. We also agreed that, while we have made strides towards improving our service system in recent years, the current system remains inadequate to respond to the needs of children, families and our community.

The Zuni Safe Start Strategic Plan outlines a systems change initiative. We seek to integrate, coordinate and strengthen the array of services – as opposed to adding another program-based set of services. The Strategic Plan (and companion Implementation Plan) is designed to create greater coordination so that our current “smalls” system of care may be integrated in such a way that agencies and providers interact, plan and deliver services to children and families within a true System of Care.

The Strategic Plan attempts to balance two worlds – the traditional Zuni ways of healing and the western approaches representing the current state of the evidence base. The plan developed by the Collaborative Team is ecological in nature, taking place through an iterative, developmental process within a complex context defined by the dynamic intersection of the Zuni language, culture and traditions with the growing influence of mainstream Western ideas. This dynamic interplay is depicted, along with six strategic emphases we will implement in the service of system reform, in the Safe Start Logic Model on the following page. In order to accommodate multiple cultural perspectives, two versions of the Logic Model are included. The first attempts to portray circular developmental nature of the initiative while the second outlines components of the initiative in a linear flow. Both depict seven strategic emphases:

- System Coordination
- Enhanced Program Services
- Training and Technical Assistance
- Prevention through Community Action and Awareness
- Development of Policies and Procedures
- Project Management to support goal achievement
- Resource Development to support sustainability.

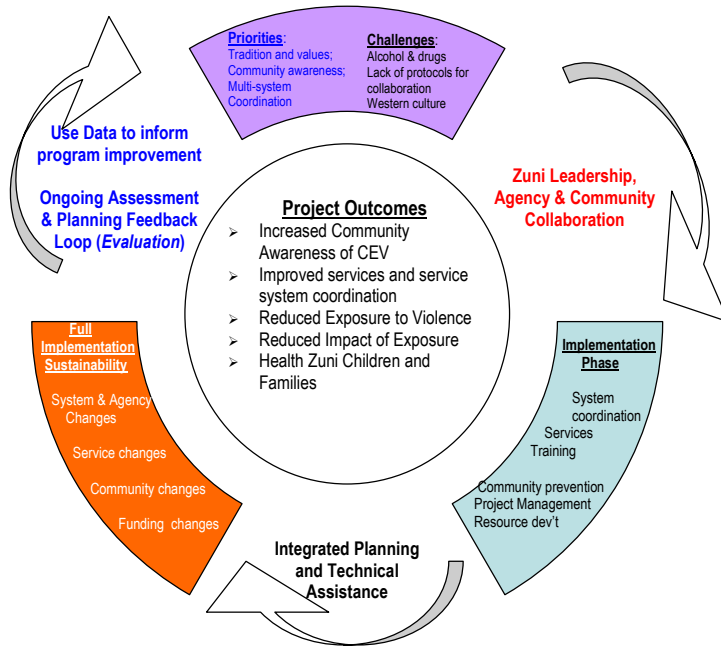
Zuni Culture, Language and Traditions

Community Strengths, Resources and Capacity



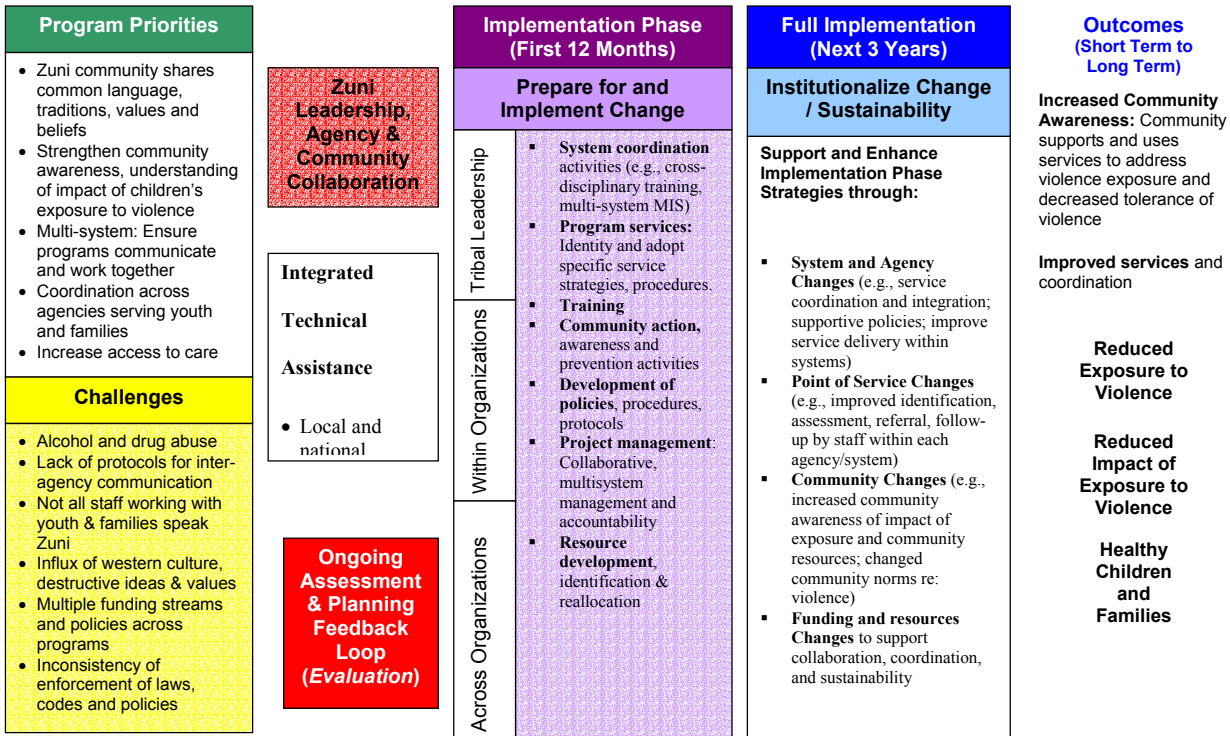
Pueblo of Zuni

Safe Start Strategic
Planning Logic Model



ZUNI CULTURE, LANGUAGE AND TRADITIONS

COMMUNITY STRENGTHS, RESOURCES AND CAPACITY



Analysis of Existing and Archival Data

Methodology

The Pueblo of Zuni collected quantitative and qualitative data on community demographics, community indicators for children's exposure to violence (risk and protective factors), and children's actual exposure to violence. Three distinct approaches were utilized for the data collection process.

1. The Safe Start Initiative held a two-day retreat on September 30 and October 1, 2002 for all Collaborative Team members, facilitated by American Indian Development Associates (AIDA). The retreat produced a broad listing of potential Zuni risk and protective factors for children's exposure to violence, the types of violence that are experienced by young Zunis, and helped define the target population.
2. Safe Start staff and consultants developed discussion group/individual interview questionnaires to guide a discussion process and to allow participants to provide written comments anonymously, either during or following the meeting. Zuni staff conducted discussion groups with community members, tribal elders/religious leaders, foster parents and agency staff regarding the extent of the problem of children's exposure to violence in the home at Zuni (see Appendix 4).
3. The Safe Start Collaborative formed a Data Subcommittee to identify existing data regarding the community in general and children's exposure to violence specifically. The subcommittee was comprised of tribal and Indian Health Service staff. The data was collected in accordance with a data collection template that was developed by Safe Start staff and consultants (see Appendix 7).

Four types of data were considered: community demographics; Zuni children ages 0-6 who experience violence; violence witnessed by Zuni children ages 0-6; and community indicators for children ages 0-6 exposed to violence. The main data sources for this analysis included the U.S. Census Bureau, Zuni Census Department, Indian Health Service, Zuni Department of Social Services, Zuni Housing Authority, and the Zuni Police Department.

Results

Qualitative Data: Safe Start Retreat and Discussion Groups

The qualitative data identify the most relevant issues for the Pueblo's service providers and community as a whole regarding young children's exposure to violence. Based on input from the retreat, the following definition of the Zuni Safe Start Initiative target population emerged:

Children between the ages of 0-6, including unborn children, who either witness violence in the home between parents/guardians; or children in this age group who experience maltreatment through physical abuse, sexual abuse, and/or neglect.

During the retreat, the Collaborative identified and categorized 43 possible protective factors in the community to mitigate children’s exposure to violence.

Table 3 Protective Factors Categories

I.	Strength & Resilience
	▪ Society’s ability to deal with mental and physical diseases, traditional healing
	▪ Worse kids are often best kids in offside placements
	▪ Population resilience
	▪ Optimism/will to keep traditions alive
	▪ Life promotion
II.	Cultural Strengths
	▪ Most Zuni children speaking their language
	▪ Support of language and their culture in school
	▪ Oral tradition to pass knowledge- ancestral history
	▪ Matrilineal society-strength
	▪ Practicing culture
	▪ Zuni heritage
	▪ Clans
	▪ Beliefs
	▪ Values
	▪ Language
III.	Spirituality
	▪ Respect for all life and belief that everything is alive
	▪ Teaching children early to respect living things and environment; self respect
	▪ Zuni heritage
	▪ Clans
	▪ Beliefs
	▪ Societies
	▪ Rituals
	▪ Connectedness to land
	▪ Reinforcement of value in family through prayer (as compared to money or property)
IV.	Healthy Choices
	▪ Highest breastfeeding rate in nation- provides bonding between mom and child
	▪ Prenatal care
	▪ Positive environment
V.	Family Strengths
	▪ Loving family
	▪ Healthy family
	▪ Distinction of roles in families

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	<ul style="list-style-type: none"> ▪ Being involved-parents ▪ Active parents ▪ Role of paternal family in child's life ▪ Role of extended family members ▪ Establishment of family time consistently ▪ Viewing children as gifts to immediate and extended family
VI.	Community Strengths
	<ul style="list-style-type: none"> ▪ Hospitality ▪ School programs ▪ Geographic isolation
VII.	Governmental Strengths
	<ul style="list-style-type: none"> ▪ Policy and system change movement ▪ Safe Start team ▪ Political support ▪ Code reviews to identify gaps to enact new laws ▪ Ability to obtain funding for programs in Zuni

During the retreat the collaborative also identified and categorized 70 potential risk factors in the community that may increase children's exposure to violence.

Table 4 Risk Factors Categories

I.	Family Issues
	<ul style="list-style-type: none"> ▪ Break-up of family ▪ Poor attachment to children/multiple partners ▪ Special needs children-parental stress ▪ Lack of understanding of healthy relationship ▪ Mental health issues in families ▪ Poor supervision boundaries ▪ Poor methods of discipline ▪ Shift from extended to nuclear families ▪ Lack of understanding of child development
II.	Environmental Issues
	<ul style="list-style-type: none"> ▪ Poverty ▪ Lack of housing (adequate housing) ▪ Easy access to alcohol by youth ▪ Lack of quality education ▪ Media (negative) exposure-porn, violence, etc. ▪ Lack of jobs ▪ Graffiti ▪ Glorification of military (it's violence aspect)

	<ul style="list-style-type: none"> ▪ Availability of weapons ▪ Gambling ▪ Video games ▪ Representation of clothing w/violence “wife beater t-shirts”
III.	Cultural Issues
	<ul style="list-style-type: none"> ▪ Lack of cultural knowledge e.g. traditional child rearing ▪ Aggravated by separation of Zuni family, alcohol abuse by parents, many today kids miss being taught ▪ Disconnect from spirituality ▪ Cultural change ▪ Finding balance between two worlds ▪ Misunderstanding of ceremonial practices
IV.	Public Health Issues
	<ul style="list-style-type: none"> ▪ Substance abuse ▪ Domestic violence ▪ Do not understand diabetes and obesity and so do not protect our kids from this ▪ Multi-generational violence ▪ Mental health issues in families ▪ FAE and FAS ▪ Parental depression
V.	Children and Youth Issues
	<ul style="list-style-type: none"> ▪ Peer Pressure ▪ Poor coping skills ▪ Children aren't priority ▪ Poor supervision boundaries ▪ Teen parenting ▪ Taunting by peers ▪ Bullying ▪ Educational neglect ▪ Promiscuity among teens ▪ Misbehavior
VI.	Response System Issues
	<ul style="list-style-type: none"> ▪ Misdiagnosed kids or other family members for repeat exposure to violence ▪ Abuse of authority by adults responsible for kids ▪ Child behavior in school that's not followed-up on ▪ Systems abuse, failure to get proper care to child ▪ Conflicting systems policies (schools, social services) and responsibility for children

	<ul style="list-style-type: none"> ▪ Lack of training on victimization of responders/ resulting in misinformed diagnosis ▪ Mandatory reporters not reporting don't want to get involved ▪ Lack of professionals to provide adequate care (1 school counselor/200 kids) ▪ Mistaking child behavior} stress, misunderstanding of child development ▪ Not looking at causal factors at kids acting out ▪ Don't acknowledge youth's victim past, only focus on weakness or misbehavior
VII.	Community Issues
	<ul style="list-style-type: none"> ▪ Lack of role models ▪ Stigmatization of certain families that last a long time ▪ Lack of community involvement ▪ Passive/aggressive attitudes and behavior in community ▪ Community disrespect for law enforcement ▪ Shift in beliefs/ threshold regarding violence (e.g. > video games) ▪ Gossip escalating into violence ▪ Violence as a social norm ▪ Standing by and allowing violence to occur, e.g. corporal punishment ▪ Retribution ▪ Acceptance of violence/apathy ▪ Not getting involved in stopping violence

During the **discussion group** format, some of the salient protective and risk factors for children's exposure to violence were reiterated. The most common protective factors mentioned included speaking the Zuni language in the home, and practicing traditional healing and spiritual rituals. The most common risk factors mentioned were substance abuse, lack of consistent discipline in the home, lack of coordination between agencies, and court leniency. Main points from the discussion groups are highlighted below.

Table 5 Discussion Group Table

Discussion Group	Attendees	Number of Participants	Main Points
Assessment of Implementation of Current Policies: Social Services	Social Services Line Staff	2	<ul style="list-style-type: none"> • When a call comes in - Most calls are alcohol related; police call-outs are priority over referrals that come through during regular office hours. • What happens with kids - Extended families tend to respond to intervene on behalf of the child if they hear it on the scanner. Parents usually will also identify where the children will be placed, usually extended family. • Referral - School counselors will be notified for further evaluation I.H.S. Mental Health is also contacted • Other agencies involved - I.H.S., ZPSD School Counselors, and CPT • Policies/protocols - MOU is in place with CPT but only between schools and I.H.S. No other MOU's exist. Further development and implementation of existing

Discussion Group	Attendees	Number of Participants	Main Points
			<p>policies needed</p> <ul style="list-style-type: none"> • Other issues - Aftercare needs to have extensive follow-ups, there is no further treatment for the extended family
<p>Assessment of Implementation of Current Policies: Police Department</p>	<p>Police Officers</p>	<p>3</p>	<ul style="list-style-type: none"> • What happens during a call - Perpetrator is arrested, depending on situation. If victim feels threatened, decision is usually made based on DV Code and what perpetrator did. Determine if referral is needed for victims, if so, agencies are contacted. If not waiver is provided for refusal of services. Debrief with children if they are present. Discuss Restraining Orders, Protection Orders if needed. If children are involved CPS may be called (if needed). • Referrals - CPS, Social Services, New Beginnings, VOCA • Policies/protocols – Not aware of department protocols; aware of DV protocols and find them useful • Other comments – inconsistent court sentencing; referral process needs to be refined; Zuni interpretation is sometimes a language barrier.
<p>Assessment of Implementation of Current Policies: Schools</p>	<p>School Counselors</p>	<p>2</p>	<ul style="list-style-type: none"> • Referral – If genuine suspicion report to social services. I.H.S. behavioral is also consulted. If sexual assault Zuni Police is contacted. CPT is also contacted to case staff situation. DY Elementary uses tribal social services as a point of entry for all referrals. • Other agencies involved - ZRC, Social Services, CPT, and I.H.S. Behavioral Health. Depending on the referral, the child protective team involves the police, VOCA, ZRC, I.H.S. schools and/or the tribal courts. • Policies/protocols - Very specific guidelines exist for entire school district - mandatory requirements process and legal requirements to report. The policies are adequate but implementation has some problems. Victims are reluctant to report, officers are reluctant to intervene and courts are reluctant to prosecute. Too often Tribal Council/Community Health Department management get involved in making decisions especially when clinical decisions have been made/recommended—these are overturned. • Other comments - Need more professionals in the Community Health Department who are well versed in mental health issues pertaining to the treatment of children. Level of training for frontline service providers and administration need to be increased. Consistency and follow through with programs e.g. service plans. Other areas of addictions need to overlap into the level of training for Zuni Recovery staff. It is unclear how the “shelter” and their staff interface and assist and/or provide services or if they have degraded service providers available. Department Directors have by-passed normal protocol or it appears “covered-up” investigation of some families. Social Services, Family Preservation, and

Discussion Group	Attendees	Number of Participants	Main Points
			<p>ancillary staff often say privately they are afraid of losing their jobs saying they were told not to discuss certain cases.</p>
<p>Child Maltreatment: Community Knowledge</p>	<p>Community members</p>	<p>12 participants: one teenager; 11 adults aged mid-30s through mid-50s</p>	<ul style="list-style-type: none"> • Where would they call in case of incident - Police, CPS, Social Service, Recovery Center, Family Preservation, New Beginnings • System appropriateness for children's needs – System does not meet children's needs. Court system is inconsistent. Lack of response or too late of response occurs with ZPD on domestic violence situations. • Potential helpful Zuni practices - Purification rites, smoking ritual, make use of medicine fraternities. • Barriers to receiving effective services - Transportation is an issue in accessing services. Zuni speaking is a must it allows clients to understand services to be received. Follow up is a continuous problem of all service providers. Lack of communication from Social Services and no follow up. Frontline workers do not know how to make procedural decisions and create unnecessary 'red tape'. Zuni culture-children should not be separated from their family members.
<p>Child Maltreatment: Cultural Factors</p>	<p>Cultural leaders and elders aged 40s, 50s, 88, and 93</p>	<p>10</p>	<ul style="list-style-type: none"> • Zuni concept of violence - Since time immemorial our fore fathers believed in the principals of Love, respect, good life. We are a gift to our mothers and fathers for generations to come. No violence or fighting existed. No knowledge of this because it does not exist. No spanking occurred. Men were head of household and did the discipline. • Traditional discipline of children - Children need to be nurtured in a loving way and with a gentle voice and not in a punitive way. Cooperative and everyone is in it together. Gather all kids to talk to them, as a group, not individually. Tone of voice and manner in which you are spoken to was important. The kachina A'doshle was called upon in controlling the behavior Zuni children. Children were warned not to engage or become involved with kids who were a bad influence. Talking to them in a firm/nice tone. Some families spanked their kids others did not (spanking learned from boarding school days). Extended families existed and there was a shared responsibility. Discipline was firm and consistent. • Zuni children's current exposure to violence in the home - Media has a great impact. Economics are the driving force to make ends meet that may lead to neglect, abuse and violence. Parents don't seem to care. Kids don't have a safe nurturing environment to grow from. "There were predications of events that would lead to the 'end of the world' that our fore fathers spoke of - perhaps we have reached the time" Sometimes children are intentionally exposed to violence because it happens in close proximity of where they live.

Discussion Group	Attendees	Number of Participants	Main Points
			<ul style="list-style-type: none"> • Zuni cultural protective factors - Everyone would be disciplined via story. Stories and fables were used to discipline. There is no reward or punishment process. Smoking ritual can be done. Spiritual involvement of young people is a must. Teaching the children the language at an early age will allow them to understand our traditional/cultural way of life. Having extended families in some families is good. Extended families provide children opportunities to have adults who are non-violent checks and balances. System with adults modeling and engaging the family in cultural activities that brings the family together....there is still some evidence of this in a few families and community which curtails some of the violence. "Many of the Zuni 'stories/fables' were told to provide examples of how to behave and act" Our Zuni language is also a protective factor. • Zuni cultural barriers to addressing issue of violence in the home - Dominant society has Zunis labeling each other as nephews, cousins, etc...and not viewing them as families. Being passive, showing fear because of family ties, clanship. Fear of witchcraft or other harmful affects. Some families are protective individuals who are in religious positions and they dare not say much. It would only mean, if it is a religious leader who is abusive or condones violence, would subject them to public ridicule or even removal from their religious position. We do not have a process of grieving, healing through trauma- we expect to get over with and move on. • Religious protective factors - Consistently practiced religious rituals. Our fathers set ethical and moral values that women are protected because spiritually they are special. "The Zuni Constitution very well states that as well as the oath of office the tribal leadership takes." "I remember some stories such as war/conflict events with Zuni enemies, had a tone that addressed the necessity of war/fighting but only as a last resort. Yet, the story would end with a comment or statement 'we don't want this to happen again.'" Healing through smoking rituals. Our prayers are strong this can be used too. • Religious barriers - A religious elder would back up their sons/grandsons even if wrongdoing was done. Having offices for people <u>to go to</u> is a barrier. • Other comments - There is no modeling of good parenting. Married couples worked in harmony together. Substitute cultural practices with Dominant cultural practices. Language re-enforcement is needed-our prayers are based on it. Advise the Governor and Council that program providers are there to render services and not in any position to work against their own staff undermining each other's efforts. Eliminate internal cliques which only creates set backs. All service providers need to display polite/professional attitude. Alcohol is a

Discussion Group	Attendees	Number of Participants	Main Points
			<p>problem, it is a major contributor. "Women gathered to grind corn and wheat, was a collaborative effort—there was a sisterhood among the women a long time ago." Families had responsibilities defined roles and responsibilities existed with everyone in the family.</p>

Quantitative Data: Pueblo of Zuni and the National Perspective

The quantitative data serve to support many of the qualitative elements provided during the retreat and discussion groups. They also put into perspective the needs of the Zuni community relative to National and American Native issues.

National / American Indian Perspective

Limited literature and data exist regarding Native American children’s issues and community indicators for violence. Casey Family Programs and National Indian Child Welfare Association (NICWA) partnered to produce several documents relevant to Native American children’s issues. Two of these documents – Native American Kids 2001: Indian Children’s Well-Being Indicators Data Book (Goodluck, C. T. and Willetto, A.) and Child Abuse and Neglect Among American Indian/Alaska Native Children: An Analysis of Existing Data (Earle, K. and Cross, A.; 2001) --are referenced here to provide a broader national perspective on these issues.

In Child Abuse and Neglect Among American Indian/Alaska Native Children, the authors reinforce the issue of limited consistent data regarding Native American children. The article highlights the difficulties in obtaining accurate data on child abuse and/or neglect among all ethnic and racial groups, and especially for Native American children.

The authors looked at all existing, recent, published reports that include data on abuse and neglect for American Native children. They also looked at secondary data from the National Child Abuse and Neglect Data System (NCANDS). Their results are based on statistics reported by more than one source. Below is a comparison of Native and non-Native children in the U.S. and much of the information seems consistent with what the Safe Start Initiative at Zuni Pueblo has so far learned regarding its community.

- Reports of neglect appear to be higher for American Indian/Alaska Native families, both as an element of abuse and/or neglect and in general.
- Violence is more likely to be reported among American Indian/Alaska Native families, both as an element of abuse and/or neglect and in general.
- Alcohol abuse, related to child abuse and neglect and in general, is more likely to be reported for American Indian/Alaska Native families.
- There has been a reported increase in overall cases of child abuse and/or neglect for American Indian/Alaska Native children.
- American Native children appear to be more likely than White children to be placed in foster care.

- American Native children currently appear to be less likely to be adopted compared to White children.
- Analysis of NCANDS data found higher rates of public assistance among American Native families compared to Whites.
- There appear to be significantly lower rates of sexual and physical abuse among non-Hispanic American Native children than among non-Hispanic White children.

Native American Kids 2001 presents a literature review of 10 well-being indicators for American Indian and Alaska Native children. For this report the authors used secondary analysis research techniques to examine existing data on the indicators.

The indicators include:

1. Low birth weight babies.
2. Infant mortality.
3. Teen birth rates.
4. Teens who are high-school dropouts (ages 16-19).
5. Teens that are not attending school and not working (ages 16-19).
6. Children in poverty.
7. Child death.
8. Teen deaths by accident, homicide, suicide.
9. Children living with parents who do not have full-time, year round employment.
10. Families with children headed by a single parent.

The report states that as compared to the general U.S. population, Native American children and youth are not doing very well in 9 out of the 10 indicators. The authors found that American Indians are only doing well on the low birth weight indicator.

This report also delineates the well-being indicators into six thematic areas. The table below lists the thematic areas and provides a comparison between the National/American Native data and the Pueblo of Zuni.

Table 6 Comparison with Available National Data

Thematic Area	National / American Native Data	Comments	Pueblo of Zuni Data	Comments
Infants				

Thematic Area	National / American Native Data	Comments	Pueblo of Zuni Data	Comments
Infant mortality (deaths per 1,000 live births)	<ul style="list-style-type: none"> American Native infant mortality rate was 9.3 All Races, was 7.2 White rate was 6.0 	<ul style="list-style-type: none"> National Center for Health Statistics, 1998 The American Native rate is significantly higher than the rate for All Races and Whites 	<ul style="list-style-type: none"> Not available for Pueblo of Zuni Navajo rate is 9.7 	Navajo nation borders the Pueblo of Zuni. There is no substantial reason to believe that the Zuni rate would deviate significantly from the Navajo rate. Therefore, it is likely that the Zuni rate, as the Navajo and Native American rates, is significantly higher than the rate for All Races and the White rate.
Low birth weight (deaths per 1,000 live births)	<ul style="list-style-type: none"> American Native rate is 6.8% White rate is 6.6% 	National Center for Health Statistics, 2000	9.5% of births had low birth weight	Aggregate years 1997-1999
Teens				
Education	<ul style="list-style-type: none"> 44 percent of all American Indian students drop out of high school, more than any other group in the country Native Americans have the lowest educational attainment of all groups in the U.S 	1999 data	10% of Zuni students drop out of school	Zuni Public School District – 1997-2002 data
Teen pregnancy	<ul style="list-style-type: none"> American Indian and Alaska Natives who are new mothers and under 17 years of age are a proportionately larger subgroup when compared to other racial and ethnic groups 45% of American Indians experience their first birth as teenagers The overall U.S. teen pregnancy rate was 90.7 per 1000 teen girls aged 15-19, or 9% 	<ul style="list-style-type: none"> 1995 data 1996 data 1997 data, Centers for Disease Control and Prevention 	Of all resident live births, 21.4% were to mothers less than 20 years of age	NM Vital Records, aggregate years 1997-1999. The Zuni rate is higher than the rate for the neighboring Navajo Nation with a birth rate of 16.8% to mothers less than 20 years of age
Poverty				

Thematic Area	National / American Native Data	Comments	Pueblo of Zuni Data	Comments
	On average, about 38.9% of American Indian and Alaska Native children (less than 18 years old) are living below the poverty line, almost double the poverty rate in the U.S. general population		28% of the population was employed but living below the poverty level	1999 data, U.S. Department of the Interior BIA, Office of Tribal Services
Mortality				
		Not available specifically for 0-6 age group		Not available
Family Employment				
		This indicator was not able to be calculated by the authors for American Native populations	67% Unemployment	1999 data, U.S. Department of the Interior BIA, Office of Tribal Services
Family Structure				
Single parent households	<ul style="list-style-type: none"> ▪ American Indians are noticeably less likely than either blacks or whites to live singly or with unrelated individuals in non-family households. ▪ About 23 percent of American Indians households consist of non-family units ▪ Approximately 27 percent of Black and White households consist of non-family units ▪ About 18 percent of Indian households are headed by a single female householder 	1998 publication	14% of the total number of families in the Pueblo include a single mother (children under 18 years of age) as head of household	U.S. Census Bureau, Census 2000

Zuni-Specific Data

The information below lists data on Zuni community demographics, community indicators for children exposed to violence, Zuni children who experience violence, and violence witnessed by Zuni children. Some of the data is listed in the table above, in order to compare Zuni children's well-being with that of other children in the U.S. The data below provides a broader and more comprehensive assessment of the Pueblo, beyond the six thematic areas.

Community Demographics

- Total Population of Zuni Pueblo is 7,749 (US Census Bureau, Census 2000).
- Almost 95% of all residents in the pueblo are Zuni (June 2002 Zuni Pueblo Census data).
- The total population of Zuni children ages 0-6 is 939, or approximately 12% of the overall population (US Census Bureau, Census 2000).
- Household and family size – the average size per household and family is 4 individuals (U.S. Census Bureau, Census 2000).

Community Indicators for Children Exposed to Violence

- Unemployment – 67% in 1999 (U.S. Department of the Interior BIA, Office of Tribal Services)
- Below poverty level – in 1999, 28% of the population was employed but living below the poverty level (U.S. Department of the Interior BIA, Office of Tribal Services)
- Everyone who is enrolled in the Zuni Pueblo is eligible for health care services through contract health. Some pueblo members have Medicaid coverage as well in case services outside of the Indian Health Services (I.H.S.) are required. I.H.S. is responsible for all somatic and mental health services for the Zuni Pueblo.
- Teen pregnancy - Zuni teens have an exceedingly high teen pregnancy rate. Of all resident live births, 21.4% were to mothers less than 20 years of age (NM Vital Records, aggregate years 1997-1999). This is higher than the rate for the neighboring Navajo Nation with a birth rate of 16.8% to mothers less than 20 years of age. The National teen pregnancy rate in the U.S. in 1997 was 90.7 per 1000 teen girls aged 15-19, or 9% (CDC&P).
- Intentional injury - The Zuni intentional injury rate is 2.3 times greater than national rate. Statistics for 2001 show that the Zuni intentional injury rate is 1,621 per 100,000, as compared to the National Rate for 1999 of 726 per 100,000 (National Center of Injury Control and Prevention at the CDC).
- DV Injury - Zuni DV Injury Rate per 100,000 was 398 in 2001, (National Center of Injury Control and Prevention at the CDC).
- According to ZCCHC statistics for 2001, 77% of domestic violence injuries were alcohol related.
- Pueblo births - For aggregate years 1997-1999 there were 444 pueblo births.
 - 18% of these had low/no prenatal care

- 9.5% of the births had low birth weight (less than 2500 grams)
 - 81% of these births were to single mothers
 - 27.5% were to mothers with less than 12 years of education
- (Office of New Mexico Vital Records and Health Statistics, Department of

Health)

- Infant mortality rate – not available for the Pueblo of Zuni. However, the data is available for the Navajo tribe with a rate of 9.7 per 1,000 and NM as a whole with a rate of 7.4%. There is no substantial reason to believe that the Zuni rate would deviate significantly from these rates.
- Psychological disorders/mental illness in the Pueblo –the Indian Health Service compiled a listing of the top ten mental health patient contacts for the period of Oct 1, 2001 through Sept 30, 2002. There were 1360 total patient contacts (this may include multiple visits by some patients). The three most common disorders were Depressive Disorder, accounting for 26% of all patient contacts; Psychological Stress, accounting for 14% of all contacts; and alcohol dependence accounting for 13% of all patient contacts.
- Housing
 - Approximately 33% of the homes in Zuni Pueblo are HUD homes
 - almost 62% of 1,848 occupied housing units are heated by wood stoves
 - 86 of the occupied homes lack complete plumbing facilities
 - 388 of the occupied homes have no telephone service

(Zuni Housing Authority, based on U.S. Census Bureau, Census 2000)

 - 76% of the 1,848 housing units are owner-occupied
 - 45% of the 1,637 families have children under 18 years of age

(U.S. Census Bureau, Census 2000).
- Single parent households – Of the total number of families in the Pueblo, 14% include a single mother of children under 18 years of age, as head of household (U.S. Census Bureau, Census 2000).
- Overall health and life expectancy - The average Zuni life expectancy is 47 years and a median age of 19 years. Zuni adults are diagnosed with chronic severe health problems including diabetes (the second leading cause of death), alcoholism, heart disease, mental and physical disabilities at approximately 4 times the national rate. Health records show accidents, many related to alcohol, are the leading cause of death for Zuni males (Zuni Public School District).
- Education - More than half the adults over the age of 25 have less than a high school education which indicates many lack basic requirements for employment. However, the drop-out rates have been under 10% for the past five years. Attendance rates in Zuni schools are at an average of 94.5%, higher than the average rates for the rest of the state. Even with high rates of attendance, it is apparent that the traditional mainstream strategies have not been effective with Zuni students as documented in student assessments and through actual experience in the district. There is a high number of English as a second language (ESL) learners in ZPSD. Results on the state's mandated achievement tests are low for Zuni students when compared to other New Mexico schools and districts. Zuni students consistently perform near the bottom of the New Mexico State Department of Education's accountability ranking on mandated achievement

tests. According to the results of testing 4th, 6th and 8th graders (n=284) in the Spring of 1999, close to eighty five percent (84.9%) of the students scored Partially Proficient (more than one grade below grade placement) in Language Arts; thirteen percent (13%) scored within the Proficient range (within one grade level of placement - either above or below); and only two percent (2.1%) scored as having language arts skills within the Advanced status (more than one grade level above grade level placement). The Math scores were even lower. More than ninety-five percent (95.8%) of the students scored as Partially Proficient; three and a half percent (3.5%) as Proficient; and less than one percent (.007%) as Advanced. (Zuni Public School District, 2003).

- Language Spoken at Home – According to the U.S. Census Bureau, Census 2000, for the Zuni population 5 years and over, 84% speak a “language other than English,” it can be inferred that the language that is spoken at home is Zuni. This also corresponds to anecdotal data provided by tribal members.
- Breastfeeding rate – According to the Zuni Women, Infants and Children (WIC) program, 90% of eligible women and children in the Pueblo attend the WIC program. Based on their January 2002 through June 2002 data, an average of 78% of infants were breastfeeding at six weeks; 49% of infants were breastfeeding at 6 months of age. The Zuni rate is higher than national statistics. According to the U.S. Department of Health and Human Services, Healthy People 2000 data, 62% of all mothers breastfed their infants in the early postpartum period; and 26% of all mothers were breastfeeding their infants at age six months.

Zuni Children who Experience Violence

- Suspicious Neglect or Abuse Related Injuries – 180 substantiated child maltreatment cases in Zuni (all ages); I.H.S. saw only 8 of these (I.H.S. Injury Data 2001 - injury chart review).
- CPS referrals in 2001 - for ages 0-6 = 178; for all ages = 446. Of the 446 cases 58 were referred to the courts, were related to substance abuse; 18 cases were for sexual abuse, 57 were DV in the home, 96 were for child neglect, 44 were for child abuse (Zuni CPS data).
- Substantiated maltreatment cases – 42% of Zuni referrals become substantiated (based on BIA 2002 figures); as compared to only 30% (based on NM Children, Youth, and Family Department CPS 2000 figures) for the state of NM as a whole.
- Meaningful differences should be noted between Pueblo data for 2001 and 2002. Data for 2002 had only been collected for the first three quarters at the time of the community assessment, and many of the numbers for the three quarters of 2002 were already higher than those for 2001. For e.g., the number of total referrals was 529 in the first three quarters of 2002 (as compared with 446 in the full year 2001); in 2002 there were 112 neglect cases reported, as compared to 96 in all of 2001.

Violence Witnessed by Zuni Children

- Witnessing – according to Zuni 2001 CPS data, 57 children witnessed DV.
- Hand count of DV police reports - a hand count of all DV police reports by Zuni Safe Start staff was conducted for June through Dec 2002.
 - 184 calls regarding DV were investigated by Zuni police
 - in almost all of the reports of the 184 calls, the police made note of whether or not a child was present in the home
 - a total of 46 children (unduplicated count) were reported to have witnessed DV in the police reports
 - the police conducted five follow-ups on these calls
 - 26 referrals were made to CPS
- Women's shelter – 26 children ages 0-6 stayed at the New Beginnings women's shelter in 2001.

Section Conclusion

Qualitative data suggest that the Pueblo of Zuni has many protective factors, many of which are unique to our community, to limit its children's exposure to violence. However, numerous risk factors exist, many of which relate directly to the system's ability to deal with growing community needs.

Quantitative data suggests, that overall, the children and families in the Pueblo of Zuni are similar to other Native American groups in their well-being and maltreatment

indicators. This also means that in almost all areas Zuni children are faring significantly worse than other children in the U.S.

Vision Statement of the Pueblo of Zuni Safe Start Initiative

To create, through collaborative planning and coordination of community resources, a culturally sensitive system to enhance child advocacy, community prevention and intervention services.

This system will protect Zuni children and their families and effectively address the needs of those that have been victimized or exposed to violence.

Summary of Implementation Strategies

Activity
System Coordination
Conduct cross training and establish communication forums to enhance cross-disciplinary communication concerning the impact of violence on young children
Build on case-based analyses to assess current services, processes, resources, barriers and effectiveness of current system response to families with children ages 0-6 impacted by violence to identify key intersection points for change.
Develop common documentation, referral and assessment procedures and instrumentation
Identify coordinating structures, including possible lead agency, for “no wrong door” entry protocol. Incorporate review of promising practices with Zuni-based processes
Enhanced Program Services
Primary Prevention: Identify, adapt and implement effective strategies to reduce exposure to violence and the negative sequelae of exposure. Coordinated with Strategy 4.
Assessment: Identify, adapt and implement effective strategies for assessment. Goal is to establish a “no wrong door” intake experience for children and families. Identify tools and procedures for common referral and assessment across collaborating agencies.
Intervention/Treatment: Identify, adapt and implement effective strategies to reduce the negative sequelae of exposure. Coordinate with drug/alcohol treatment – identified as a leading correlate of domestic violence in the Zuni community.
Training and Technical Assistance

Activity
Training and Technical Assistance plan will be revised on a quarterly basis to ensure and allow adequate time for implementation of trainings.
Provide training activities for service providers that will enhance their ability to appropriately identify, refer, and treat children impacted by violence.
Prevention through Community Action and Awareness
Increase public awareness of how violence affects children, and what the community as a whole can do to reduce prevalence and exposure to violence and to help children and families.
Develop public service announcements, school-based strategies; target churches and other places of community involvement.
Increase awareness on the part of professionals and formal and informal community leaders. Coordinated with TTA plan.
Policies and Procedures
Identify and address policies and protocols related to services that support children, ages 0-6, exposed to violence in the home.
Develop, as necessary, policies and procedures to allow and facilitate coordinated assessment and referral ("no wrong door") and information sharing among collaborative partners.
Develop fidelity tracking approach to identify gaps between policies and practice with goal of supporting staff in working effectively and in alignment with goals of project.
Project Management
The management and oversight structure developed during Planning Phase will be maintained. Ongoing collaborative reviews will be conducted to ensure that management structures ensure that the implementation of project activities is accomplished with integrity and speed.
Working subcommittees will be identified on an ongoing basis to facilitate rapid discovery, review, adaptation and implementation of all strategies.
Resource Development to Support Sustainability
Sustainability poses special issues for the Pueblo of Zuni due to the community's small size, relative isolation, and limited capacity to generate fiscal resources from taxes. Sustainability will be addressed through an iterative process from the first stages of implementation, to ensure that the vision and goals of Safe Start are maintained in the community. The project will apply three types of strategies for long-term sustainability: fiscal, programmatic, and evaluation.

