

Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

IHS Sexual Assault Policy and Response Updates

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Mobilizing Partnerships to Promote Wellness

House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

Healthcare Role in Violence

- Victims of violence and abuse require care from a health professional who is trained to treat the trauma associated with the wrong that has been done to them—be it sexual assault, interpersonal violence, neglect, or other forms of intentional injury.

Medical Forensic Examiners

- Most commonly a registered nurse but can be advanced practice nurses, physicians or physician assistants.
 - SANE, SAFE, SAE, FNE
- Forensic nurses are also a critical resource for anti-violence efforts.
 - Collect evidence
 - Give testimony that can be used in a court of law to apprehend or prosecute perpetrators who commit violent and abusive acts.

Medical Forensic Examiners

- Most commonly in the US, forensic nurses work with sexual assault patients.
- Other types of forensic nurses include:
 - domestic violence,
 - child abuse and neglect,
 - death investigation,
 - elder mistreatment,
 - corrections,
 - emergency services,
 - mental health and
 - public health.

Role of Sexual Assault Examiners

- Provide the best and most appropriate medical and/or nursing care for victims of sexual assault and violence.
 - Injury treatment
 - Sexually transmitted infections prophylaxis
 - Pregnancy prophylaxis
 - Follow-up medical care
 - Mental health referrals
 - Community resource linkage

Role of Sexual Assault Examiners

- Injury identification
- Evaluation of the nature and scope of injuries
- Documentation of the patient's incident
- Collection and proper storage of biological and physical evidence
- Interfacing with law enforcement and attorneys
- Provide expert testimony in court cases

IHS's Role

- Expanding outreach and increasing awareness about domestic violence and sexual assault by funding projects that provide victim advocacy, intervention, policy development, community response teams, and community and school education programs.

Partnerships

- AI/AN SANE-SART Initiative
(American Indian/Alaska Native Sexual Assault Nurse Examiner–Sexual Assault Response Team)
- Partnering Agencies
 - DOJ Office for Victims of Crime
 - Federal Bureau of Investigation
 - Indian Health Service
 - Department of Interior Bureau of Indian Affairs

Purpose of Initiative

- Created to establish a coordinated, multidisciplinary project to address the needs of victims of sexual violence
- Anticipated that this Initiative will increase the capacity for AI/AN communities to respond to victims of sexual violence, including service agencies such as healthcare facilities, victim advocacy, law enforcement, and the justice system

Components of Initiative

- 3 Demonstration Sites
- 2 National Coordinators (IHS and FBI)
- 1 Training & Technical Assistance Provider
- 1 National Evaluator
- 1 National Coordination Committee

Demonstration Sites

- 3 diverse communities
- PL-280 vs non PL-280 States
- Different stages of coordination and development
- 1st year: Needs Assessment and Strategic Plan
- 2nd – 4th year: Implementation and Coordination
- Purpose: Lessons learned and Best Practices for replication in other Tribal communities

Mississippi Band of Choctaw Indians


- Choctaw, MS (rural area)
- Enrollment population of 10,271
- 35,000 acres over a nine county area
- Serves eight recognized Choctaw Tribal communities
- Tribal police (cross-deputized) and FBI
- 24/7 Tribal hospital
- Goal: Develop a Sexual Assault Response Team designed specifically for Choctaw for a culturally appropriate and coordinated response in the Choctaw communities

Southern Indian Health Council, Inc.

- Alpine, CA (Urban/rural PL-280 area)
- Consists of a delegate from each of the seven member Tribes, which include the Barona, Campo, Ewiiapaayp, Jamul, La Posta, Manzanita, and Viejas Bands of Kumeyaay Indians
- 3 Tribal clinic locations: Alpine, Campo, & La Posta (substance abuse) –Exams referred to San Diego county
- Border patrol, San Diego county police, & State advocates
- Goal: Augment and enhance the coordinated community response (CCR) by providing a more formalized purpose and concentration on the American Indian Community SIHC serves



Tuba City Regional Health Care Corporation

- Tuba City, AZ (rural area)
 - Serves the Navajo Nation and Hopi reservation
 - Service area is 11,201 square miles in the Western Agency of the Navajo Nation
 - Tribal police, BIA, and FBI
 - 24/7 Tribal hospital
 - Goal: Provide a comprehensive, coordinated community response for victims of sexual assault
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National Coordinators

- 2 National SANE-SART Coordinators
 - IHS-Beverly Cotton (Mississippi Choctaw)
 - FBI-Shannon May
- Serve as senior project manager for the AI/AN SANE-SART Initiative
- Established to support the overall goal and strategies of the Initiative
- Represent varied perspectives on a federal level, modeling the perspectives of a sexual assault response team (SART)



Training & Technical Assistance Provider


- Tribal Law & Policy Institute
 - Provide one-on-one training and technical assistance to demonstration sites
 - California Office: West Hollywood, CA
 - Minnesota Office: St. Paul, MN
 - Project Manager: Bonnie Clairmont (Ho-Chunk Nation)
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National Evaluator

- Consultant: Eidell Wasserman
- Assist demonstration sites with data evaluation




National Coordination Committee

- Will consist of National Tribal organizations and Federal agencies
 - Representative of multidisciplinary response to sexual assault
 - Provide recommendations on funding, training, and technical assistance priorities; identify current federal resources, duplication, and gaps in services
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Domestic Violence Prevention Initiative

- In March 2009, Congress appropriated \$7.5 million to the IHS in the Omnibus Appropriations Act.
 - For FY 2010, Congress added an additional \$2.5 million for a total of \$10 million.
 - The DVPI has awarded 65 projects to IHS-, Tribal-, and Urban-operated programs.
 - Funding is also being used for medical forensic training and to purchase forensic equipment.
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Training

- 2011:
 - 4 Regional Sexual Assault Examiner Trainings conducted; including SART Training
- 2012:
 - Sexual Assault Response Team (SART) Training
 - 8 Regional Trainings
 - Sexual Assault Examiner (SAE) Training
 - 8 Regional Trainings
 - Clinical Skills Training
 - 4 Simulation Labs (3-Colorado Springs, CO, and 1-Anchorage, AK)

2011 Training

Location and Date	Tahlequah, Oklahoma May 9-13, 2011	Anchorage, Alaska June 11-15, 2011	Gallup, New Mexico July 11-15, 2011	Rapid City, South Dakota Sept 12-16, 2011
Number of Attendees	14	17	23	10
Healthcare Facility	Cherokee Nation Health Services	Norton Sound Health Corporation Bristol Bay Area Health	Chinle Comprehensive Health Care Facility	Pine Ridge DVPI Expansion

2012 SART Dates & Locations

Sexual Assault Response Team (SART) Training:

- Aberdeen, SD; March 29-30, 2012
- Albuquerque, NM; April 2-3, 2012
- Phoenix, AZ; April 5-6, 2012
- Oklahoma City, OK; April 12-13, 2012
- Gallup, NM; April 16-April 17, 2012
- Billings, MT; April 23-24, 2012
- Nashville, TN; April 26-27, 2012
- Anchorage, AK; June 18-22, 2012

2012 SAE Dates & Locations

- Sexual Assault Examiner Training
 - Phoenix, AZ; May 7-11, 2012
 - Oklahoma City, OK; June 11-15, 2012
 - Albuquerque, NM; June 18-22, 2012
 - Window Rock, AZ; July 9-13, 2012
 - Billings, MT; July 16-20, 2012
 - Aberdeen, SD; July 23-27, 2012
 - Anchorage, AK; July 30-August 3, 2012
 - Nashville, TN; August 6-10, 2012

2012 CSL Dates & Locations

- Combined Areas

- Dates:

- July 30–31, 2012
- August 18–19, 2012
- September 7–8, 2012

- Location:

Memorial Hospital Central
1400 East Boulder Street
Colorado Springs, CO 80909

- Alaska CSL

- Dates:

- August 30-31, 2012

- Location:

University Lake Plaza: A
Multidisciplinary Center
3925 Tudor Centre Drive
Anchorage, AK 99508

Forensic Equipment

- Forensic equipment will be purchased for IHS & Tribal hospitals in 2012
- Includes cameras, lenses, flashes, and other needed equipment such as storage carts, forensic dryers, and fridges, if needed.

IHS Sexual Assault Policy

- The TLOA requires the IHS Director to develop sexual assault policies and protocols based on similar protocols established by the Department of Justice (DOJ).
- IHS established a Sexual Assault Policy on March 23, 2011.
- The IHS consulted with Tribal leaders and DOJ and is reviewing comments for incorporation in future revisions.

Tribal Comments

- Common themes for IHS SA Policy Revisions:
 - Expand policy to clinics
 - Clarification on utilization of victim advocates
 - Adopting timelines for IHS & Tribal policy development
 - Including Tribal codes into the policy
 - Clarification of transportation portion of policy
 - Including hospitals may provide exams on-site, by referral, or combination of both methods
 - Removing certification requirements

GAO Recommendations

- October 2011
- GAO 12-29: INDIAN HEALTH SERVICE:
Continued Efforts Needed to Help Strengthen
Response to Sexual Assaults and Domestic
Violence
- Provided 5 Recommendations for Executive
Action

Recommendation 1

- Develop an implementation plan for the March 2011 IHS sexual assault policy (*Indian Health Manual, chapter 3.29*)—and monitor its progress—to clarify how the agency will support its hospitals and staff in fulfilling the policy, in particular, that the hospitals or staff:
 - obtain training and certification in providing forensic medical exams;
 - obtain equipment like cameras needed to collect evidence;
 - provide medical forensic exams on site or at a referral facility within 2 hours of a patient’s arrival; and
 - collaborate with law enforcement agencies, prosecution, and other stakeholders identified in the policy with the objective of creating sexual assault response teams and obtaining regular feedback from such stakeholders on evidence collection and preservation.

Recommendation 2

- Develop a policy that details how IHS should respond to discrete incidents of domestic violence without a sexual component and, working with Justice, develop a policy for responding to incidents of child sexual abuse consistent with protocols Justice develops for these incidents; such policies should be similar in scope and specificity to the March 2011 IHS policy on responding to adult and adolescent sexual assaults.

Recommendation 3

- Clarify whether sections 3.29.1 and 3.29.5 of the March 2011 IHS sexual assault policy call for training and certification, or only training, of IHS physicians and physician assistants performing sexual assault medical forensic exam

Recommendation 4

- Modify the March 2011 IHS sexual assault policy so that it comprehensively and clearly outlines (1) the process for approving subpoenas and requests for IHS employees to provide testimony in federal, state, and tribal courts and (2) reflects the provisions in section 263 of the Tribal Law and Order Act of 2010, including that subpoenas and requests not approved or disapproved within 30 days are considered approved.

Recommendation 5

- Explore ways to structure medical forensic activities within IHS facilities so that these activities come under an individual's normal duties or unit's official area of responsibility, in part to ensure that providers are compensated for performing medical forensic services

IHS Implementation & Monitoring Plan


- POLICY DEVELOPMENT AND REVISIONS
- MEDICAL FORENSIC TRAINING
- CERTIFICATION
- CREDENTIALING AND PRIVILEGING
- CLINICAL SKILLS AND COMPETENCY
- STAFFING MODELS
- CLINICAL DOCUMENTATION AND DATA COLLECTION
- TELEMEDICINE
- OVERCOMING LONG DISTANCES
- FORENSIC EQUIPMENT
- TECHNICAL ASSISTANCE AND TRAINING
- IDENTIFYING EXPERTS AND AGENCIES
- BEST PRACTICES
- COMMUNICATION STRATEGY
- WITNESS TESTIMONY
- SEXUAL ASSAULT RESPONSE TEAMS
- MONITORING
- MENTORING
- SUSTAINABILITY

Next Steps

- IHS planning recommendations:
 - Develop IHS policies and procedures for domestic violence, child sexual abuse, and elder abuse;
 - Develop a sexual assault policy for all IHS facilities (beyond hospitals);
 - Revise the IHS Sexual Assault Policy based on comments received from Tribes, Urban Indian leadership, the DOJ, and the Government Accountability Office;

Next Steps

- Develop an IHS Sexual Assault Policy Implementation and Monitoring Plan;
- Offer Sexual Assault Nurse Examiner-Sexual Assault Forensic Examiner-Sexual Assault Response Team training and provide forensic examination equipment for 28 IHS and 17 Tribal hospitals by December 31, 2012; and
- Develop and offer domestic violence/sexual assault (DV/SA) training and curriculum for Indian Health System facilities.

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- As a result, the IHS has developed a sexual assault policy that will enable more AI/ANs to get the care they need to heal and will aid the justice system in holding perpetrators accountable by:
 - Standardizing the care for sexual assault survivors at IHS hospitals and clinics;
 - Providing direct access to trained sexual assault forensic examiners 24 hours a day, 7 days a week;
 - Encouraging personnel to collect accurate evidence in a timely manner and to assist the patient, law enforcement, and prosecution in adjudicating criminal acts;
 - Ensuring survivors' needs are addressed, and;
 - Supporting community efforts to participate in a sexual assault response team.



References:

- Indian Health Manual, Chapter 29, Sexual Assault Policy
- Located at:
[www.ihs.gov/IHM/index.cfm?module=dsp_ihm_pc_p3c29 - 30k](http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_pc_p3c29-30k)
- [http://www.ihs.gov/Announcements/index.cfm?module=announce SexualAssault](http://www.ihs.gov/Announcements/index.cfm?module=announce_SexualAssault)

Contact Information

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Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800