

**House Natural Resources Committee
Subcommittee for Indigenous Peoples of the United States
Legislative Hearing on H.R. 4957 – Native American Child Protection Act
November 13, 2019
Questions for the Record
Indian Health Service –RADM Brandon Taylor**

Questions for the Record from Rep. Bishop

1. Your testimony mentions the domestic violence prevention program you manage. Can you expand more on why this program does not help prevent child abuse cases?

IHS Response:

There is a strong link between domestic violence in the home and serious child abuse injuries. Any efforts to prevent and strengthen the responses to domestic violence will have a positive impact on the safety and wellbeing of children within tribal communities. As mentioned in the testimony, “the program does not specifically focus on treatment and recovery of child abuse and neglect victims,” which does not mean the Domestic Violence Prevention Program (DVPP) is ineffective in preventing child abuse cases.

Under DVPP, formally known as the Domestic Violence Prevention Initiative, target groups and services provided are largely based on project activities proposed by the grantees. While many grantees focus on domestic violence prevention programs and activities for children, not all grantees have this focus. Some projects may collect data related to child abuse as a result of documented domestic violence, or for children treated for sexual abuse within a forensic health care program funded under DVPP. In addition, many of the DVPP projects have included education and training programs to prevent intimate partner violence and teen dating violence, which can be seen as a form of child abuse. This is done to increase awareness and guide programs and services with children and youth. Many of the DVPP projects funded include prevention curriculums, activities, and practices to protect a child from being abused.

Moreover, forensic health care programs funded under DVPP provide pediatric forensic exams to victims of sexual abuse. This effort is not necessarily prevention of child abuse but treatment of a form of child abuse.

2. According to National Indian Child Welfare Association testimony, no Administration since 1990, Democrat or Republican, has ever requested funding for any of the Indian Child Protection and Family Violence Prevention Act, why is that?

IHS Response:

While I cannot speak to the decisions made by prior administrations, currently, the Indian Health Service (IHS) budget advances our mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

3. While Congress has failed to appropriate funds for the Indian Child Protection and Family Violence Prevention Act, what other steps have the Bureau of Indian Affairs and the Indian Health Service taken to prevent, reduce, or provide treatment for victims of child abuse, neglect, etc.?

IHS Response:

The IHS has strengthened our response to child abuse in several ways.

The IHS released its new policy on Child Maltreatment (Indian Health Manual (IHM) Part 3, Chapter 36) in September of 2019. The policy establishes clinical guidance and training standards for health care providers related to identification, assessment, treatment, and community response to all forms of child maltreatment. This chapter incorporates American Academy of Pediatrics, Department of Justice (DOJ), and Centers for Disease Control and Prevention updates regarding care of pediatric patients that have experienced abuse. The policy is also aligned with the DOJ and the International Association of Forensic Nurses regarding training standards for forensic examiners working with pediatric patients.

The IHS is currently developing its policy on trauma-informed care that will establish guidance to ensure the appropriate incorporation of trauma-informed care in IHS service delivery. Through the use of trauma-informed intervention models services, IHS can enhance its capacity for promoting relational well-being by appreciating the importance and connection between a caregiver and client's well-being in addressing when trauma care is received.

The IHS also funds an annual contract with the International Association of Forensic Nurses with an annual budget of approximately \$650,000. The contract supports training of forensic examiners including pediatric sexual abuse forensic examiners. The contract also supports clinical skills experiences for IHS pediatric forensic examiners, whereby providers gain clinical experience performing pediatric exams in three of our nation's high-volume pediatric sexual abuse clinics. Webinars are offered quarterly for continuing education credits related to forensic health care subjects like forensic photography, strangulation, human trafficking, and pediatric physical abuse. The contract also supports a monthly peer review session in which forensic examiners collaboratively review responses to recent pediatric sexual abuse cases with a goal of peer development and support.

The IHS is also taking steps to protect children when they come to our facilities to receive care. In February 2019, IHS released its policy on Protecting Children from Sexual Abuse by Health Care Providers (IHM Part 3, Chapter 20). This policy applies to all Indian Health Service (IHS) health care providers, including (but not limited to) employees, volunteers, and contractors. The policy covers sexual abuse, or reasonable suspicion of sexual abuse, committed at any location by any provider working for the IHS. This policy clearly defines responsibilities, professional boundaries and reporting requirements of all employees if child abuse is suspected or witnessed. In mid-2019, IHS developed and training on the new policy, which is mandatory for all IHS employees, volunteers, and contractors.