



# Journey of Healing MMIP Prevention Trainings: Intersections of Medical Forensic Health Care

June 26<sup>th</sup> | 2:00PM ET

Facilitator: Aliyah Smith-Gomis, MPH | Public Health Project Coordinator | NCUIH

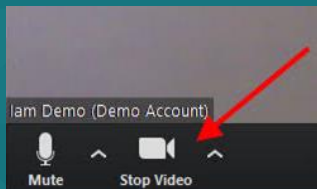
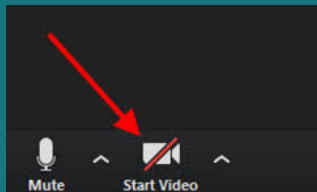
Presenter: Nicole Stahlmann, MN, RN, SANE-A, AFN-BC, SANE-P, FNE-A/P | IHS



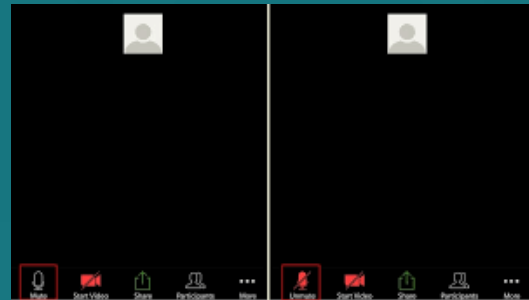
# Housekeeping

Please note that today's session will be recorded.

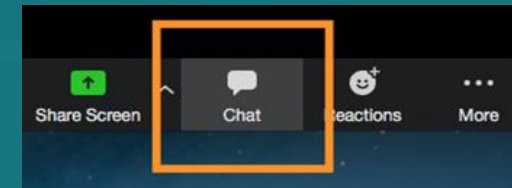
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are not speaking.



Please enter  
questions or  
comments in the  
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# Agenda

TIME ALLOCATED	TOPIC	PRESENTER
2:00 PM EDT	Welcome	Aliyah Smith-Gomis
2:01 PM EDT	About NCUIH Housekeeping Content Warning Introduction of Presenters	Aliyah Smith-Gomis
2:05 PM EDT	IHS Content Delivery	Nicole Stahlmann
2:55 PM EDT	Questions	Nicole Stahlmann
2:58 PM EDT	Conclusion Survey Reminder	Aliyah Smith-Gomis
3:00 PM EDT	Adjourn	Aliyah Smith-Gomis



# 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 (IHCA). 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.



# Content Sensitivity Acknowledgement

We also want to take a moment to recognize that addressing the sexual violence of Native communities is an incredibly sensitive topic that might affect some participants today more than others. If you find yourself impacted by today's discussion, please connect with your support networks, or reach out to NCUIH and we can provide you with healing resources.



# Meet Your Presenter

**Nicole Stahlmann, MN, RN, SANE-A, AFN-BC, SANE-P, FNE-A/P**

**Forensic Nurse Consultant  
Indian Health Service (IHS)**



# Indian Health Service

## MMIP Prevention and Intersections of Medical Forensic Health Care

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NICOLE STAHLMANN, MN, RN, SANE-A, AFN-BC, SANE-P, FNE-A/P  
FORENSIC NURSE CONSULTANT  
DIVISION OF NURSING SERVICES, OCPS, IHS, HQ

JUNE 2024



# Session Objectives

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By the end of this session, participants will be able to:

- List general statistics related to victimization;
- Describe the correlation between victimizations;
- Understand IHS forensic healthcare historical information;
- Describe current state of IHS & Medical Forensic Healthcare; and,
- Recognize IHS Medical Forensic Best Practices.
- The session will cover polling questions, Q&A and resources.

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





# Intersections



# Polling Question

Every \_\_\_\_\_  
seconds an  
individual is  
sexually  
assaulted.

- A. 68
- B. 93
- C. 120
- D. 60



# Polling Question

What is the percent of American Indian and Alaska Native women who have experienced violence in their lifetime?

- A. 19.9%
- B. 44.3%
- C. 70.9%
- D. 84.3%



# Statistics

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- 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.



# Statistics

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- American Indian and Alaska Native (AI/AN) 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 LGBTQ2+ community reported to most likely have been sexually assaulted in their lifetime.
- 40 percent of women involved in sex trafficking are identified as AI/AN.
- Homicide is the third highest cause of death in girls aged 15 to 19 and women 20 to 24, estimating that AI/AN women face murder rates more than 10 times the national average.



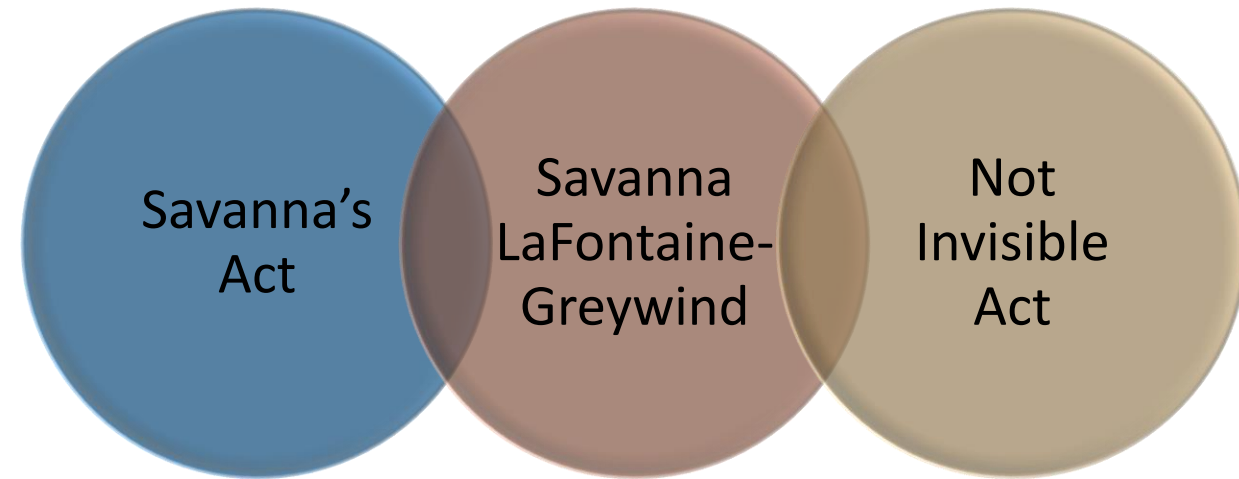
# Missing and Murdered Indigenous People

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Thousands of indigenous women, girls, two-spirit individuals, and people have gone missing, or been murdered. Their families and communities have been mourning them for generations.

Grassroots advocacy efforts

This crisis encompasses a wide scope of violent crimes including a correlation between human trafficking, domestic, sexual, and intimate partner violence.



# Polling Question

## Best Definition of Human Trafficking

- A. Transporting *by force, fraud, coercion for sex or labor trafficking.*
- B. Recruiting *by force for sex or labor trafficking.*
- C. Sex trafficking *through obtaining, transporting, providing by force, fraud, or coercion.*
- D. Obtaining, recruiting, harboring, transporting, providing *by force, fraud, coercion for commercial sexual exploitation or forced labor.*



# Human Trafficking

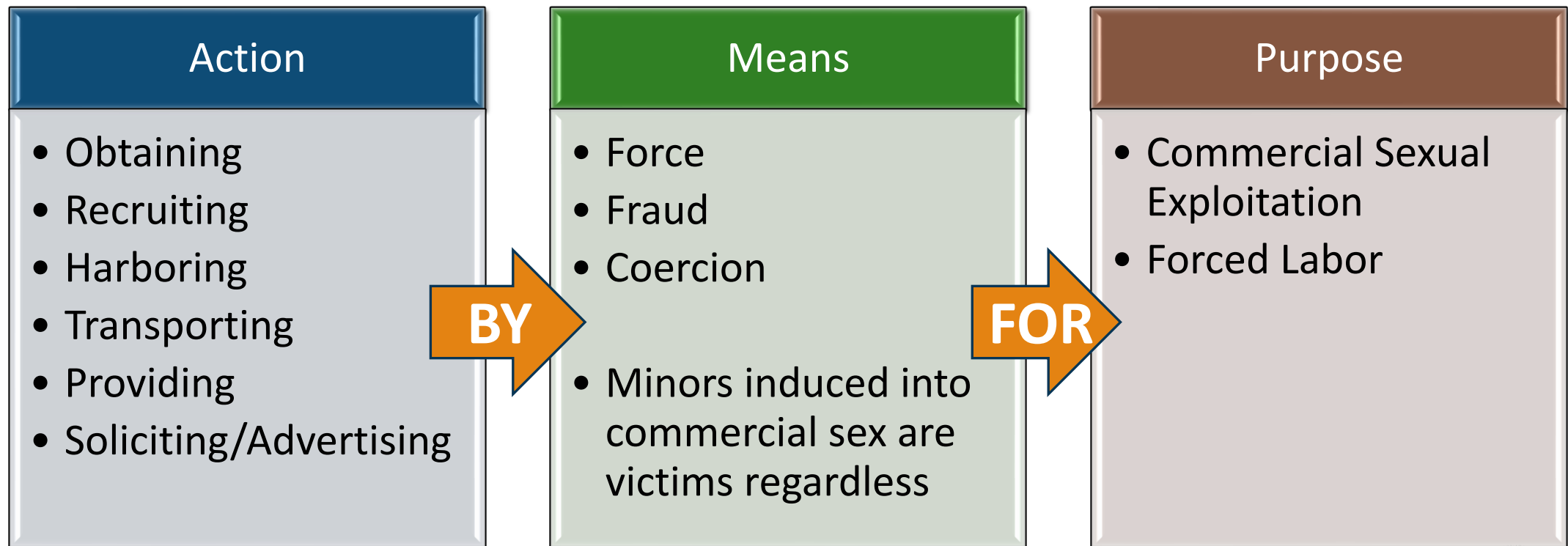
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- Human trafficking can occur in any community, and victims can be of any age, gender, race, or nationality.
- The [U.S. Department of Justice](#) describes human trafficking as the use of force, fraud, or coercion for a person to provide labor or services (labor trafficking), or to engage in commercial sex acts (sex trafficking). Human trafficking can also include forceful participation in criminal activity.





# Trafficking Victims Protection Act of 2000

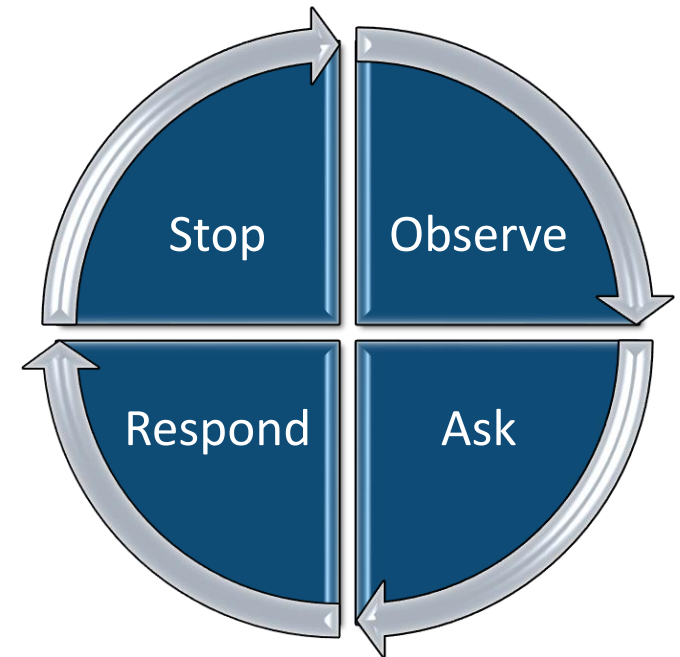


TVPA of 2000 (P.L. 106-386)



# SOAR (Trauma-Informed Framework)

- **Stop:** Become familiar with the nature and types of human trafficking.
- **Observe:** Understand verbal and non-verbal indicators, including environmental factors.
- **Ask:** Engage with and screen a possible victim using a trauma-informed approach.
- **Respond** to human trafficking: Identify patient needs and secure culturally sensitive available resources to provide support.



SOAR - <https://nhttac.acf.hhs.gov/soar>



# Correlation – MMIP & Human Trafficking

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- Strong correlation between human trafficking and MMIP
  - All victimization types and poly-victimization (e.g., sexual assault, domestic/intimate partner violence, stalking, etc.)
  - Food insecurity
  - Money insecurity
  - Medication insecurity
  - Unstable housing, unhoused
  - Substance use/misuse and related vulnerability
  - Mental health instability and related vulnerability
  - Lack of culturally sensitive support, safety, and resources



# Human Trafficking - Increased Risk and Potential Vulnerabilities:

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- Houseless
- 2SLGBTQIA+
- Substance Use
- People of Color
- Immigrants
- Co-occurring
- Disconnected youth
- People with disabilities
- Lack of education/school system
- Food insecurities
- Medicine insecurities



# Indicators of Human Trafficking

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## ■ Red Flags –

### Physical/Psychological/Environmental:

- Physical and/or sexual abuse
- Pattern Injuries
- Pattern of Injuries
- Bruising/Discolorations
- Abrasions/Lacerations
- Tenderness
- Multiple STIs
- Multiple pregnancies
- Malnourishment
- Tattoos/branding
- Guilt/Shame/Embarrassment
- Depression/Regret
- Dissociate
- Paranoid
- Suicidal/Homicidal Ideations
- Lack of seeking healthcare
- Living situations/Living in an overcrowded place



# Human Trafficking & Health Consequences

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- Some health consequences related to sex trafficking include:
  - being victims of rape
  - unwanted pregnancy
  - contracting sexually transmitted infections (STIs)
  - being physically assaulted
  - dissociating
  - experiencing traumatic brain injuries
  - becoming victims of homicide



# Programmatic Information

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FORENSIC HEALTHCARE & IHS



# Forensic Healthcare & IHS

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- IHS Forensic Healthcare Training Program - established in 2011.
- Goal – train healthcare providers to treat trauma and provide medical forensic healthcare.
- Training through a contract included: Sexual Assault Examiner, Pediatric Sexual Abuse Examiner, and Intimate Partner Violence Examiner training courses, including hands-on clinical skills labs for providers.





# IHS & Medical Forensic Healthcare

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SERVICES & PROGRAM OVERVIEW



# IHS, Tribal and Urban Indian (I/T/U) Organizations

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- Various I/T/U hospitals, service units, and facilities currently offer medical forensic services.
- If services are not available, patients are appropriately transferred to the nearest facility for medical forensic healthcare.
- All healthcare providers are offered resources and continuous training to provide minimal care, in the event services are not available.



# Current Forensic Healthcare Programs

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- Domestic Violence Prevention (DVP) Program
- Forensic Healthcare Funding Opportunity
- Forensic Nursing Consultation Program



# Domestic Violence Prevention (DVP) Program

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- **Domestic Violence Prevention (DVP) Program**

- Formerly known as the “Domestic Violence Prevention Initiative” (DVPI) during the demonstration phase between 2008-2015.
- From 2015-2021, the DVP program awarded 83 I/T/U’s and IHS federal facilities a total of \$11.17 million.

- Current Status

- \$8.4 million per year in awards between \$200,000-\$250,000 per project.
- A total of 41 grants are funded to I/T/Us from 2022 to 2027.
  - DVP: 37 grant awards for a total of \$7.4 million annually
  - FHC: 4 grant awards for a total \$1 million annually



# DVP Program Grantee Activities

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## ■ DVP

- **Alaska Native Justice Center (ANJC):** Implementing a multi-faceted approach to reduce both frequency and impact of victimization of Alaska Native/American Indian community members in Anchorage, Alaska. ANJC will incorporate prevention efforts addressing social, spiritual, physical, and emotional well-being of victims through the integration of culturally appropriate practices and trauma-informed services, and will promote prevention outreach efforts that address domestic and sexual violence.
- **Pawnee Nation:** Provides domestic and sexual violence prevention, advocacy, case management, crisis intervention, education, trainings, and coordinated community response to victims of DV/SV and their families while incorporating Pawnee culture and traditional practices.

## ■ FHC

- **Great Plains Tribal Leaders Health Board (GPTLHB):** The Wo'ohitike Collaborative of the GPTLHB and Oyate Health Center will partner with Native Women's Health Care to increase access to forensic healthcare services, education, training, and resources for American Indians in the Rapid City and surrounding communities in Western, South Dakota.
- **Gerald L. Ignace Indian Health Center, Inc. (GLIHC):** The project provides culturally-sensitive and advocacy driven forensic healthcare to survivors of sexual assault and develop policies, protocols, and procedures for infrastructure development and implementation of forensic nursing services to include sexual assault forensic nursing policies and victim advocacy protocols.



# Forensic Healthcare Funding Opportunity

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- Federal set-asides, 5 year program.
- Sixteen awarded funds in February 2023.
- Goal: to support the building or expansion of forensic nursing programs, which will boost or create resources such as medical forensic examinations for patients following violent crimes
- The funding also allows for training and education for healthcare providers, ensuring program sustainability and retention of staff



# Forensic Nursing Consultation Program (FNCP)

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- Five year, contract. Awarded to Texas A&M University Center of Excellence in Forensic Nursing.
- This contract will provide training, education, and technical assistance for healthcare providers to become trained as Sexual Assault Nurse Examiners/Sexual Assault Examiners/Forensic Nurse Examiners (SANEs/SAEs/FNEs) for I/T/U programs.
- The FNCP contract will support program development and mentorship opportunities, enhancing forensic nursing efforts in the field.



# Best Practices

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GUIDING OUR PRACTICE WITHIN IHS





# IHS & Medical Forensic Standpoint -

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## Violence is a healthcare issue.



# IHS & Best Practices

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- 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 Protocol for Intimate Partner Violence Medical Forensic Examinations;
  - National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach;
  - Training, education, and technical assistance from the Forensic Nurse Consultant; and
  - Additional Resources, Guidebooks, Webinars, Tool-kits, Collaborative Intra-Agency Partners, Committees, etc.

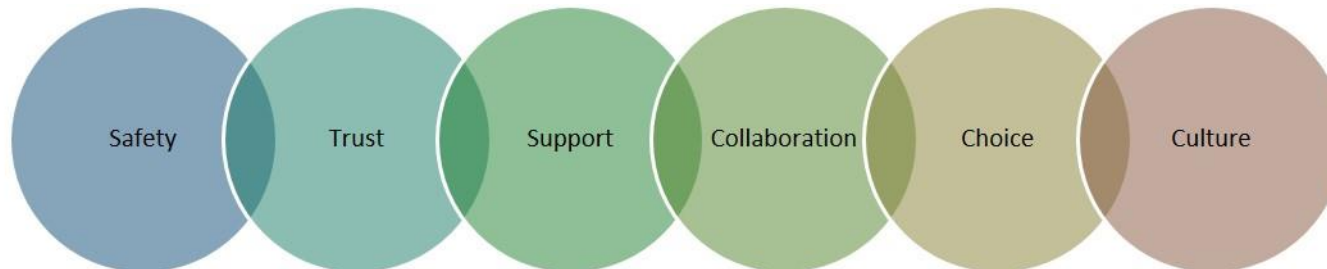


# IHS & Best Practices: A Trauma-Informed Approach

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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 Human Trafficking, IPV/DV, Sexual Assault and Abuse;
- Attending to patients' emotional safety, as well as their physical safety;
- Strengthening patients' capacity to recover from the traumatic effects of abuse and violence by providing information, resources, services, and support; and
- 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:

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

## Exam purpose within IHS:

- Provide a safe environment;
- Obtain medical care;
- Educate about health effects of Trafficking, IPV/DV, SA; and
- Resources, referral, safety planning.



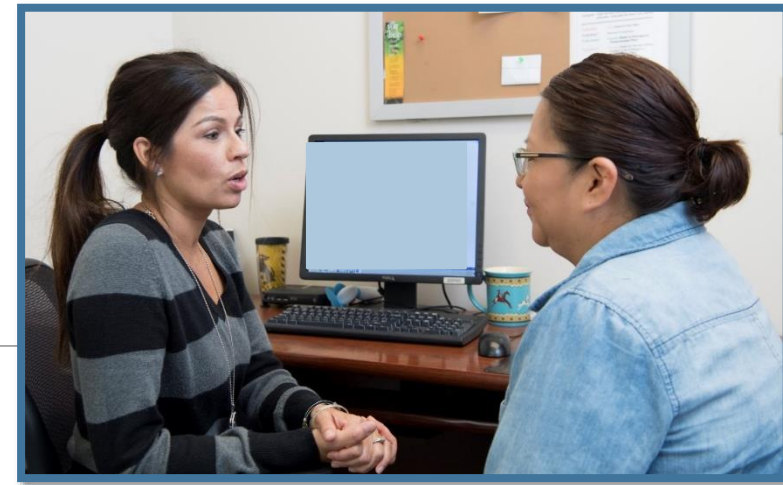
# Polling Question

True or False

As healthcare providers, we do not screen the patient and we let the patient self-identify as being trafficked.



# Safety Screening Questions



- Is the individual in control of their identification documents? If not, who is?
- Does the individual have someone speaking or interpreting for them?
- Is the individual's movement or communications restricted or monitored? Including living/housing restrictions?
- Is the individual afraid to speak about themselves in the presence of others?
- Is the individual under 18 years old and engaging in commercial sex?
- Is the individual required to do things against their will, in order to repay a debt owed?
- Were there incidences, or evidence, of physical or sexual assault?
- Is the individual doing a job they were recruited for, trapped, or working in unfair, unsafe, or dangerous conditions?
- Is the individual's salary being confiscated to pay off a debt to an employer?
- Is the individual being held against their will? Working or spending time with someone who isolates them?
- Is the individual indebted to someone who has provided housing, money, transportation or other essentials?
- Has the individual or their family been threatened with harm if the individual attempts to escape or report the abuse? Or instructed to lie about their current situation, including type of work?



# 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
  - 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 sexual assault response



# How does IHS define Medical Forensic Healthcare Program success?

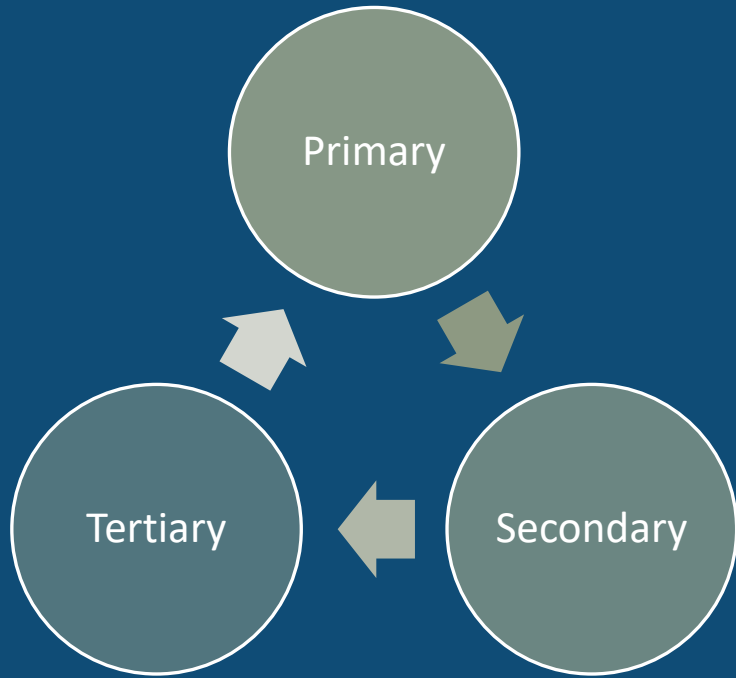


- By providing:
  - Prevention strategies and techniques;
  - Quality medical forensic healthcare, following best practices;
  - Information for the patient to make the best (and safest) decisions for their situation;
  - Community resources; and
  - Supportive, follow-up care and referrals.





# Understanding Prevention



Awareness is prevention

- **Primary:** acting prior to and preventing violence from happening
  - Building champions, building community, offering education, discuss healthy relationships and boundaries prior to the violent crime
- **Secondary:** intervening right after risk factors for the violent crime has occurred, and preventing it from happening again
  - Offering a medical forensic examination, education, ensuring the multidisciplinary team is practicing to trauma-informed efforts, etc.
- **Tertiary:** quality review and efforts over time to change conditions and address long-term consequences
  - Supporting individuals across the lifespan, those with adverse childhood experiences, intergenerational and historical trauma



# Preventative Action Items – Culture is Prevention

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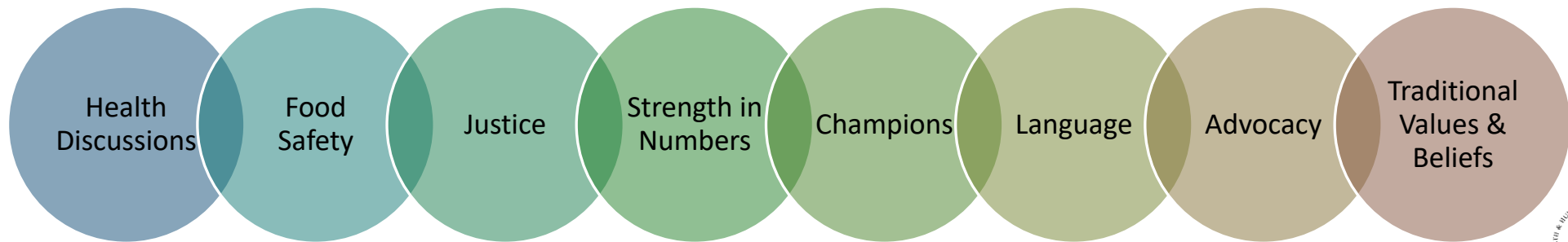
- Engage and have a healthy conversation with the patient and within the community about violence
- Ensure supportive resources are available, and well-known to the community (healthcare, safe shelters, mental health support, spiritual health, etc.)
- Strengthen local culturally specific advocacy agencies into practice, including for preventative and education measures across the lifespan
- Incorporate all members of the multidisciplinary team into practice, including preventative and educational measures
- Allow for growth and development of any education and training related to victimization (e.g., forensic healthcare, human trafficking, domestic and intimate partner violence, etc.)
- Raise individuals up and engage in traditional ceremonies, model traditional behavior, engage in language and community, support healthy re-entry and embrace those with welcoming arms.
- Build champions and allies within the community



# Preventative Action Items

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- Meaningfully incorporate the patient, respecting their decisions, and supporting them with their needs.
- Support Native culture and language learners in early childhood programs and K-12 schools
- Expand primary and secondary education to include Native Peoples' histories and cultures
- Expand afterschool programming for Native children and youth
- Expand opportunities in higher education for Native students
- Strengthen food safety and security networks, across the lifespan



# Polling Question


Which of the following are helpful prevention techniques to help reduce sexual assault in Indian Country?

- A. Proper availability of culturally specific resources
- B. Engage in open, non-judgmental, positive conversations regarding healthy and unhealthy relationships
- C. Ensuring food security
- D. Connection to community and embodying a network of safe, healthy relationships
- E. Teach cultural and traditional values, strengths, and beliefs that encompass respect when addressing violence
- F. Establish champions and allies
- G. Connection to culturally appropriate advocacy and coalitions
- H. All of the above, plus others




# Forensic Healthcare Guidebooks

Forensic Healthcare and Caring for American Indian and Alaska Native Patients.



Indian Health Service  
Office of Clinical and Preventive Services  
Division of Nursing Services  
Forensic Healthcare




American Indian and Alaska Native Patients & Medical Forensic Examination Considerations

**ABOUT US**

Forensic Health Care  
Division of Nursing Services  
Office of Clinical and Preventive Services  
Indian Health Service

**IHS MISSION**

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



Purpose - enhance care delivery to American Indian and Alaska Native patients, families, and communities affected by violence by providing resources and support to forensic healthcare providers serving in Indian Health Service (IHS), Tribal, and Urban Indian (I/T/U) settings.

# Texas A&M University Center of Excellence in Forensic Nursing

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- Offering the initial 40+ hours of forensic healthcare training, 16-hours of clinical hands-on skills training, webinars, mentorship opportunities and more.
- If you are interested in taking a course, please email me directly.
- <https://forensic-nursing.tamu.edu/>



# Q&A

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# Reference

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# Reference

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# Thank you!

Additional questions or to connect,  
please email me:

Nicole.Stahlmann@IHS.gov

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Join the Forensic Healthcare Listserv:

[www.ihs.gov/listserv/topics/signup/?list\\_id=251](http://www.ihs.gov/listserv/topics/signup/?list_id=251)





# Closing Reminders



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Survey Link



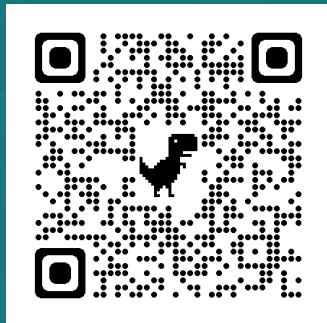
## Upcoming NCUIH Events

*7/10/24: Expanding Maternal Health Services at Urban Indian Organizations*

*7/11/24: Navigating Crisis: The Role of 988*

*7/16/24: Infection Prevention & Control Practices: Addressing Wound Care*

*7/23/24: Clinic to Community: Utilizing the 340B Program to Improve HIV Care for Urban Indian Populations*



For more information and to register, please visit:  
<https://ncuih.org/events/>



## One-On-One Technical Assistance Available

<https://ncuih.org/training/one-on-one/>

**The Technical Assistance and Research Center (TARC) provides individualized technical assistance, training, and support to member UIOs. Individual support includes:**

- Community and staff training
- Consultation on research/evaluation
- Consultation on program planning and implementation
- Documenting local best practices
- Grant application review
- Local partnership development
- Locating archival data to support community work
- Policies, procedures, and operational needs



# Thank You!

Your feedback is  
important to us!



Scan Me!





# NCUIH

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

