Forensic Health Care and Caring for American Indian and Alaska Native Patients

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

Indian Health Service Mission: to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

The purpose of this guidebook is to 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.

As this guidebook references medical forensic examination best practices, culturally centered care, program readiness and development, screening and prevention efforts, please follow your facility's policies, procedures, and protocols.

Join the Forensic Health Care Listserv

For questions, technical assistance, or education, please contact Nicole Stahlmann, Forensic Nurse Consultant (nicole.stahlmann@ihs.gov) and Billie Brown, Forensic Nurse Coordinator (billie.brown@ihs.gov).

What is Forensic Health Care & Forensic Nursing?

Forensic Health Care is a field of practice that includes assessment, treatment, and diagnosis of patients who have experienced violent crimes (e.g., sexual assault, sexual abuse, domestic violence, intimate partner violence, human trafficking, strangulation, etc.). Forensic health care providers have specialized knowledge and training in trauma-informed care, head-to-toe assessments, injury identification, evidence collection, and medical management. They can offer testimony in a court of law to assist with prosecution of individuals who commit violent crimes.

Forensic health care providers are typically registered nurses, but are also advanced practice nurses, physicians, and physician assistants (e.g., Sexual Assault Nurse Examiners/Forensic Nurse Examiners (SANEs/FNEs), Sexual Assault Examiners/Sexual Assault Forensic Examiners (SAEs/SAFEs, etc.)).

Forensic Nursing is specialized nursing care that focuses on patient populations affected by violence and trauma-across the lifespan and in diverse practice settings. Forensic nursing includes education, prevention, and detection and treatment of the effects of violence in individuals, families, communities, and populations. Through leadership and interprofessional collaboration, forensic nurses work to foster an understanding of the health effects, effective interventions, and prevention of violence and trauma.

References:

- American Nurses Association and International Association of Forensic Nurses (2017). *Forensic Nursing: Scope and Standards of Practice, 2nd Edi*. Silver Spring, MD: ANA and IAFN.
- Indian Health Service. Forensic Healthcare. Retrieved from: https://www.ihs.gov/forensichealthcare/

CULTURALLY CENTERED CARE

American Indian and Alaska Native (AI/AN) individuals who have experienced violent crimes (e.g., sexual assault, sexual abuse, domestic violence, intimate partner violence, human trafficking, strangulation, etc.), should have access to trauma-informed, patient-centered, medical forensic healthcare.

Forensic nurses and health care providers must practice to a culturally competent environment to enhance the care of AI/AN patients affected by violence, victimization, generational, and historical trauma.

- **Cultural Competence**: refers to a set of behaviors and attitudes that enables a healthcare professional to work effectively and accounts for healthcare issues related to diversity, marginalization, and vulnerability due to culture, ethnicity, gender, and sexual orientation.

- **Historical Trauma**: refers to a cumulative emotional and psychological wounding across generations, including the lifespan, which originates from massive group trauma.

REFERENCES:

- American Indian and Alaska Native Culture Card. Retrieved from: https://store.samhsa.gov/sites/default/files/sma08-4354.pdf
- Indian Health Manual, Part 3, Chapter 37, Trauma-Informed Care. Retrieved from: https://www.ihs.gov/ihm/pc/part-3/chapter-37-trauma-informed-care/
- Substance Abuse and Mental Health Services Administration. Trauma-Informed Care. Retrieved from: https://www.samhsa.gov/resource/dbhis/trauma-informed-care-webpage

TRAUMA-INFORMED CARE

Trauma-Informed Care: refers to a universal framework to build a workplace culture that acknowledges and anticipates that many of the people we serve or interact with have histories of trauma and that the environment and interpersonal interactions within an organization can exacerbate the physical, mental, and behavioral manifestations of trauma. It is a model that emphasizes an evidence based, service-delivery focused approach that ensures dignity, peer support, and cultural competency. Trauma-informed care promotes safety, collaboration, trust, and empowerment to individuals. It is a strengths-based service delivery approach grounded in an understanding of, and responsiveness to, the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and patients.

- Six Trauma-Informed Principles:
  - Safety
  - Trustworthy & Transparency
  - Peer Support
  - Collaboration & Mutuality
  - Empowerment & Choice
  - Cultural, Historical, Gender Issues

Health care providers should understand the complexities of trauma, generational, lateral, and historical trauma. Providing culturally appropriate care for patients who experienced violence is an important aspect of establishing trust and supporting protective factors (such as connection to cultural identity) with AI/AN patients seeking medical forensic services. After obtaining the individuals consent, ask the patient about their cultural practices or beliefs (e.g., praying, smudging, ceremony, natural healing techniques, use of cultural/religious support person, etc.). Partner with local advocate programs to provide culturally safe advocacy support for patients.

REFERENCES:

- Indian Health Manual, Part 3, Chapter 37, Trauma-Informed Care. Retrieved from: https://www.ihs.gov/ihm/pc/part-3/chapter-37-trauma-informed-care/
- Substance Abuse and Mental Health Services Administration. Trauma-Informed Care. Retrieved from: https://www.samhsa.gov/resource/dbhis/trauma-informed-care-webpage

Understanding & Applying Prevention Efforts

Violence does not discriminate. In fact, it predicts not only emotional and mental health problems, but also potential future physical health conditions. Preventing violence is based on the parallel goals of the IHS mission, preventing physical and emotional pain, and sparing negative long-term health consequences of all AI/AN individuals, families, and communities affected by violence.

There are many different definitions and concepts about which activities are truly considered prevention and efforts against violence. The most common definitions related to prevention efforts include:

- **Primary**: acting prior to and preventing violence from happening (e.g., building champions, 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 (e.g., offering a medical forensic examination, 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 (e.g., supporting individuals across the lifespan, those with adverse childhood experiences, generational and historical trauma).

Medical Forensic Program & Service Readiness

Medical Forensic Program Readiness Checklist

- [ ] **Infrastructure** – dedicated medical forensic exam space, which houses policies, protocols, and equipment/supplies (e.g., emergency department room, clinic space, etc.)

- [ ] **Personnel** – dedicated SANE/SAFE/SAE or Champion. Individual(s) (RN, APRN, or MD) tasked with ensuring appropriate infrastructure, supplies, medications, systems/protocols, and education for medical forensic examinations. Collaboration with the local multidisciplinary team.

- [ ] **Systems and Protocols** – screening measures, assessment, diagnosis, treatment and/or transfer protocols. Systems approval through Administrators, OIT, Clinical Applications Coordinators, Quality, Billing, etc.

- [ ] **Education** – regular training, simulation, and ongoing education following best practices exist for management of forensic healthcare patients among staff and multidisciplinary team.

- [ ] **Supplies** – medical forensic record/chart, evidence collection kit, basic exam and lab supplies, camera(s) and camera equipment, overhead light source, rulers, speculums, anoscopes, toluidine blue dye, alternate light source, locked storage, equipment maintenance, etc.

- [ ] **Medications -** Ceftriaxone, Azithromycin, Doxycycline, Metronidazole, Penicillin, Ella/Plan B, nPEP (Truvada/Tivicay), Hep B, HPV, Tetanus, Zofran, etc.

- [ ] **Follow-up and Referrals** – follow-up medical forensic examination and medical management. Create a safety plan. Referral to behavioral/mental health, advocacy, the criminal justice system, social work/case management, etc.

Every patient encounter is unique and may not require all supplies, medication, or follow-up services. The exam should be tailored to the patient and with their consent.

Medical Forensic Program Readiness & Development, continued

An overview and thorough assessment of program readiness drives sustainability. Program readiness and quality service measures ensure best practices and healthy outcomes for AI/AN patients.

Program Development:

Identify Program Model
- Vision, mission, community need, connection and resources

Identify Champions
- Administrators/Directors/Leadership, Tribal leaders, healthcare providers, CNO/CNE, CMO, Legal/Ethics/Quality, HR, social workers, behavioral health, Area Office. Community - advocacy, law enforcement, prosecutors, CPS/APS, (MDT/SART/CCRT)

Identify Staffing and Leadership Model
- Staffing model, program coverage/call shifts, training and ongoing education, clinical competency, compensation

Draft Policy and Procedures
- Facility policies and caring for the patient. Staff/employee guides books, best practices, clinical standard operating procedures.

Understanding the Budget
- Operational costs and funding resources, personnel, infrastructure, supplies, equipment and maintenance, training, education, ongoing training/education, patient supplies

Training
- Training staff, training new staff, annual competency, annual training, peer review, testimony training, expand training and education to care for patients of all ages and victimizations. Cross train with the MDT/SART/CCRT & local/Tribal Coalitions

Medical Forensic Examination

Individuals who have experienced violent crimes (e.g., sexual assault, sexual abuse, domestic violence, intimate partner violence, human trafficking, strangulation, etc.), should have access to trauma-informed, patient-centered, medical forensic health care.

The purpose of the medical forensic examination is to assess, diagnosis, and provide treatment for individuals who have experienced a violent crime.

The Medical Forensic Examination can include, but is not always limited to:

- Triage, screening, and initial assessment
- Health care provider to collect:
  - Patient consent to the examination (written and verbal consent, assent)
  - Demographic information
  - Current medications, past medical and surgical history, including gynecological history
  - Patient history/narrative related to the assault
- Health care provider to assess and evaluate:
  - Physical accommodations and alternative exam needs; potential drug/alcohol facilitated sexual assault; strangulation
- Health care provider to conduct:
  - Physical, head-to-toe medical forensic examination, collecting evidence using an evidence collection kit, capturing photography, and documenting findings
- Health care provider to offer:
  - Medical intervention (e.g., STI, HIV, and pregnancy evaluation and treatment)
  - Referrals (e.g., behavioral/mental health, advocacy, criminal justice system, local/Tribal coalitions, culturally specific resources, etc.)
  - Safety planning, education, discharge instructions, and follow-up services

Domestic Violence/Intimate Partner Violence (DV/IPV) - Patient Screening

Approximately 57% of AI/AN women and 51% of AI/AN men experience Intimate Partner Violence (IPV) annually in the United States. (Loomis, et al, 2022)

Why is Screening Patients Important?

- Screening identifies patient health risk, which may not be physically evident or reported during a routine healthcare visit.
- Patient Health Risk information can be used to address identified needs and implement prevention services to decrease future patient risk.
- Standardized screening provides a method of measuring how well healthcare and other services are delivered to the community.
- IHS Federal facilities report to Congress annually on activities related to DV/IPV screening measures. Government Performance and Results Act (GPRA)

Along with normally scheduled patient screenings, healthcare providers are encouraged to incorporate DV/IPV screening at every patient encounter.

Example DV/IPV Screening Tools (validated/evidence-based screening):

- Humiliation, Afraid, Rape, Kick (HARK)
- Abuse Assessment Screen (AAS)
- Hurt, Insulted, Threaten, Scream (HITS) & Extended (E-HITS)
- Partner Violence Screen (PVS)
- Women Abuse Screening Tool (WAST)

Danger Assessment - determines level of danger.

Patient Screening, continued

If we are not screening 100% of eligible patients, we are missing a screening opportunity to properly treat and diagnose patients.

Screening Items to Consider:

- Implement a Trauma-Informed Care approach to screening patients. Identify who will perform each screening and in which step of the patient flow process will the DV/IPV screening will occur. Communicate the patient flow process across clinical care departments throughout the facility to eliminate confusion.
- Perform the DV/IPV screening in a private, secure space.
- DV/IPV Screening Tool - identify question items to be included in the screening tool.
- Coordinate with local IHS Computer Applications Coordinator (CAC) to create/revise screening templates in support of efficient documentation, coding, and reporting within the electronic health record.
    - Work with the local GPRA Team to coordinate resources for implementing a screening protocol for patient visits. This team may include representatives from Nursing, Behavioral Health, Medical Quality/Compliance departments along with local CAC, IT Department, and Area GPRA Coordinator.
    - IHS DV/IPV Exam code: 34. Coordinate with local HIM team to determine current codes for DV/IPV-related diagnosis, patient education, and counseling.
    - Educate providers regarding the definition of results for each classification: negative, positive, past, present, or present and past results.
- Identify and implement training and competencies for all individuals who will screen patients.
- Develop patient education materials in advance, and in accordance with local policy requirements. This should include the appropriate compliance and format to meet the patient needs.
- Identify resources for patient referrals and follow-up in response to the various levels of positive screening results. This may include education and in-house resources, as well as coordination with local/regional partners for shelters, counseling, advocacy groups, etc.
- Use the available (online) GPRA Resources, as well as local/Area wide contacts to support patient screening.

Facility-Wide Coordination

Collaborate with the nursing, medical, and administrative leadership team to identify the appropriate resource/individuals within each department/team at the local facility or Area Office. Coordinate with each department/team to ensure protocols are in place to support all aspects of the local Forensic Health Care Program.

Quality Assurance/Compliance: Coordinate with the local Quality team to secure forensic health care program support related to Quality Assurance, Patient Safety, Clinical Risk Management, and Program Innovation/Improvement. This also includes accreditation/certification readiness along with support related to local policy management process. IHS Office of Quality

Health Information Management (HIM): The local HIM team will help to ensure proper process for documentation, administration, storage, and retrieval of medical forensic healthcare records. HIPAA, Privacy, and Business Class Rules for determining whom in the facility has access to the medical forensic examination record and encounter. Work with your local HIM and Business Office team to ensure medical coding and billing/reimbursement process supports the patient and program. Patient registration, coding, and billing staff may be located within the HIM or Business Office departments. Indian Health Manual - Chapter 3, HIM

Informatics/Computer Applications Coordinator (CAC): Connect with the local Informatics/CAC team to ensure software is approved and secure for use within the electronic health record. Coordinate with the local CAC and HIM team for the development, revision, and approval of template notes. Management of medical forensic photographic documentation, storage, and retrieval will include coordination with the CAC, HIM, and local Office of Information Technology (OIT) teams to ensure the process meets the FHC Program needs.

Business Office: Coordinate with the local HIM & Business Office team to ensure process for patient registration (encounter type), medical coding and billing (per local policy), and reimbursement (as appropriate, per local policy) are in place to support patient privacy and care as well as facility needs related to forensic health care services.

Facility-Wide Coordination, continued

Purchase/Referred Care (PRC): Coordinate with the local PRC program to ensure process (including patient privacy) for referral of patient to outside facility/center for medical forensic health care services, when appropriate. PRC

Patient Care/Case Management: Depending upon the care management process for the local facility, coordinate with the Care/Case Management team for seamless, comprehensive, and patient-centered management of patient visit, referrals, and appropriate follow-up.

Local Training Coordinator: Collaborate with the local/Area Office Training Coordinator to determine the process for requesting approval for attending and purchasing in-house and off-site training, conference registration, symposiums, or any educational events. IHM, Part 5, Chapter 23 - Purchase Card Policy

Travel Coordinator: Connect with the local Travel Coordinator to determine process for planning and management of staff travel, including creation of staff travel profile. IHM, Part 5, Chapter 8 - Travel

Financial Management: Work with the local Nursing/Medical Leadership team to coordinate with the local Financial Management Team, ensuring process to maintain understanding of operational costs, funding resources, and related reporting requirements for the forensic health care program.

Multidisciplinary Team (MDT)

A collaborative multidisciplinary, trauma-informed team approach and response should be established for all patients/survivors following violent crimes.

Programs should implement community driven protocols addressing the needs of all individuals and comprehensively respond to all cases, whether they are reporting to law enforcement or not.

In an effort to build a sustainable and cohesive working MDT, team members should plan for initial and continuing education, regular case reviews, and communication to build and enhance resolution.

Sexual Assault Response Team (SART)/Multidisciplinary Team (MDT)/Coordinated Community Response Team (CCRT) Members:

- Health care - Sexual Assault Nurse Examiners/Forensic Nurse Examiners/Sexual Assault Forensic Examiners (SANEs/FNEs/SAFEs, etc.), providers, program coordinator(s)
- Advocacy - community and/or systems-based advocates, social work, behavioral health, local/Tribal coalitions
- Law Enforcement - Local, State, Tribal, FBI, BIA
- Prosecutors
- Crime/Forensic Lab Personnel
- Child/Adult Protective Services (CPS/APS)
- Tribal Leaders & Tribal support programs
- Other individuals to represent the team (e.g., victims/survivors, families of victims/survivors, elder justice leaders, campus personnel, local sexual assault/domestic violence shelter coordinators, etc.)

Each community is unique and will have varying protocols, response, and more or less individuals representing the MDT.

References:

- Sexual Violence Justice Institute (SVJI) - https://mncasa.org/our-work/systems-change/sexual-assault-response-teams/
- SVJI/MCASA. A Ten Factor Framework for SART Effectiveness - https://mncasa.org/wp-content/uploads/2022/04/A-Ten-Factor-Framework-for-Sexual-Assault-Response-Team-Effectiveness.pdf
- National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach - https://www.ojp.gov/pdffiles1/nij/250384.pdf

I/T/U Medical Forensic Exam Payment & Reimbursement Practices

Patients who present to a health care facility with concern for sexual assault, intimate partner or domestic violence are entitled to a medical forensic examination regardless of their decision to report to law enforcement (Violence Against Women Act (VAWA)). Reimbursement is available for the facility which performs the medical forensic examination.

Guidance for the field:

- Understand local and state payment program options specific to the medical forensic examination, including exam process and reimbursement resources, such as Crime Victim Compensation and Assistance, whether the individual is/is not reporting to law enforcement.
- Implement facility policy and procedures to define medical forensic services received as part of the overall health care for the patient.
- Inform every patient of jurisdictional-related information and policies related to payment of medical forensic examination and related services.
- Coordinate with facility staff (e.g., medical, nursing, health information management, patient registration, and business office teams) to confirm policies and procedures for visit type, documentation, billing, coding, and reimbursement practices for the medical forensic services.

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I/T/U Medical Forensic Exam Payment & Reimbursement Practices, continued

Patients may need to be transferred and/or referred to outside facilities for Forensic Health (FH) services. This might occur when local FHC services are not available or when the emergency medical needs of a patient results in an acute transfer to a higher level of care.

Inter-Facility Collaborative Care Agreements:

- Coordinate efforts and implement policy/procedure to support quality, patient-centered, culturally responsive patient care services, transition of care services, and follow-up care services.
- When identifying facilities for collaboration, reach out to local partners (Federal, State, County, regional service agencies, Tribal Coalitions, and support programs) to confirm current information, opportunities, and resources.
- Once partnerships are established, maintain healthy relationships with facilities to support collaborative efforts for providing safe, quality, and culturally responsive FHC services.
- Coordinate with PRC to confirm facility and service agreements.
- Consider jurisdiction-related issues (Federal, Tribal, local, county, state) and facilitate this information (with updates, as necessary) to the partnering facility.

Transportation:

- Coordinate with local resources and service agencies (advocacy groups, social services, Tribal Coalitions, etc.) to identify available transportation service providers. Update the resource list often.
- Establish and maintain local policy with protocols to outline transportation options, arrangements, and guidelines.

ACQUISITIONS

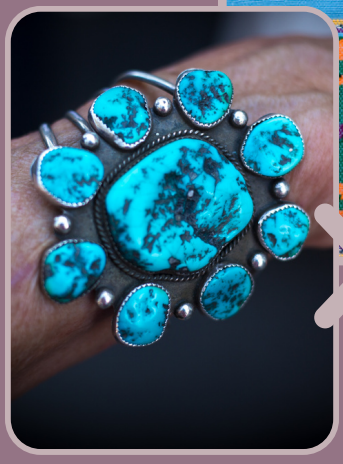
Federal Acquisition Regulation (FAR) - https://www.acquisition.gov/browse/index/far

Division of Acquisition Policy (DAP) - https://www.ihs.gov/dap/acquisitionprocess/

Purchase Card (PCard) Information - https://www.ihs.gov/dap/purchasecard/

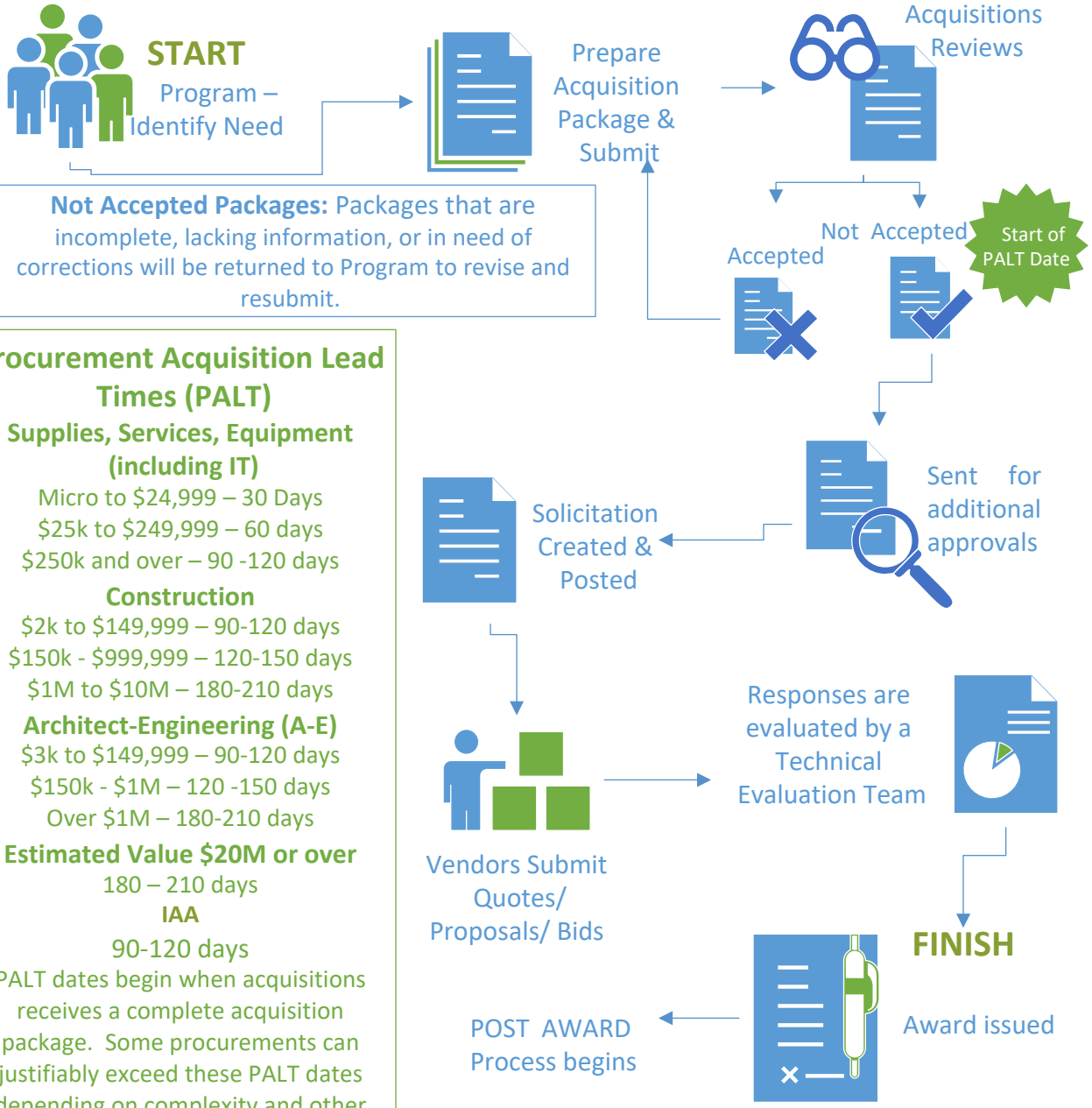
Standard Form - SF182 https://www.opm.gov/forms/pdf_fill/SF182.pdf

Connect with the Area Office, Acquisition team, and management staff to purchase equipment, supplies, training, or education. Certain purchases must go through the acquisitions process and should include a scope of work, market research, independent government cost estimate, and acquisition plan.



The IHS Acquisition Pre-Award Process

Below is a basic flowchart showing the Acquisition Process in its simplest form. Variations of the process might apply to acquisitions with high estimated values or actions for complex items. It is important to communicate with your acquisition team members early and often to increase the chance of success.



Procurement Acquisition Lead Times (PALT)

Supplies, Services, Equipment (including IT)

Micro to $24,999 – 30 Days
$25k to $249,999 – 60 days
$250k and over – 90 -120 days

Construction

$2k to $149,999 – 90-120 days
$150k - $999,999 – 120-150 days
$1M to $10M – 180-210 days

Architect-Engineering (A-E)

$3k to $149,999 – 90-120 days
$150k - $1M – 120 -150 days
Over $1M – 180-210 days

Estimated Value $20M or over

180 – 210 days

IAA

90-120 days

PALT dates begin when acquisitions receives a complete acquisition package. Some procurements can justifiably exceed these PALT dates depending on complexity and other factors.

Acquisition Package

At a minimum, your acquisition package must include these 5 documents.

Statement of Work, Performance tement, SOO, or Minimum Technical Requirements
FAR Part 11
Responsibility: Program

Independent Government Cost Estimate (IGCE)
FAR Part 7
Responsibility: Program

Initial Market Research
FAR Part 10
Responsibility: Program

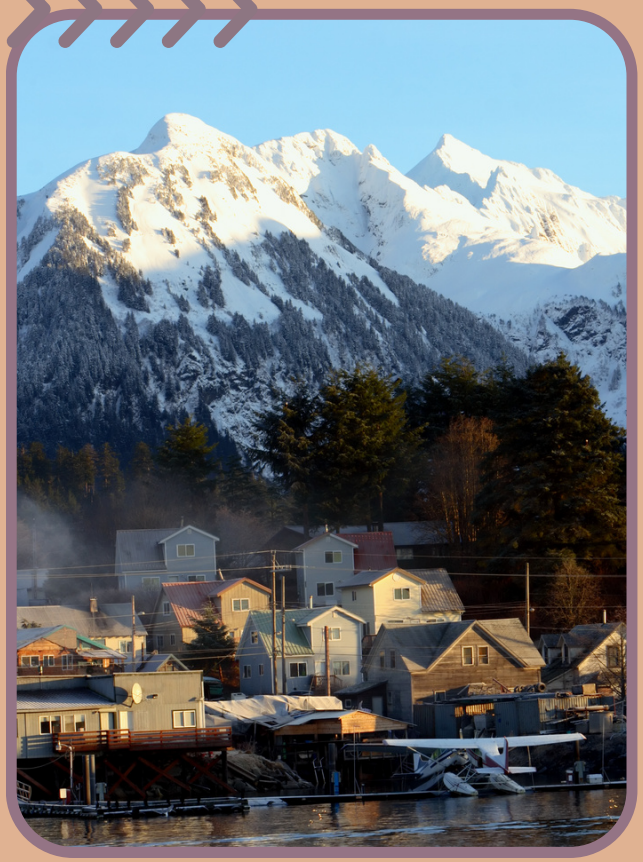
Acquisition Plan
FAR Part 7
Responsibility: Program and Acquisitions

Funding Document (Requisition)
FAR Part 7
Responsibility: Program

Please note that a procurement may require additional documentation during the acquisition process. A comprehensive list of documents cannot be provided as there are many variables for each procurement that determine what is required and what is not.

Vicarious Trauma & Burnout

Vicarious Trauma/Secondary Trauma refers to the continuous exposure of listening, watching, and/or responding to a patient's/victim's traumatic events, which can ultimately lead to a health care providers' change in lifestyle, health, habits, and perspectives (both positive and negative impacts). Due to the constant exposure of trauma, this could cause any provider the inability to cope with their emotions, manage stress, or provide compassionate health care. Over time, this could potentially lead to provider burnout.



Preventative self-care & action plan to mitigate vicarious trauma (unique to the provider, so they are able to continue providing quality patient care): host regular check-ins with staff/colleagues; seek a mentor; create mentorship opportunities; exercise; hike/walk; yoga; sports; engage in breathing sessions; journal; travel; visit a museum; meditate; seek preferred religious group(s); engage in spiritual/healing activities; conduct arts & crafts; learn a new hobby or skill; read a book(s); paint; visit with an elder, a leader, or community member; learn a new language; bake; volunteer; make plans with a friend or family member, etc.

References:

- Office for Victims of Crime (OVC). What is Vicarious Trauma https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma
- Core Curriculum for Forensic Nursing, 2016.

Helpful Resources

- Indian Health Manual, Part 3 (https://www.ihs.gov/IHM/pc/)
  - Chapter 20 - Protecting Children from Sexual Abuse by Health Care Providers
  - Chapter 29 - Sexual Assault
  - Chapter 31 - Intimate Partner Violence
  - Chapter 36 - Child Maltreatment
  - Chapter 37 - Trauma-Informed Care
- Indian Health Service: IHS.GOV
  - Forensic Health Care webpages and listserv - https://www.ihs.gov/forensichealthcare/
  - Division of Behavioral Health webpages (fact sheets) - https://www.ihs.gov/dvpi/
- Indian Law Resource Center – Safe Women, Strong Nations - https://indianlaw.org/
- National Indigenous Women's Resource Center: https://www.niwrc.org/
- National Indigenous Women's Resource Center - Tribal Coalitions: https://www.niwrc.org/tribal-coalitions
- National Indian Child Welfare Association: https://www.nicwa.org/
- Administration for Native Americans - https://www.acf.hhs.gov/ana
- Administration for Children & Families - Tribal Affairs: https://www.acf.hhs.gov/tribal-affairs
- Strong Hearts Native Helpline - https://strongheartshelpline.org/

Forensic Health Care National Best Practices, Protocols, Scopes and Standards:

- A National Protocol for Sexual Assault Medical Forensic Examinations
  - Adult/Adolescent: https://www.safeta.org/wp-content/uploads/2021/12/SAFE_PROTOCOL_2012-508.pdf
  - Pediatric: https://www.safeta.org/wp-content/uploads/2021/12/national_pediatric_protocol_.pdf
- A National Protocol for Intimate Partner Violence Medical Forensic Examinations: https://www.safeta.org/wp-content/uploads/2023/05/IPVMFEProtocol.pdf
- National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach: https://www.safeta.org/wp-content/uploads/2021/12/National_Best_Practices_for_.pdf
- National Training Standards for Sexual Assault Medical Forensic Examiners: https://www.safeta.org/wp-content/uploads/2021/12/training_sexualassaultforens.pdf
- ANA – Forensic Nursing Scope and Standards of Practice, 2nd Edi., Forensic Nursing: Scope and Standards of Practice | ANA (nursingworld.org)
- Core Curriculum for Forensic Nursing: Link to purchase book on Amazon
- IAFN Education Guidelines: Forensic Nursing Education Guidelines – IAFN (forensicnurses.org)
- National Children’s Alliance – Standards & Putting Standards into Practice - NCA's National Standards of Accreditation - National Children's Alliance (nationalchildrensalliance.org)

Helpful Resources

Training Opportunities

- Office on Trafficking in Persons (OTIP) - NHTTAC: https://nhttac.acf.hhs.gov/soar/soar-for-individuals/soar-online
- Office on Violence Against Women Technical Assistance Provider Resource - Calendar of webinars: https://ta2ta.org/calendar.html
- End Violence Against Women International (EVAWI) SAMFE Virtual Practicum - https://evawintl.org/vp/

Sexual Assault Response Team/Multidisciplinary Team Resources:

- NSVRCs SART Toolkit - Sexual Assault Response Team Toolkit | National Sexual Violence Resource Center (NSVRC)
- SVJI SART Starter Kit (MNCASA): SVJI Resource: SART Starter Kit - Minnesota Coalition Against Sexual Assault (mncasa.org)
- OVC SART Toolkit: SART Toolkit: Resources for Sexual Assault Response Teams (ncjrs.gov)
- OVCTTAC SANE Program Development and Operation Guide: Multidisciplinary Response and the Community (ovcttac.gov)
- Collective Power: A Practical Blueprint for Sexual Assault Programs to Create Community Partnerships and Collaborations: Collective Power (Future's Without Violence)
- Rural Health Information Hub: Rural Health Information Hub

Provider Wellness/Vicarious Trauma Resources:

- Centers for Disease Control and Prevention: Support for Public Health Workers and Health Professionals
- Trauma Stewardship – The Trauma Stewardship Institute
- National Alliance on Mental Illness - Resources for Health Care Professionals: NAMI
- Professional Quality of Life (ProQOL assessment, health measure, and self-care tools - ProQOL tools

Missing and Murdered Indigenous People (MMIP):

- National Missing and Unidentified Persons - NAMUS https://namus.nij.ojp.gov/
- Department of Justice - Missing and Murdered Indigenous Persons (MMIP): https://www.justice.gov/tribal/mmip
- National Indigenous Women's Resource Center - MMIW Toolkit for Families and Communities: https://www.niwrc.org/resources/toolkit/mmiw-toolkit-families-and-communities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