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# Senate Committee on Indian Affairs Hearing on the REAUTHORIZATION OF THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT

Washington, D.C.  
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## Oral Statement of the Indian Health Service

by

**Charles W. Grim, D.D.S., M.H.S.A.**

**Assistant Surgeon General  
Director, Indian Health Service**

Mr. Chairman and Members of the Committee: Good morning. I am Dr. Charles W. Grim, Director of the Indian Health Service. I am accompanied today by Dr. Jon Perez, the Director of the IHS Division of Behavioral Health. I am pleased to have this opportunity to testify on behalf of Secretary Thompson on Senate Bill 1601, the Indian Child Protection and Family Violence Prevention Act of 2003. With your concurrence, I will submit my written testimony for the record and will speak briefly this morning.

Thirteen years ago, this Committee authorized the Indian Child Protection and Family Violence Prevention Act because the incidence of abuse of children on Indian reservations was underreported; because many perpetrators of sexual abuse of children on Indian reservations were federal government employees; and because funds were inadequate to meet the increasing needs for mental health treatment and counseling for victims of child abuse and family violence. This Act was passed to help preserve the continued existence and integrity of Indian Tribes by protecting American Indian and Alaska Native children and families.

Thirteen years later, these reasons, while somewhat diminished, are still valid reasons to reauthorize the Indian Child Protection and Family Violence Prevention Act. Indian country has higher rates of child abuse and domestic violence than other population groups in the United States. Child abuse and Family Violence are crimes, and there are tribal, state, and federal laws that address the criminal aspects of these behaviors. The Indian Child Protection and Family Violence Prevention Act enables us to undertake treatment and prevention program activities to reduce the risk factors associated with child abuse and family violence.

Available statistics indicate an alarmingly high level of child abuse and family violence in Indian country, and the Child Protection and Family Violence Prevention Act gives us an opportunity to do something about it. And we must do something.

Abuse and neglect have short- and long-term consequences. And “long-term” means a lifetime of physical and psychological scars.

*This is an unofficial copy of Dr. Grim’s oral statement at the Senate Committee on Indian Affairs hearing on Wednesday, September 24, 2003, in Washington, D.C., on the Reauthorization of the Indian Child Protection and Family Violence Prevention Act. It should be used with the understanding that some material may have been added or omitted during presentation. The official copy of the oral statement is contained in the Congressional Record of the hearing. Refer to Dr. Grim’s written statement for additional testimony information.*

Experiencing abuse, neglect, or violence – *or even its threat* – increases the risk of the victim becoming a perpetrator of violence. Children who have experienced such abuse are also at increased risk for experiencing adverse health effects and behaviors as adults – including smoking, alcoholism, drug abuse, physical inactivity, severe obesity, depression, suicide, sexual promiscuity, certain chronic diseases, and of being a perpetrator of abuse. As we all know – these health effects and behaviors are also risk factors for many other multiple diseases and chronic conditions.

And the consequences of child abuse and neglect can be seen throughout the life cycle. Among our youth who are incarcerated, there are a large number who were victims of child abuse and neglect.

Abuse is obviously a cyclic process— we must protect our children and our families from violence, and we must provide treatment if we are to break this cycle. There is no simple solution. There are many factors commonly associated with abuse and neglect, but the presence of these factors alone does not guarantee abusive situations will develop. But if we can reduce the risk factors, we may also reduce the incidence of child abuse and family violence and can break the cycle of abuse and its consequences.

The Indian Health Service has been a partner, with five Tribes, in funding grants to establish programs for child protective services, child abuse prevention, family violence prevention, and abuse prevention and identification education programs. The programs developed from these grants incorporated culturally relevant aspects of prevention programs that have shown some positive effectiveness in reducing abuse and violence – programs of home visiting and family intervention, parent education, and school-based programs for the prevention of child sexual abuse, which appear to increase the number of children more likely to use protective strategies.

The IHS also funded the development of a child protection technical and training manual for use in Indian Country. In addition, the Administration for Children and Families, Office of Child Abuse and Neglect, with the Department of Health and Human Services, funded the *Making Medicine* project that has trained 150 professionals on providing culturally sensitive treatment to Indian victims of child physical and sexual abuse, and these professionals are working with American Indian and Alaska Native communities around the country.

And the IHS has established an inter-agency agreement with the Department of Justice, Office of Victims of Crime, for a four-year training program for IHS physicians and nurse practitioners in the application of forensic and telemedicine equipment in child sexual abuse cases.

In addition, as required by the current and the proposed Act, the IHS has published an Interim Final Rule establishing minimum standards of character for IHS employees, volunteers, and contractors, who are in positions identified by the IHS as involving regular contact with or control over American Indian and Alaska Native children.

The rate of child abuse and family violence in Indian country is high. It is unacceptable. It happens for many reasons. But it does not happen in isolation from the economic and social problems faced by Indian country – resulting in poverty, lack of resources, limited opportunity, and a sense of hopelessness and isolation at times. The reauthorization of the Indian Child Protection and Family Violence Prevention Act, as I mentioned earlier, will continue to help us protect our children and treat the survivors of family violence and abuse. And it will take further investment in a broad range of federal and tribal programs to achieve the goal of prevention. The Department and the IHS are committed to working with you to achieve the goal of prevention.

This concludes my oral statement. I would be pleased to answer any questions you or other members of the Committee may have.

Thank you.

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