

Date: November 13, 2019

Testimony in support of H.R.4957 - To amend the Indian Child Protection and Family Violence Prevention Act. Gallegos; 116th Congress (2019-2020)

Submitted to House Committee on Natural Resources

Submitted by Art Martinez, Ph.D.; Chumash, Clinical Psychologist, Tribal law and Policy Institute; 1021 South Carson St.; Carson City, NV. 89701

Honorable Committee Chairperson, committee members and staff;

My name is Dr. Art Martinez, I come before this committee today to voice my support and the support of Tribal Law and Policy Institute for H.R.4957 - To amend the Indian Child Protection and Family Violence Act. I also support this bill as a member of the Chumash tribe and a clinical psychologist. As you may infer, I share a unique melding of cultural and clinical experiences. While I am here representing the Tribal Law and Policy Institute, I want to note that I am doing this on my own time and no federal funds were used for my time or travel here today to testify. As a Clinical Psychologist, I have devoted 30 years of service to American Indian children and families in the prevention and treatment of child abuse and neglect.

I come before you as a representative of the Tribal Law and Policy Institute. The Tribal Law and Policy Institute (TLPI) is a 100% Native American operated non-profit corporation organized to design and deliver education, research, training, and technical assistance programs that promote the enhancement of justice in Indian country and the health, well-being, and culture of Native peoples. We seek to facilitate the sharing of resources so that Native nations and tribal justice systems have access to cost effective resources that can be adapted to meet the individual needs of their communities. We strive to establish programs that link tribal justice systems with other academic, legal, and judicial resources such as law schools, Indian law clinics, tribal colleges, Native American Studies programs, Indian legal organizations and consultants, tribal legal departments, other tribal courts, and other judicial/legal institutions. Through these collaborative alliances, we are implementing a synergistic approach to the delivery of services to Indian Country - accessing a wealth of talent and resources. Our mission is to enhance and strengthen tribal sovereignty and justice while honoring community values, protecting rights, and promoting well-being. Our vision is to empower Native communities to create and control their own institutions for the benefit/welfare of all community members now and for future generations<sup>1</sup>.

I hope that my personal and professional experiences might allow some context to my testimony today. I have served as an expert witness in more than 3500 cases including cases in nearly every California superior court, in courts in over 30 other states, in federal district courts, and in many tribal court jurisdictions. I served as the clinical psychologist and Head of Service of several tribal mental health programs. I have served as a director of several federally and state funded programs attentive to the conditions of childhood and family trauma in Indian country. I have served as a senior advisor to several nationally impacting federally funded programs and contracts. I have also served as the executive and clinical director of The Child and Family Institute, a principal Mental Health contractor for Sacramento County Child Protective and Children's Mental Health Services. I previously founded and directed the

---

<sup>1</sup> For more information concerning the Tribal Law and Policy Institute, see [www.home.TLPI.org](http://www.home.TLPI.org).

Washoe Family Trauma Healing Center in Gardnerville, Nevada. This center served as the primary provider of mental health and child assessments for dependency matters for tribal court jurisdictions in the State of Nevada. I served as a nationally known collaborator in programs involving trauma informed care, Native American specific service planning, Native American Family Dynamics, Indian Child Welfare, Native American Child Development, and Native American Traditional values and health interventions. My experiences in the treatment and in program development to address the multiple needs of treatment, intervention and prevention of child maltreatment in Indian country and in Native communities - be they federally recognized or unrecognized. My professional and personal experiences have taught me many lessons over my 30 years as a clinical psychologist and 45 years addressing Indian child welfare issues.

I come before you today representing the many Tribal children and families whom I have had the honor of treating over the years that cannot be here to speak for themselves. I stand with many Tribal agencies in voicing my support for this importantly needed amendment to the Indian Child Protection and Family Violence Prevention Act.

### **Significance of the Statute and Legacy**

It is in that light that I come before you not requesting but imploring your support of H.R.4957 (Native American Child Protection Act) - To amend and reauthorize the Indian Child Protection and Family Violence Prevention Act of 1990.

While chairing a prior reauthorization hearing<sup>2</sup>, the late Senator John McCain, then Chairman of the U.S. Senate Committee on Indian Affairs, provided the following explanation concerning the scope and legislative history<sup>3</sup> of the Indian Child Protection and Family Violence Prevention Act of 1990:

“Today we will address S. 1899, The Indian Child Protection and Family Violence Prevention Act reauthorization. This bill provides a 4-year reauthorization of appropriations for child sexual abuse prevention and treatment grants; requires data collection to identify the scope of child abuse and family violence in Indian country; and encourages interagency coordination between public and private medical organizations in the treatment and examination of children through the use of tele-medicine. The Indian Child Protection and Family Violence Prevention Act was enacted in 1990 in response to the findings of the Senate Select Committee on Indian Affairs and the Special Committee on Investigations that certain BIA schools had become safe havens for child abusers. The investigation of these crimes revealed that the perpetrators knew that the reporting and investigation of these heinous acts were in such a sorry state that they would rarely be detected. Needless to say, the impact of this neglect on child victims, their families and their communities were lasting and tragic. The 1990 Act mandated the reporting and investigation of child abuse and required character investigations of BIA, IHS and tribal employees who were in contact with children. In addition, the Act authorized appropriations to establish a prevention and treatment program to be operated by the BIA and IHS and by tribes,

---

<sup>2</sup> See <https://www.indian.senate.gov/sites/default/files/upload/files/March152006.pdf>.

<sup>3</sup> For more detail concerning Senator McCain’s reference to Bureau of Indian Affairs (BIA) schools becoming safe havens for child abusers, see *Chapter 2: Child Abuse in Federal Schools* pages 89-104 of *A Report of the Special Committee on Investigations of the Select Committee on Indian Affairs*, Senate Report 101-216 (1989) (available at: <https://files.eric.ed.gov/fulltext/ED325263.pdf>).

which authorizations expired in 1997. Even before 1997, however, many of the programs provided for in the act never materialized. Although the obligation for character investigations is still in effect, it is unclear whether these are being conducted regularly; whether professionals who are required to report incidents of child abuse are actually doing this; and whether the mandatory investigations of these reports are occurring is also unclear. What we do know is that the grants and programs envisioned by the bill to address child abuse and family violence have received very little funding since 1990. ...”

It is crucial to note that the United States government – by enacting the Indian Child Protection and Family Violence Prevention Act of 1990 – solemnly promised American Indian and Alaska Native (AI/AN) nations and communities \$43 million per year in funding authorization to address the massive problems identified by the U.S. Senate Committee on Indian Affairs. Tragically, however, only a few hundred thousand dollars was ever actually appropriated in the nearly 30 years since the Act was enacted in 1990. There would have been **nearly \$1.3 billion** provided to fund vital Indian Child Protection and Family Violence Prevention programs over the course of the last 30 years if the promised **\$43 million per year** had actually been provided as promised.

This extension of a national commitment made so long ago would be a major step in addressing and healing child and family trauma in Indian country. This legislation would utilize and recommit the identified federal agencies to the reduction of child maltreatment and the predisposing factors of family trauma. The history of this Act leads back 30 years in setting standards for protection of Indian communities and children. In this way, the Act has served well in the care in hiring and regulation of risks for which Tribal communities struggle to defend children and families. Yet there have been has been a promise of services to remediate, protect and treat child maltreatment that has never been realized. This flaw in implementation has left Tribal services with a keen sense of the risks and predisposing factors of child maltreatment with little resources with which to address these risks. While the focus of the current legislation is on Tribal services in Indian country, this bill also extends the efforts of remediation and risk reduction to Native families - be they rural or urban. It extends and further refines the mandates of the Indian Child Protection and Family Violence Prevention Act. With desperately needed recommitment to coordination of federal efforts, the bill more clearly defines the role of the National Indian Child Resource and Family Services Center to champion this effort with the consultation of tribes and the Center Advisory Board.

Importantly this recommitment to the standing statute holds the promise of empowering the legislative commitment with the realization of resources needed in order to deliver upon the promise of increased safety for Indian children across the country. These resources will serve to empower prevention and treatment services needed to build a foundation of care for the treatment and prevention child maltreatment. The legislation will allow a refocusing of resources in numerous ways to the national legacy of inattentiveness to the ongoing traumatic and adverse experiences of Indian children and families. The legislation would be an important step in the healing process of multigenerational effects of trauma in Indian country.

To define these multifaceted needs, I have attempted to refine these comments to the significant considerations that impact the need for this recommitment. These important considerations include the issues of Intergenerational trauma, federal stewardship, disproportionality of impact of child maltreatment on tribal families, disparity of funding and resources in the prevention of child maltreatment in Indian country, the ongoing impacts of domestic violence and child maltreatment, the interdependent relationship between maltreatment, poverty and substance use, and the lack of

culturally engaged treatment and prevention methodology due to a lack of governmental sanction of these evidence supported methods.

### Regarding Issues of Intergenerational Trauma

An understanding of the experience of Native Americans throughout the nation would be misguided without considering the cultural effect of historic trauma. Most Natives of North America have a shared experience of survivorship from waves of traumatic experiences. A long history of cultural suppression, and oppression of tribal family traditions has had devastating effects on the mental health of Native Americans. Social and familial foundations based upon culture have deteriorated in the course of various waves of assaults and insults upon culture. Tribal Nations and communities through tens of thousands of years have found strength of family developed from their stories of creation and cultural traditions. This resilience of cultural familial ways is formed with strong cultural boundaries of respect and honor that governed issues of conflict or family. It is the experience of most Native families today that the legacies of cultural termination attempts and other cultural assaults have served as decays of strength that deserve attention. The cultural resilience that Native people once enjoyed as a function of balance of family, community, and health is slowly being regained through cultural knowledge bearers. This dynamic of cultural insults necessitates that the norms of tribal traditions be emphasized in both efforts of prevention, healing and remediation. Cultural survivance and familial strength are often times seen as significant foundations for the building of health, recovery, and resilience. Some authors have written extensively about this dynamic of intergenerational loss and its effects upon the Tribal families.

Brown-Rice<sup>4</sup> explains why some Native American individuals and families are subjected to substantial difficulties,

“Brave Heart and DeBruyn (1998)<sup>5</sup> put forth the concept of *historical trauma*. The current problems facing the Native American people may be the result of “a legacy of chronic trauma and unresolved grief across generations” enacted on them by the European dominant culture (Brave Heart & DeBruyn, 1998)<sup>6</sup>. The primary feature of historical trauma is a transferred to subsequent generations through biological, psychological, environmental, and social means, resulting in a cross-generational cycle of trauma (Sotero, 2006)<sup>7</sup>. The theory of historical trauma has been considered clinically applicable to Native American individuals by counselors, psychologists, and psychiatrists<sup>8, 9, 10</sup>(Brave Heart, Chase, Elkins, & Altschul, 2011; Goodkind, LaNoue, Lee, Freeland, & Freund, 2012; Myhra, 2011). In my clinical experience and my

---

<sup>4</sup> The Professional Counselor Volume 3, Issue 3, Pages 117–130 <http://tpcjjournal.nbcc.org>

<sup>5</sup> Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*

<sup>6</sup> Ibid.

<sup>7</sup> Sotero, M. M. (2006). A conceptual model of historical trauma: implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93–108

<sup>8</sup> Brave Heart, M., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, 43(4), 282–290.

<sup>9</sup> Goodkind, J., LaNoue, M., Lee, C., Freeland, L., & Freund, R. (2012). Involving parents in a community-based, culturally grounded mental health intervention for American Indian youth: Parent perspectives, challenges, and results. *Journal of Community Psychology*, 40(4), 468–478.

<sup>10</sup> Myhra, L. L. (2011). “It Runs in the Family”: Intergenerational transmission of historical trauma among urban American Indians and Alaska Natives in culturally specific sobriety maintenance programs. *American Indian and Alaska Native Mental Health Research*, 18, 17–40.

experience as a researcher the past atrocities suffered by the Native American people are connected with the current problems in the Native American community. The experience of culturally engaged care provides an avenue for remediation of the impact of trauma on an individual's physiological functioning and cross-generational transmission of trauma. As a result of the loss of people, land, and culture, a systematic transmission of trauma to subsequent generations occurred that has resulted in historical loss symptoms for many Native American individuals (Brave Heart et al., 2011; Whitbeck et al., 2004). Specifically, the traumatic events suffered during previous generations creates a pathway that results in the current generation being at an increased risk of experiencing mental and physical distress that leaves them unable to gain strength from their indigenous culture or utilize their natural familial and tribal support system<sup>11</sup> (Big Foot & Braden, 2007).

Kathryn Brown-Rice in her examination of intergenerational traumatic effects concludes:

“Large numbers of the Native American population continue to suffer from severe psychological, economic, social, environmental and physical distress. The theory of historical trauma provides professional counselors a framework to understanding the current issues that are invading the Native American people and their culture. Specifically, practitioners working with this population should understand how the historical losses suffered generations ago have resulted in historical loss symptoms being transferred to subsequent and current generations of Native Americans. The concept of historical trauma is “collective and multilayered rather than being solely centered on an individual” and this differs from a “typical Eurocentric perspective of illness and treatment, which tends to reduce suffering to discrete illnesses with individual causes and solutions”<sup>12</sup>(Godkind, Hess, Gorman, & Parker, 2012, p. 1021). Therefore, professional counselors should adapt evidence-based practices by applying tribal-specific healing strategies, community support, and approaches that incorporate validation of grief and loss associated with historical traumas (Brave Heart et al., 2011). Failure of professional counselors to deepen their understanding of this population would continue the disparity of Native clients receiving competent behavioral health services and facilitate the continuation of the cycle of historical trauma to future generations.”<sup>13</sup>(2019)

Just as survivors of family trauma or abuse are worked with therapeutically to “find their voice” as a foundation to the treatment of trauma, Native families have increased success in outcomes, if in my experience, when such therapy or prevention strategy is culturally engaged and empowered.

### **Federal Stewardship**

Mr. Chairman, as the committee may know the federal government provides a critical role in the remediation of trauma and in the prevention of child maltreatment in Indian country. As the National Congress of American Indians so aptly put this in the annual budget request of 2018:

---

<sup>11</sup> BigFoot, D., & Braden, J. (2007, Winter). Adapting evidence-based treatments for use with American Indian and Native 128 The Professional Counselor\Volume 3, Issue 3 Alaskan children and youth. Focal Point, 21(1), 19–22

<sup>12</sup> Ibid page 1

<sup>13</sup> Ibid. page 1

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.” Therefore, Congress must promulgate a budget that empowers tribes to provide programs and services necessary to safeguard their children and strengthen their families. A report from the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence emphasized this very point: Congress and the executive branch shall direct sufficient funds to AI/AN tribes to bring funding for tribal criminal and civil justice systems and tribal protection systems into parity with the rest of the United States and shall remove barriers that currently impede the ability of AI/AN nations to effectively address violence in their communities. The Advisory Committee believes that treaties, existing law, and trust responsibilities are not discretionary and demand this action. Tribal child welfare programs are comprised of a number of “discrete, yet interconnected” functions that include child abuse prevention, child protection, case management, foster care, foster home recruitment, permanent placement, court hearings, ICWA coordination and collaboration, and referrals to other services. Tribal child welfare programs work tirelessly to successfully serve children and families through holistic, strengths-based, culturally responsive, and family-centered services throughout these various endeavors. Throughout Indian Country, tribes implement innovative child welfare services such as family group decision-making processes, peacemaking courts, Positive Indian Parenting classes, culture camps, and customary adoptions to protect and support children while keeping them connected to their families and communities. In providing these services, a great number of tribes work simultaneously in numerous jurisdictions across the country, to improve coordination with state and private child welfare agencies and court systems. Tribes' enduring service to children, families, and communities persists in the face of elevated risk factors for child abuse and neglect. Congress must prioritize the safety and well-being of all children. According to the advisory committee, “AI/AN children are generally served best when tribes have the opportunity to take ownership of the programs and resources they provide.”<sup>14</sup>

In my clinical, and professional, experience without significant focused resources to not only treat but to prevent child maltreatment in Indian country countless children will be harmed by this lack of attentiveness.

### **Disproportionality of Impact of Child Maltreatment on Tribal Families,**

As delineated in the NCJFCJ analysis of data American Indian / Native Alaskan children are overrepresented in foster care at a rate 2.7 times greater than their proportion in the general population. This means that although AI/AN children are just 0.9% of all children in the United States they are 2.1% of all children who are placed outside their homes in foster care.<sup>15</sup> In my experience this disproportional impact of child maltreatment on Indian families is due primarily to conditions of neglect. These conditions are often due to risk factors within the family but predominantly carried by the parents. Often these risks to families are highlighted by consistent histories of previous involvement with Child Protective Services, previous parental/caregiver involvement with law enforcement, parental drug/alcohol concerns, parental mental health concerns, employment status, financial status/concerns,

---

<sup>14</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2014

<sup>15</sup> Woods, S. & Summers, A. (2016). Disproportionality rates for children of color in foster care; National Council of Juvenile and Family Court Judges: Reno, NV

inadequate community support systems, and Intimate partner violence. The literature appears to add credence to these observations.

In my experience, childhood involvement with child welfare services is commonly shared as an experience amongst Indian parents. This is likely explained by the removal of Indian children from their families through a multitude of agencies - predominantly Indian boarding schools and child welfare services. In recent memory, a whole generation of Indian parents shared an experience of removal to boarding and religious based schools for the purpose on eliminating the cultural heritage and ways of family. The children of that era often share experiences of physical, emotional and sexual abuse which were all too common in the schools. The Indian Child Protection and Family Violence Prevention Act was enacted, in part, to initiate safety for Indian children in these often-forced environments. In my experience, whether there was a direct experience of abuse in the boarding schools by individual survivors, the experience of being removed from family and forcibly placed in a residential school in itself increases the risk in effective parenting for the survivors. This was then followed by generations of forced removal by predominantly state child welfare services agencies whom removed Indian children first and found a logic for the removal later. Now, in the children of these generational experiences we see risk for neglect predominantly. This neglect may often stem from the adverse experiences of the parent involved with the child welfare system. We often see predisposing factors of learned helplessness, depression, anxiety, and substance abuse in the adult survivors of these placements and of the system of investigations that may or may not have involved placement.

Previous parental/caregiver involvement with law enforcement is well known as a predisposing factor for a myriad of life, family and social skills challenges. Gjelsvik, Dumont (2014) and other investigators have found that in the general population living with an incarcerated household member during childhood is associated with higher risk of poor familial quality of life during adulthood, suggesting that the collateral damages of incarceration for children are long-term<sup>16</sup>. As Indian adults have disproportionately been incarcerated and detained particularly in non-tribal jurisdictions the involvement with law enforcement is not only common but often is an experience of targeting rather than assisting.

Parental drug/alcohol concerns are often a co-occurring dynamic in at risk families. While the history of substance use among Indian individuals is well known, the important message of the abuse of substances may be missed. Substance abuse in Indian parents and other adults is far too often a symptom of post trauma response and intergenerational trauma transference. While substance abuse is a known risk factor for child abuse and neglect, the core issues of mental treatment and trauma recovery may be as important in addressing the core risks to the stability of the family. In an important study Koss, Yuan, et al.<sup>17</sup> found that there were significant tribal differences in rates of alcohol dependence and several adverse childhood exposures based upon cultural factors.

---

<sup>16</sup> [Gjelsvik A, Dumont DM, Nunn A, Rosen DL](#); Adverse childhood events: incarceration of household members and health-related quality of life in adulthood. [J Health Care Poor Underserved](#). 2014 Aug;25(3):1169-82. doi: 10.1353/hpu.2014.0112.

<sup>17</sup> Koss, M. P., Yuan, N. P., Dightman, D., Prince, R. J., Polacca, M., Sanderson, B., & Goldman, D. (2003). Adverse childhood exposures and alcohol dependence among seven Native American tribes. *American Journal of Preventive Medicine*, 25(3), 238–244.

## Hope in addressing the disparity of funding and resources in the prevention of child maltreatment in Indian country

The disparity of funding, support and therapeutic resources among Indian communities and tribes is well known. This is in large part due to the inadequate funding of services and by the lack of utilization of culturally engaged care for families.

Bigfoot, Schmidt in their 2010<sup>18</sup> study found that recent research has identified the disparities in mental health services for American Indian and Alaska Native populations. The New Freedom Commission on Mental Health reported that the United States mental health system has yet to meet the needs of racial and ethnic minorities, including American Indian and Alaska Native populations<sup>19</sup> (NFCMH, 2003). The system of services for treating mental health problems in Indian country is a complex and inconsistent set of tribal, federal, state, local, and community-based services<sup>20</sup> (Manson, 2004). The need for mental health care is significant, but the services are lacking, and access can be difficult and costly. American Indian and Alaska Native (AI/AN) children are more likely to (a) receive treatment through the juvenile justice system and inpatient facilities than non-Indian children, (b) encounter a system understaffed by specialized children's mental health professionals, and (c) encounter systems with a consistent lack of attention to established standards of care for the population.

### Closing Statement

Mr. Chairman, as the committee may know the federal government provides a critical role in the remediation of trauma and in the prevention of child maltreatment in Indian country. As you may know there is an appalling disconnect between initial and subsequent funding in this legislation and the provision of the initial statute and the Indian Child protection and Family Violence Prevention Program. These initial promises of 30 years ago were intended to provide \$43 million dollars per year of initial funding for programs with increasing commitment of funds over the following years. It has now been nearly 30 years and these initial commitments of funds have not yet been realized. Please take this opportunity to correct this important injustice. I say injustice as I remember and continue to see the ramifications of serial physical and sexual abuse that occurred in boarding schools, foster care and institutional care with Indian children. I say ramifications due to my experience that these horrific abuses, well known 30 years ago, have had exponential effects on Indian families and children. These effects show themselves as operant today through the clinical care and community impacts that survivors of these adverse experiences have had. These surviving families are not the accumulation of individual whom experiences such abuses but the impacts that these abuses have had on entire families, extended families and clan systems exponentially. Of extreme importance is the attendance to these continuing family traumatic experiences for which the etiology may be not known or unexpressed. In fact, it may be expressed through the continuing incidents of child victimization and domestic violence that we, as clinicians see daily.

---

<sup>18</sup> DS Bigfoot, SR Schmidt; [Honoring children, mending the circle: cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children](#); Journal of Clinical Psychology 66 (8), 847-856

<sup>19</sup> Mental Health Services: A Public Health Perspective; edited by Bruce Lubotsky Levin, Kevin D. Hennessy, John Petrila; 2003

<sup>20</sup> Manson, S.M. (2004). Cultural Diversity Series: Meeting the Mental Health Needs of American Indians and Alaska Natives. Center for Mental Health Services, Substance Abuse and Mental Health Services  
[http://www.nasmhpd.org/general\\_files/publications/ntac\\_pubs/reports/native%20american%20FINAL-04.pdf](http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/native%20american%20FINAL-04.pdf)

The three grant programs contained in the bill (Indian Child Abuse Treatment Grant Program, Indian Child Resource and Family Services Centers, and Indian Child Protection and Family Violence Prevention Program) are critical to the joint efforts of Tribes, Tribal communities and federal efforts to address and prevent child maltreatment in Indian Country. Particularly with the inclusion of service strategies which build upon the strengths of cultural family resilience, these funds will go far in beginning a process of healing for Tribal communities and families. Importantly, funds as channeled through the conduit of Tribal compacting, self-determination, and direct clinical services to families will allow a timely fruition to services both treatment and prevention. Important in the granting of these funds are considerations of strength-based approaches in developing culturally defined family resilience, culturally engaged service development and community driven evaluation. I cannot emphasize enough the importance of the timely funding and flow to services that this project will necessitate in order to be impactful for the lives of a new generation of Tribal youth whom may be in harm's way. As tribal communities and service providers, we are far too aware of the dire needs that exist and dire ramifications that the lack of such services will elicit. Prevention services, as the committee may know, defined in a culturally engaged manner, are key to this effort. It is important to realize that culturally engaged services promotes Tribal sovereignty by eliciting Tribal solutions to Tribal family issues. In the past federally managed services have not been as open to allowing this self-determination. There is a legacy of program dictates which emphasis the interventions and strategies which must have proven success in nonnative settings as preferential or mandated. There is a wealth of culturally engaged treatment and prevention models which have shown promise and impact in these very issues of family safety. I rest assured that the indicated Center and advisory board will be able to provide support of these efforts that may have culturally specific or locally validated impacts on Indian family wellness development. Please know that these funds a critical step to the improvement of family life in Indian Country.

As an active profession in both local and national tribal services, I am aware of multiple yet disjointed efforts to address and respond to the critical issues of child maltreatment in tribal communities. As a professional specializing in childhood trauma, I would encourage that the National Indian Child Resource and Family Services Center coordinate and advise in all efforts to address this child maltreatment within Indian communities. It seems that a coordination of resources and an assurance that such resources actually make their way to needed services and prevention efforts will advance Indian country in addressing the disparity of resources that exist. In my experience, this disparity of services matched with the disproportionality of risks to Indian families sets the stage for a severe epidemic of neglect as well as abuse of children. The H.R.4957 amendments to the Indian Child Protection and Family Violence Prevention Act will be an important step if joined with the tribal efforts and needs valiantly being attempted through the Indian communities' efforts toward family wellness. The establishment of the National Indian Child Resource and Family Services Center and the associated advisory board will go far in assuring both the streamlining of resources to Indian communities but also the coordination with other federal efforts in assuring the synergistic provision of prevention and treatment services to Indian families and children. Yet, as addressed within the bill, for services to be effective it is my belief that culturally engaged and founded services modalities are key. It is my hope that the National center will assure this confluence of efforts and cultural engagement so desperately needed to address and prevent child maltreatment in Indian country and communities.

With this support, I would like to thank the Committee for its diligence and attendance to the issues of American Indian children, families and Tribal Nations.

Respectfully Submitted;

A handwritten signature in black ink, appearing to read "Art Martinez", positioned above a horizontal line.

---

Dr. Art Martinez  
Chumash  
Clinical Psychologist  
Tribal Child Welfare Specialist  
Tribal Law and Policy Institute  
1021 So. Carson Street  
Carson City, NV 89701