



NATIONAL COUNCIL of
URBAN INDIAN HEALTH

COMMUNITY OF LEARNING

STRENGTHENING WELLNESS IN INDIGENOUS COMMUNITIES USING THE MEDICINE WHEEL

Culturally Responsive Care for Sexual Assault Survivors

Nov. 30 | 2-3:15 p.m. EST



ncuih.org/events





NCUIH

NATIONAL COUNCIL of URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.



Disclaimer

This event is made possible by the Indian Health Services

Award H723IHS0006-03-00

FAIN # H723IHS0006

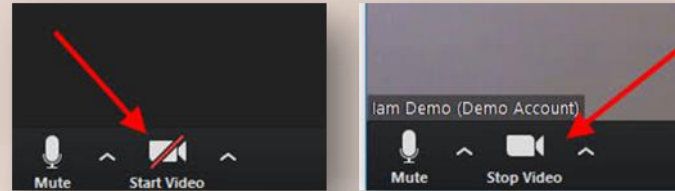
Federal Award Date: 12/01/2022

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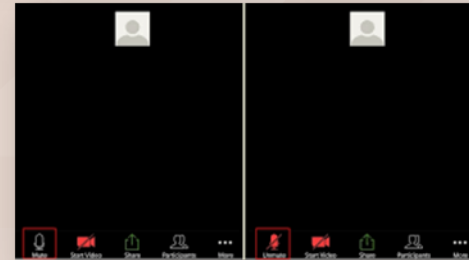


Housekeeping

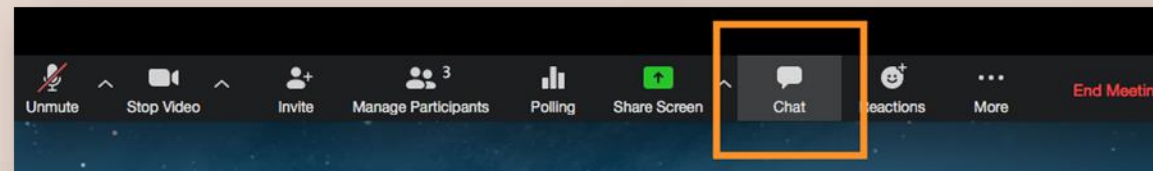
- Please, Turn on Video



- Please Mute Your Microphone When Not Speaking



- Please Enter Your Name and Organization in the Chat Box





Audio and Visual Recording

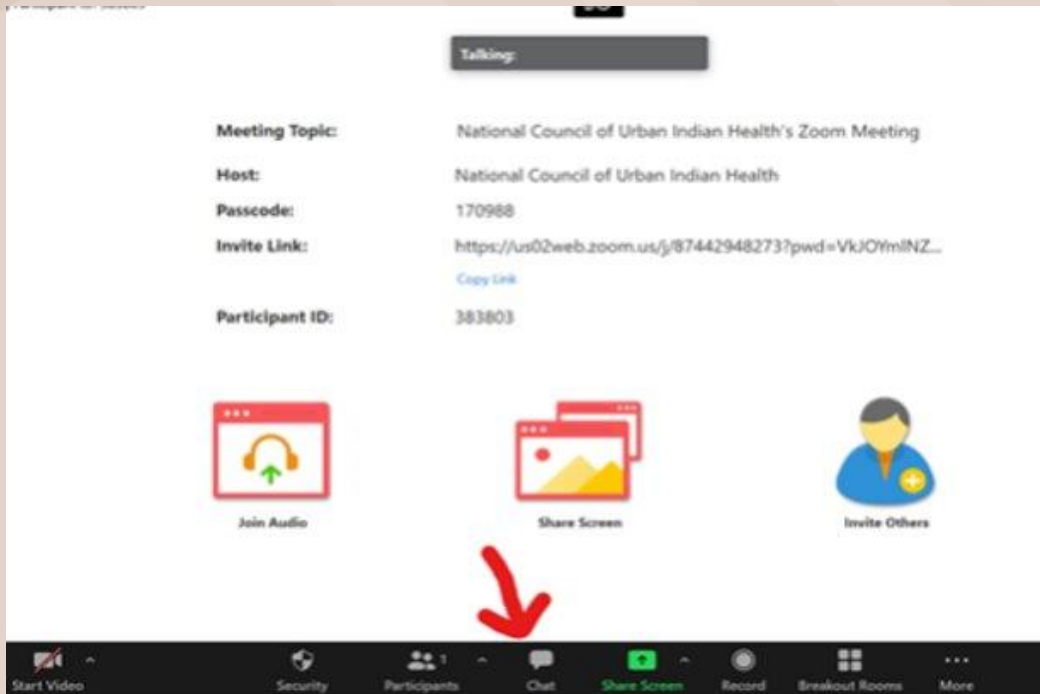
Please note that this session will be recorded for educational and quality improvement purposes.



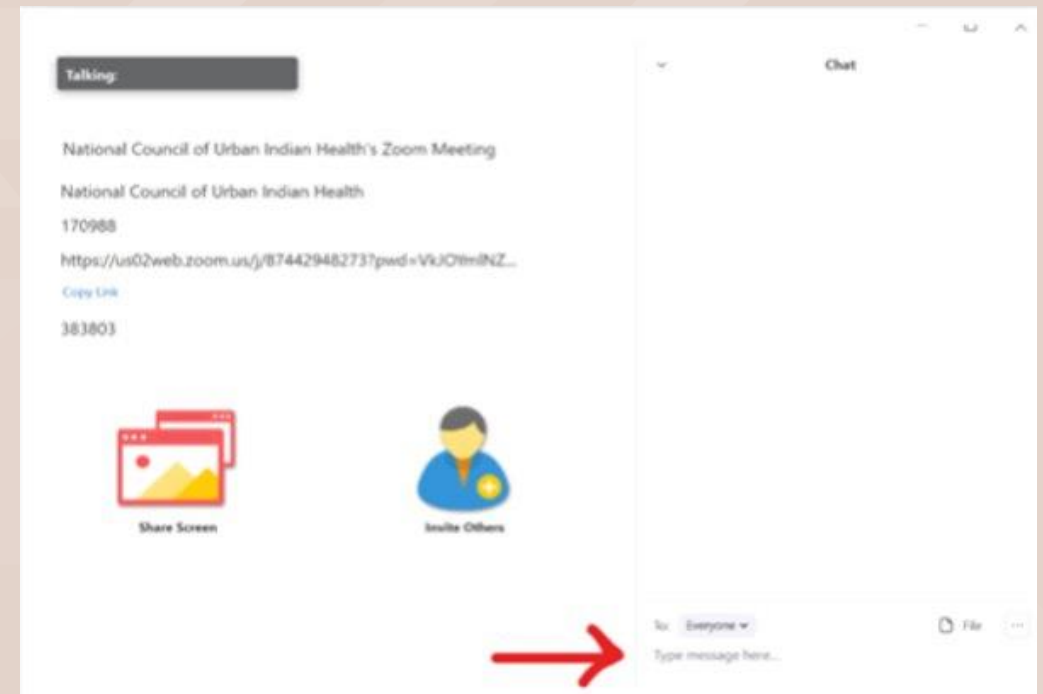


ASK A QUESTION OR COMMENT

First, select “Chat” at the bottom of your ZOOM screen



Then type your question or comment into the chat box that will appear on the right



Indian Health Service Forensic Healthcare

NICOLE STAHLMANN, MN, RN, SANE-A, AFN-BC, FNE-A/P
FORENSIC NURSE CONSULTANT &
BILLIE BROWN, RN, MN, MED, FORENSIC NURSE COORDINATOR
NOVEMBER, 2023



Division of Nursing Services – Forensic Health Team



Nicole Stahlmann, MN, RN, SANE-A, AFN-BC, FNE-A/P
Forensic Nurse Consultant



Billie Brown, MN, MEd, RN
Forensic Nurse Coordinator

Learning Objectives

1. Gain a basic understanding of the Indigenous medicine wheel center direction of healing.
2. Provide insight and understanding of the high rates of violence and sexual violence against AI/AN women
3. Discuss stigma and additional challenges that survivors of assault face with barriers to care and how culture can reduce stigma and address barriers
4. Understand the importance of expanding culture and culturally sensitive, emotional, and mental health services to sexual assault survivors to reduce stigma and address barriers
5. Implement efficient ways to build, monitor, and evaluate forensic health care programs working with MMIW/P cases
6. Best practices for coordination of care-using a multidisciplinary team approach.

IHS Mission - to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.



Medicine Wheel as a model for holistic healthcare

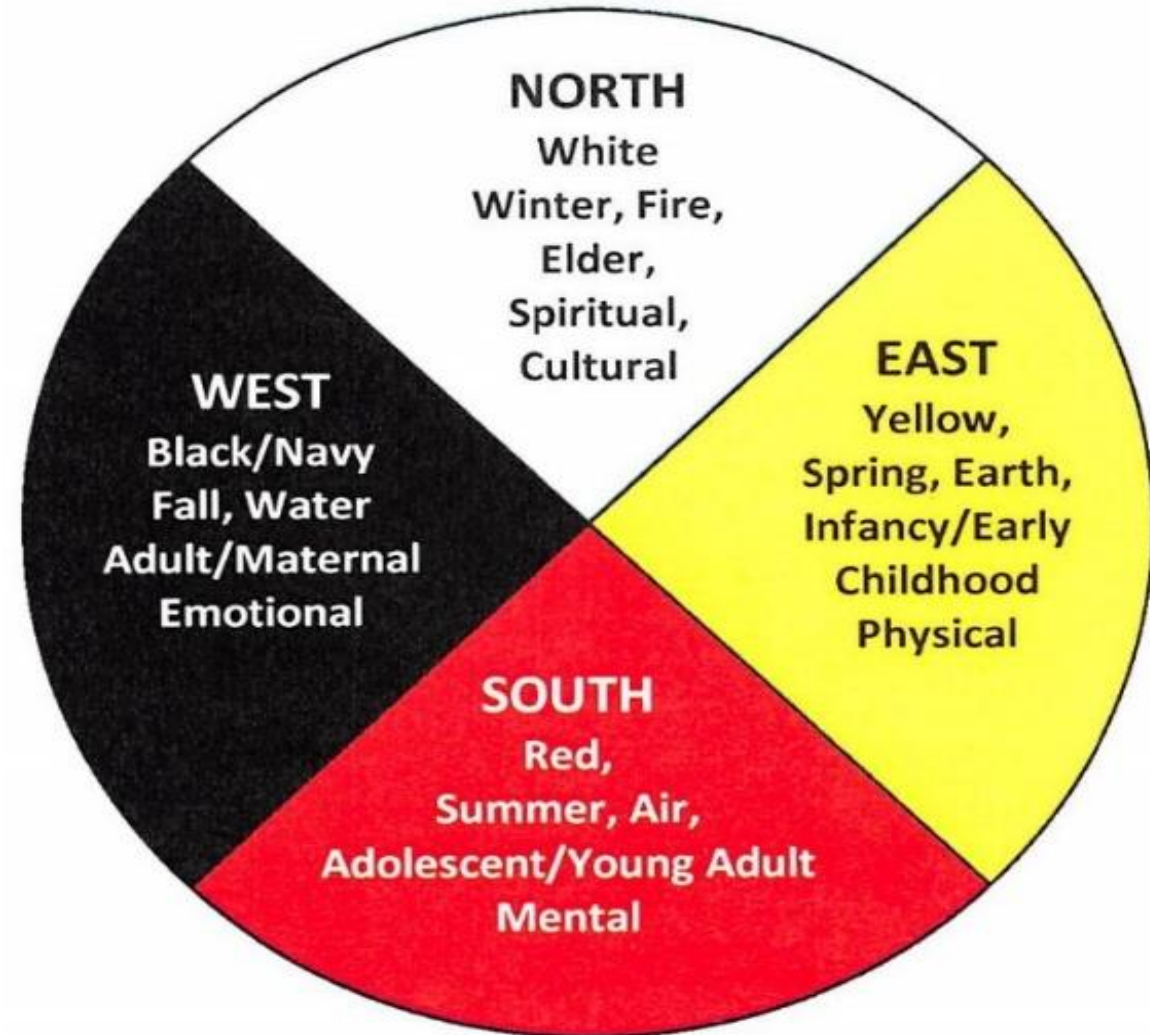
Medicine Wheel:

- Direction, Color
- Season, Element
- Developmental stage
- Dimension of the person/being



Elements of holistic nursing care (Moss, 2016):

- Health
- Nursing
- Person
- Environment



Insight to High Rates of Violence

- Prevalence of violence is a vicious cycle
- Intergenerational trauma, historical trauma, oppression
- Lack of resources:
 - Trauma-informed, patient-centric forensic health care
 - Lack of: transportation; providers trained to offer medical forensic examinations; community advocates to ensure supportive, follow-up services; shelters to ensure safe housing; understanding jurisdictional boundaries with reporting and legal requirements; community champions and prevention efforts; education and awareness; resources, safety, food, finances, etc.
 - Lack of sustainable resources
- Health inequity, limited access to health care, increased Adverse Childhood Experience (ACE) scores, increasing rates of youth and teen dating violence (social media, learned behaviors, access to weapons, etc.), drivers linked to morbidity/mortality, access and misuse of drugs and alcohol, social determinants of health, COVID-19



Statistics

- Every 68 seconds, an individual in America is sexually assaulted.
- Over half of women and almost one in three men have experienced sexual violence involving physical contact during their lifetimes. One in four women and about one in 26 men have experienced completed or attempted rape.
- More than 4 in 5 American Indian and Alaska Native women (84.3 percent) have experienced violence in their lifetime, and 56.1 percent accounts for those who have experienced sexual violence.
- American Indian and Alaska Native women are 1.2 times as likely as non-Hispanic white-only women to experience violence in their lifetime and 1.7 times as likely to have experienced violence in the past year.
- The 2015 U.S. Transgender Survey reported that 47 percent of transgender people are sexually assaulted at some point in their lifetime. Sixty-five percent of the American Indian 2SLGBTQ2+ community reported to most likely have been sexually assaulted in their lifetime.



Stigma & Barriers to Healthcare

- Victimization is unique and highly personal crime – there is not a typical presentation of any one patient/victim
- Lack of trust with the healthcare and criminal justice systems, due to historical trauma and oppression.
- Barriers related to accessing healthcare are related to:
 - Intergenerational trauma, historical trauma
 - Patient/victim fear of: being mistreated; their assault or injuries will be minimized; fear of not being believed; friends/family finding out about the assault
 - Lack of resources, including advocacy, primary health care visit, and follow-up (systems- and community-based)
 - Distance to and from a health care facility (e.g., funding issues, food insecurities, and transportation issues)
 - All barriers lead to revictimization
 - Lack of trained providers (e.g., SANEs/SAFEs/SAEs/FNEs), to offer medical forensic examinations

Anger, Fear, Shame, Guilt, Distrust, Not Believed, Self-Blame, Hindrance, Embarrassment, 'All Alone', Lack of Injury and 'I'm Okay'



Expanding Culture - Reduce Stigma and Address Barriers

- Allow and support facilities to incorporate traditional values, beliefs, teachings, and medicine.
- Highlight the strength and resiliency of the AI/AN community.
- Advocate for ongoing and dedicated education and training related to cultural competency and provision of culturally safe care.
- Ongoing clinical training and education is imperative to ensuring confidence and competency in practice across all healthcare disciplines (e.g., RN, APRN, MD, etc.).
- Program development – network, collaborate, and connect with community resources that enrich culture and resources for patients.
- Offer community based services to reach patients and support the transition of care into the community
- Ensure best practice for prevention services.
- Minimize revictimization



Implementation & MMIP Patients

- Create a readiness assessment checklist - forensic health care programs:
 - Identify program infrastructure and personnel, identify and build champions
 - Develop systems policies and procedures
 - Implement program expansion - ongoing training and education
 - Ensure supplies are stocked and equipment is functional, ensure equipment maintenance
 - Expand services, introduce trauma-informed, culturally appropriate safety screening questions, and network with Tribal Coalitions/Advocates to ensure proper resources are available on discharge
- Conduct preventative outreach and training activities with local schools, gyms/rec centers, health clinics.
- Incorporate all members of the MDT/SART/CCRT into training, education, understanding policy, procedures, roles and responsibilities, and conduct peer review to ensure quality, trauma-informed care is provided to all individuals.



Best Practices

GUIDING OUR PRACTICE WITHIN IHS



IHS & Medical Forensic Standpoint -

Violence is a healthcare issue.



IHS & Best Practices

- IHS strives to ensure best practices are followed by the healthcare providers as it relates to forensic healthcare.

- Each exam is tailored to the specific circumstance. The patient assists in making decisions and is the one who is ultimately *in control* of the examination.

- To support and guide practice, SANE/FNE/SAFEs have access to:
 - Indian Health Manual, Part 3
 - Chapter 29, Sexual Assault
 - Chapter 31, Intimate Partner Violence
 - National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescent & Pediatric
 - National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach
 - Medical Forensic Health Care – Guidebooks
 - Training, education, and technical assistance from the Forensic Nurse Consultant
 - Additional Resources, Webinars, Tool-kits, Collaborative Intra-Agency Partners, Committees, etc.



IHS & Best Practices: A Trauma-Informed Approach

IHS emphasizes the importance of a trauma-informed approach which considers the impact of trauma and patient/victim safety. The use of trauma-informed approaches place an emphasis on the following:

- Appropriately screening for IPV/DV, Sexual Assault, Human Trafficking, and Abuse
- Attending to a patient's emotional safety, as well as their physical safety
- Strengthening a patient's capacity to recover from the traumatic effects of abuse and violence by providing information, resources, services, and support
- Educating patients, service providers, and the community about the impact of trauma on patient/survivors' health and well-being



IHS & The Medical Forensic Examination includes:

- Medical-Forensic History
- Physical Assessment, Documentation, and Photographs
- Detailed Ano-Genital Exam
- Collection of Forensic Evidence
- Treatment options
- Collaboration of Resources & Appropriate Referrals
 - Behavioral/Mental Health Services
 - Advocacy Services
 - Coordination with the Criminal Justice System
- Discharge Teaching and Safety Planning

Purpose of these exams within IHS:

- Provide a safe environment for possible disclosure
- Medical care
- Educate about health effects of IPV/DV/SA
- Resources, referral, safety planning



Best Practices - Multidisciplinary Approach: SART/MDT/CCRT

- Sexual Assault Response Team/Multidisciplinary Team/Coordinated Community Response Team
 - I/T/U Medical Forensic Examiners (SANE/FNE/SAFE/SAEs)
 - Behavioral Health/Social Worker
 - Tribal Advocacy (community and/or systems-based)
 - Law Enforcement (e.g., local, Tribal, State, FBI, BIA, etc.)
 - Prosecution
 - Crime lab personnel
 - Adult Protective Services/Child Protective Services
 - Local/state/Tribal representatives
- I/T/U sites work collaboratively within their SART/MDT/CCRT throughout the forensic healthcare response



Q&A



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Thank you!

Please connect!

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Join the Forensic Healthcare Listserv –

www.ihs.gov/listserv/topics/signup/?list_id=251







Survey



[https://ncuih.qualtrics.com/jfe/form/SV_dajXj8GjpAncsU6.](https://ncuih.qualtrics.com/jfe/form/SV_dajXj8GjpAncsU6)



Upcoming NCUIH Events

- 12/5/2023- Medicaid Unwinding for Urban Indian Organizations
- 12/7/2023- Building Bridges, Building Trust: An Open Forum on Covid-19 Insights
- 12/13/2023- MMRC Partnership Opportunity Informational and Recruitment Session
- 12/14/2023- NCUIH Fireside Chat in Partnership with Pfizer on Health Equity in Action
- 12/19/2023- Registration Closes for Mental Health First Aid for Urban Indian Organizations Training on 1/19/2024.



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