

Indian Health Service and the U.S. National Plan to End Gender-Based Violence

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Issue/Topic: National Plan to End Gender-Based Violence

The U.S. National Plan to End Gender-Based Violence (National Plan) highlights and advances the comprehensive approach to preventing and addressing sexual, domestic, and intimate partner violence, stalking, and other forms of gender-based violence (referred to collectively as GBV), focusing on efforts to ending the negative health outcomes and by strengthening the health and well-being across a person’s lifespan¹.

The National Plan outlines a vision statement which reads - the United States will be a place where all people live free from gender-based violence (GBV) in all aspects of their lives. This vision applies to all people, regardless of gender, sex, gender identity, sex characteristics, sexual orientation, race, ethnicity, religion, age, disability, geographic location, national origin, immigration or citizenship status, socioeconomic circumstance, medical condition or status, or other factors. The National Plan gives priority to areas that have been underemphasized in GBV-focused policy and research, such as prevention, racial justice, LGBTQI+ equality, intergenerational healing, community wellness, and social norms change.

There are seven strategic pillars with related goals and objectives within the National Plan. The seven pillars focus on:

Pillar 1: Prevention

- Goal 1: Enhance and promote GBV prevention
- Goal 2: Enhance dissemination and implementation of GBV prevention strategies
- Goal 3: Improve prevention efforts to change social norms that support or condone GBV and to promote healthy and respectful relationships across the life course
- Goal 4: Improve comprehensive health approaches to prevent GBV

¹ U.S. National Plan to End Gender-Based Violence, Strategies for Action (2023). Retrieved from: <https://www.whitehouse.gov/wp-content/uploads/2023/05/National-Plan-to-End-GBV.pdf>

Pillar 2: Support, Healing, Safety, and Well-Being

- Goal 1: Improve data collection, research, and evaluation on trauma-informed and survivor-centered approaches to GBV
- Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels
- Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors from marginalized and underserved communities across the life course

Pillar 3: Economic Security and Housing Stability

- Goal 1: Prevent and address GBV, including sexual harassment, in the world of work
- Goal 2: Improve economic security, asset-building opportunities, and financial protection to mitigate GBV, help survivors escape abuse, and support long-term financial independence
- Goal 3: Provide a spectrum of housing services, resources, programs, and protections for GBV survivors; ensure access to safe, affordable, and long-term housing

Pillar 4: Online Safety

- Goal 1: Establish a strategic vision and coordinated approach for how the Federal Government addresses online forms of GBV and integrates these efforts across existing policies and programs to support survivors and prevent harms
- Goal 2: Enhance and expand federally funded research and data collection on technology-facilitated GBV
- Goal 3: Improve services and access to justice for victims of online forms of GBV

Pillar 5: Legal and Justice Systems

- Goal 1: Advance access to justice for GBV survivors
- Goal 2: Ensure that justice systems are responsive to survivors' needs and experiences
- Goal 3: Expand options for survivors to seek safety and justice

Pillar 6: Emergency Preparedness and Crisis Response

- Goal 1: Address GBV and associated risks in federal emergency response and recovery efforts
- Goal 2: Update training programs for first responders that address crisis- or disaster-related GBV and trauma-informed care for GBV survivors
- Goal 3: Deepen the research base on the links between climate-related disasters and heightened risk for GBV, particularly for historically marginalized and underserved populations

Pillar 7: Research and Data

- Goal 1: Expand the scope of research and data to improve inclusion of historically marginalized and underserved communities
- Goal 2: Improve understanding of GBV victimization and perpetration over the life course
- Goal 3: Leverage existing data collections to collect new data on GBV

The 2022 reauthorization of the Violence Against Women Act (VAWA) enhanced efforts to support survivors of violent crimes, including expansion of access to resources and protections in Tribal Communities. VAWA ensures the appropriation of funding to provide education, training, and technical assistance for all members of the multidisciplinary teams, including those for example, health care providers, advocates, law enforcement officers, prosecutors and judges. VAWA also authorizes new programs, makes changes to federal criminal laws, and establishes new protections to promote housing stability and economic security for victims of domestic violence, sexual assault, dating violence, and stalking².

This document was drafted to highlight and capture the various strengths-based active programs, strategic plan initiatives, projects, or committee work which places great emphasis on gender-based violence prevention efforts conducted by the IHS. Although this document was intended for Director Tso and Senior Executive Leadership, all Indian Health Service, Tribal, and Urban Indian Organization staff and employees, other federal agencies, and our collaborative partners helping to raise the physical, mental, social, and spiritual health of American Indian and Alaska Natives to the highest level should be afforded the opportunity to access this information regarding the IHS plan to end gender-based violence.

Background, Historical Information, and Statistics:

Violence does not discriminate and is deeply rooted by intergenerational trauma and oppression, intensified by inequity, racism, and relentless abuse of power. More specifically, gender-based violence (GBV) is a healthcare issue, disproportionately affecting an individual or group based on actual or perceived sex, gender, gender identity, sex characteristics, or sexual orientation. Encompassing all victimization types, GBV can include, but is not limited to: sexual, physical, psychological/mental, emotional, financial/economic, abuse through technology, and more often, a combination of types. Threats and violence can also include harassment, coercion, and removal of an individual or groups freedom.

American Indian and Alaska Native (AI/AN) individuals and communities are disproportionately impacted and have higher than the average victimization rates. AI/AN women, girls, and those who identify as Two-Spirit, lesbian, gay, bisexual, transgender, queer/questioning, and other sexual orientations and gender identities (2SLGBTQ+) experience violence at alarming rates and are disproportionately affected by crime compared to other populations within the United States. Individuals who identify as 2SLGBTQ+ experience rates of intimate partner violence similar to, or higher than, non 2SLGBTQ+ or cis-heterosexual individuals³. AI/AN women are 1.2 times as likely as non-Hispanic white-only women to have experienced violence in their lifetime and 1.7 times as likely to have experienced violence in the past year. More than four in five AI/AN women (84.3 percent) have experienced violence in their lifetime, not accounting for generations of historical trauma and oppression. Nearly 1 in 2 (approximately 48.8 percent) of AI/AN women experienced stalking in their lifetime. Ninety-six percent of AI/AN women who have been victims of sexual violence were victimized by non-native offenders. Twenty-one percent of women have experienced sexual violence within their race⁴. According to the Centers for Disease Control and Prevention (2020), pregnancy resulting from rape or sexual abuse is a public health concern where sexual violence and reproductive health intersect⁵.

² S.3623 - 117th Congress (2021-2022): Violence Against Women Act Reauthorization Act of 2022. (2022). Retrieved from: <https://www.congress.gov/bill/117th-congress/senate-bill/3623/text>

³ Bermea AM, Slakoff DC, Goldberg AE. Intimate Partner Violence in the LGBTQ+ Community: Experiences, Outcomes, and Implications for Primary Care. *Prim Care*. 2021 Jun; 48(2):329-337. Doi: 10.1016/j.pop.2021.02.006.

⁴ Rosay, André B., "Violence Against American Indian and Alaska Native Women and Men," *NIJ Journal* 277 (2016): 38-45, available at <http://nij.gov/journals/277/Pages/violence-againstamerican-indians-alaska-natives.aspx>

⁵ Centers for Disease Control & Prevention. (2020). Understanding pregnancy resulting from rape in the US. Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

Approximately 3 million people of all races and ethnicities in the United States (US) will experience pregnancy resulting from rape in their lifetime⁶.

It is important to recognize that rates of violence against AI/AN women can vary greatly across Indian Country. On average, 40 percent of women involved in sex trafficking are identified as AI/AN⁷. 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, being diagnosed with post-traumatic stress disorder (PTSD), and becoming victims of homicide. Homicide is the third highest cause of death in girls aged 15 to 19 and women 20 to 24⁸, estimating that AI/AN women face murder rates more than 10 times the national average⁹. Rates of chlamydia and gonorrhea are four to five times higher in AI/AN populations than white individuals¹⁰. Syphilis and human immunodeficiency (HIV) also have unreasonably high impacts on this patient population. In 2018, AI/AN women had the highest syphilis rate at nearly five and a half times the rate among white females¹¹. During 2020 to 2021, the greatest increase in rate of reported syphilis cases per 100,000 persons was among non-Hispanic AI/AN (26.8 to 46.7; 74.3 percent increase). Non-Hispanic AI/AN persons also had the greatest five-year increase in rate of reported syphilis (11.0 to 46.7; 324.5 percent increase from 2017)¹².

Ongoing social and health related issues which relentlessly plague Tribal communities such as substance use disorders, violence, poverty, suicides, homicides, etc., can be attributed back to the unparalleled housing crisis. In 2019, an estimated 20 percent of AI/AN people live in poverty compared to the Census Bureau's 2019 national poverty rating of 10.5 percent^{13,14}. Forty-four percent of Native/Indigenous 2SLGBTQ+ youth have experienced homelessness or housing instability at some point in their life¹⁵. Experiencing homelessness impacts an individual's mental health and increases violence risk factors, including suicidal ideations. The widening gap in environmental changes, including housing instability, negatively impacts individuals' use and access to proper health care, resulting in poorer health outcomes and linked to increased violent crimes.

IHS continuously seeks to elevate the coordinated multidisciplinary team approach to restoring the life balance of the patient, supporting a patient-centered, focused, and trauma-informed framework to improve the individuals' experience and positive outcomes across healthcare and the criminal justice system. Capturing only one of many law enforcement agencies within Indian country, according to the U.S. Department of Justice (DOJ) Indian Country Investigations and Prosecutions 2021 Report, the FBI closed 2,577 Indian country investigations during the calendar year (CY) 2021. For CY 2021, 770

⁶ Basile, K.C., Smith, S.G., Liu, y., Kresnow, M., Fasula, A.M., Gilbert, L., Chen, J. (2018). Rape-related pregnancy and association with reproductive coercion in the U.S. *American Journal of Preventive Medicine*, 55(6), 770-776. doi: 10.1016/j.amepre.2018.07.028

⁷ NCAI Policy Research Center. NCAI. (2016). Human Trafficking: Trends and Responses across Indian Country. Retrieved from <https://www.ncai.org/policy-research-center/research-data/prc-publications>

⁸ Heron M. Deaths: Leading causes for 2019. *National Vital Statistics Reports*; vol 70 no 9. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:107021>.

⁹ Bachman, R., Zaykowski, H., Kallmyer, R., Poteyeva, M., & Lanier, C. (2008). Violence against American Indian and Alaska Native Women and the Criminal Justice Response: What is Known? Document No.: 223691, Washington DC: Department of Justice.

¹⁰ Lieberman JA, Cannon CA, Bourassa LA. Laboratory Perspective on Racial Disparities in Sexually Transmitted Infections. *J Appl Lab Med*. 2021 Jan 12; 6(1):264-273. doi: 10.1093/jalm/jfaa163. PMID: 33247907; PMCID: PMC7799034.

¹¹ Centers for Disease Control and Prevention. Health Disparities in HIV, Viral Hepatitis, STDs, and TB. Retrieved from: <https://www.cdc.gov/nchhstp/healthdisparities/americanindians.html>

¹² Centers for Disease Control and Prevention – Sexually Transmitted Disease Surveillance 2021. Retrieved from: <https://www.cdc.gov/std/statistics/2021/default.htm>

¹³ U.S. Department of Health and Human Services Office of Minority Health. Retrieved from: <https://minorityhealth.hhs.gov/american-indianalaska-native-health>

¹⁴ U.S. Census – Income, Poverty and Health Insurance Coverage in the US: 2019. Retrieved from: <https://www.census.gov/newsroom/press-releases/2020/income-poverty.html>

¹⁵ The Trevor Project – Homelessness and Housing Instability among LGBTQ Youth. Retrieved from: <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/>

investigations, or approximately 30 percent, were closed administratively, and 41 percent of investigations were not referred for prosecution. Approximately 29 percent of investigations were adjudicated. The DOJ believes that prioritizing initiatives in Indian country, including efforts to build capacity in Tribal courts and supporting prevention efforts that reduce risk factors for victims and potential offenders, will lead to enhanced public safety and a better quality of life for Native Americans¹⁶.

Statistics alone insufficiently reflect the disparities experienced by AI/AN individuals, calling attention to the devastating impacts of gender-based violence. The IHS addresses victimization and promotes the Indian healthcare systems’ focus on quality care, treatment, and promotion of life while respecting the wellness and resilience of AI/AN people.

Current Status/Response:

The IHS understands and recognizes that gender-based violence predominately impacts women, girls, Two-Spirit, and transgender individuals. The IHS also recognizes that receiving quality, culturally sensitive, trauma-informed, patient-centered health care is a basic human right.

Uniquely aligned with the National Plan, IHS optimizes services and access to healthcare, by providing a variety of programs and projects that provide quality, culturally sensitive health promotion and prevention care services for individuals, their families, and communities affected by gender-based violence in Native communities.

Below are three tables which outline IHS-related programs, initiatives, and committee work. The three tables highlight IHS related activities and includes reference to the National Plan to End Gender-Based Violence pillars and associated goals and objectives. Based on the IHS-related programs, initiatives, or committee work, all seven pillars of the National Plan are captured below.

**Table 1. Programs
Indian Health Service – Programs**

Division/Staff	Program	NP to End GBV Pillar/Goal
Division of Nursing Services (DNS): Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	Forensic Healthcare Funding Opportunity (\$10 million dollars dispersed over a five-year period) In March, 2023, the forensic health care team established a Forensic Healthcare Funding Opportunity (FHFO) that was designed to support building a community’s capacity by forensic health care program development and expansion through training opportunities for healthcare providers. A total of \$10 million dollars, over a five-year period, will be dispersed to 16 sites and it will ensure services such as medical forensic services and related resources are available to individuals across the lifespan who are affected by violence.	Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention. <ul style="list-style-type: none"> ▪ Objective 1.3: Strengthen GBV prevention in agency plans and processes. ▪ Objective 1.4: Increase public awareness about the root causes of GBV, its societal impacts, and the value of GBV prevention and early intervention. Goal 4: Improve comprehensive health approaches to prevent GBV

¹⁶ U.S. Department of Justice (DOJ) Indian Country Investigations and Prosecutions 2021 Report. Retrieved from: https://www.justice.gov/d9/2023-08/2021_-_indian_country_investigations_and_prosecutions_report.pdf

Division/Staff	Program	NP to End GBV Pillar/Goal
Division of Nursing Services (DNS): Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	<p>Based on the first six months of progress reporting, a timeframe between March 2023 and October 1, 2023, more than 1600 hours of education has been provided, to over 180 healthcare individuals across I/T/U facilities and members of multidisciplinary teams, using these forensic healthcare funds.</p> <p>The six total FHFO awards (16 sites) include:</p> <ul style="list-style-type: none"> ▪ Chinle Service Unit – R.I.S.E Program <ul style="list-style-type: none"> ○ Expanding the forensic healthcare program, hiring and training staff, offering education. ▪ Billings Area (to serve seven federally-operated IHS sites) <ul style="list-style-type: none"> ○ With the use of the FHFO funds, the Billings Area hired an Area Forensic Nurse Consultant. Establishing programs and service ready units at seven locations. ▪ Great Plains Area (to serve five federally-operated IHS sites) <ul style="list-style-type: none"> ○ Expanding services with equipment purchases, training, and education. ▪ Lawton Indian Hospital <ul style="list-style-type: none"> ○ Establishing a forensic health care program, from the start. Establishing policy and procedures to see patients. ▪ Northern Navajo Medical Center – Shiprock <ul style="list-style-type: none"> ○ Expanding their services to include both domestic violence and sexual assault medical forensic healthcare. ▪ Whiteriver Service Unit <ul style="list-style-type: none"> ○ Expanding services, hiring and training additional staff, offering ongoing education. 	<ul style="list-style-type: none"> ▪ Objective 4.1: Improve health care approaches to prevent GBV and help survivors heal. <p>Pillar 2: Support, Healing, Safety, and Well-Being Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels.</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming. ▪ Objective 2.2: Expand availability of training and technical assistance on trauma-informed approaches for those working with survivors of GBV. ▪ Objective 2.3: Develop programs and resources for adult intimate partner violence survivors disproportionately impacted by the child welfare system, foster care, and custody proceedings. <p>Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors from marginalized and underserved communities across the life course</p> <ul style="list-style-type: none"> ▪ Objective 3.1 Enhance existing initiatives and support innovative approaches. ▪ Objective 3.2 Support trauma-informed, accessible, and culturally responsive services to GBV survivors. <p>Pillar 3: Economic Security and Housing Stability Goal 1: Prevent and address GBV, including sexual</p>

Division/Staff	Program	NP to End GBV Pillar/Goal
Division of Nursing Services (DNS): Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	Forensic Healthcare Funding Opportunity <i>(continued)</i>	<p>harassment, in the world of work.</p> <ul style="list-style-type: none"> ▪ Objective 1.3: Build the capacity of employers, workplaces, unions, and worker organizations to prevent and respond to GBV, particularly in industries, occupations, and work arrangements in which workers face higher risks of GBV. <p>Pillar 5: Legal and Justice Systems</p> <p>Goal 1: Advance access to justice for GBV survivors</p> <ul style="list-style-type: none"> ▪ Objective 1.2: Address barriers that prevent many GBV victims from seeking assistance. <p>Goal 2: Ensure that justice systems are responsive to survivors’ needs and experiences</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen and improve system responses to GBV. <p>Goal 2: Ensure that justice systems are responsive to survivors’ needs and experiences</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen and improve system responses to GBV. <p>Pillar 6: Emergency Preparedness and Crisis Response</p> <p>Goal 1: Address GBV and associated risks in federal emergency response and recovery efforts</p> <ul style="list-style-type: none"> ▪ Objective 1.1: Integrate crisis- and disaster-related policies, protocols, and practices to address GBV into federal emergency planning and community mapping tools, and leverage interagency structures. <p>Goal 2: Update training programs for first responders that address crisis- or disaster-related GBV and trauma-informed care for GBV survivors</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Revise existing training programs to ensure all federal employees and contractors who support and oversee emergency management programs serving GBV victims are properly trained.

Division/Staff	Program	NP to End GBV Pillar/Goal
<p>DNS: Nicole Stahlmann, Forensic Nurse Consultant</p>	<p>Forensic Nursing Consultation Program – (Approximately \$5.5 million dollars, over a five-year period)</p> <p>The Forensic Nursing Consultation Program contract was awarded in September, 2023. This five-year contract was awarded to Texas A&M University Center of Excellence in Forensic Nursing. The contract deliverables include 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) and receive ongoing training and education to ensure confidence and competence in practice.</p> <p>The contract includes opportunities such as:</p> <ul style="list-style-type: none"> ▪ The Sexual Assault Nurse Examiner (SANE) training, that includes the 40+ hour adult/adolescent course, 40+ hour pediatric course, and a 16-hour clinical hands-on skills lab; ▪ Virtual and in-person SANE training courses and hands-on clinical skills labs; ▪ 10 webinars per year; ▪ Offering forensic nursing mentorship programs; ▪ Conducting site facility visits to support program development, training, and education; and, ▪ Offer continuing education and continuing medical education (CE/CME) contact hours for providers. 	<p>Pillar 1: Prevention</p> <p>Goal 1: Enhance and promote GBV prevention.</p> <ul style="list-style-type: none"> ▪ Objective 1.3: Strengthen GBV prevention in agency plans and processes. ▪ Objective 1.4: Increase public awareness about the root causes of GBV, its societal impacts, and the <p>Goal 3: Improve prevention efforts to change social norms that support or condone GBV and to promote healthy and respectful relationships across the life course</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Enhance education efforts that promote healthy and respectful relationships among children, youth, and young adults to address and break cycles of violence. ▪ Objective 3.2: Advance community-based solutions that work with multiple stakeholders, including men and boys, as essential participants in prevention. <p>Goal 4: Improve comprehensive health approaches to prevent GBV</p> <ul style="list-style-type: none"> ▪ Objective 4.1: Improve health care approaches to prevent GBV and help survivors heal. <p>Pillar 5: Legal and Justice Systems</p> <p>Goal 1: Advance access to justice for GBV survivors</p> <ul style="list-style-type: none"> ▪ Objective 1.2: Address barriers that prevent many GBV victims from seeking assistance.

Staff	Program	NP to End GBV Pillar/Goal
<p>DNS: Nicole Stahlmann, Forensic Nurse Consultant</p>	<p>Forensic Nursing Consultation Program <i>(continued)</i></p>	<p>Goal 2: Ensure that justice systems are responsive to survivors’ needs and experiences</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen and improve system responses to GBV. <p>Pillar 6: Emergency Preparedness and Crisis Response</p> <p>Goal 1: Address GBV and associated risks in federal emergency response and recovery efforts</p> <ul style="list-style-type: none"> ▪ Objective 1.3: Provide resources and support to organizations that provide essential services for GBV survivors during crises, emergencies, and disasters, including pandemics.
<p>DNS: Dr. Stacey Dawson, Women’s Health Consultant</p>	<p>The Women’s Health Consultant serves as the Indian Health Service primary designee to the White House Gender Policy Council and the Office of the First Lady—the Office of the Secretary White House Initiative on Women’s Health Research. This group compiled recommendations to advance women’s health research in a number of broad and far-reaching areas. These recommendations will be shared widely once finalized and serve as a framework for expanding women’s health research nationwide.</p>	<p>Pillar 1: Prevention</p> <p>Goal 2: Enhance dissemination and implementation of GBV prevention strategies</p> <ul style="list-style-type: none"> ▪ Objective 2.2: Further develop the evidence base of what works to prevent GBV. <p>Pillar 7 – Research and Data, Goal Objective</p> <p>Goal 1: Expand the scope of research and data to improve inclusion of historically marginalized and underserved communities</p> <ul style="list-style-type: none"> ▪ Objective 1.1: Support innovative research and data collection approaches to improve inclusion of historically marginalized and underserved communities. ▪ Objective 1.2: Consistently report disaggregated data from existing national data systems. <p>Goal 3: Leverage existing data collections to collect new data on GBV</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Expand GBV data collection resources and collaborations.

Division/Staff	Program	NP to End GBV Pillar/Goal
<p>DNS: Public Health Nursing (PHN): Tina Tah, Nurse Consultant, PHN</p>	<p>The IHS Public Health Nursing (PHN) Program is a community health nursing program that focuses on the goals of promoting health and quality of life, and preventing disease and disability. PHNs are licensed, professional nursing staff available to improve care transitions by providing patients with tools and support that promote knowledge and self-management of their condition as they transition from the hospital to home.</p> <p>Using a variety of methods to educate the AI/AN population such as individual and group patient education sessions, screening activities and referring high-risk patients, and immunizing individuals to prevent illnesses, the PHN works to improve the overall wellness of AI/AN people. The PHN Data Mart reports screening documented activities which include the following encounter numbers: domestic violence screening, depression screening, and alcohol screening.</p>	<p>Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention. Goal 4: Improve comprehensive health approaches to prevent GBV</p> <ul style="list-style-type: none"> ▪ Objective 4.1: Improve health care approaches to prevent GBV and help survivors heal by screening activities and referring to local resources/services.
<p>Division of Behavioral Health (DBH): Audrey Solimon, Behavioral Health Initiatives Branch Chief</p>	<p>The Domestic Violence Prevention (DVP) program is a nationally coordinated program that provides culturally appropriate domestic violence and sexual assault prevention and intervention resources to American Indians and Alaska Natives (AI/ANs) communities to prevent domestic and sexual violence that are culturally appropriate, evidence-based, practice-based models of violence prevention and treatment among AI/AN patients.</p>	<p>Pillar 1: Prevention Goal 3: Improve prevention efforts to change social norms that support or condone GBV and to promote healthy and respectful relationships across the life course</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Enhance education efforts that promote healthy and respectful relationships among children, youth, and young adults to address and break cycles of violence.
<p>DBH: Barbara Roland, Mental Health Branch Chief</p>	<p>Crisis Response: Funding has been dispersed to ten IHS Areas to set up Crisis Response Teams that will work at the area level to provide crisis service requests. The purpose of the funds is to develop and implement innovate crisis response plans within each of the ten IHS Areas to meet the needs of tribal communities, federal sites and urban Indian health organizations related to mental health and suicide related crisis.</p>	<p>Pillar 2: Support, Healing, Safety, and Well-Being Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors from marginalized and underserved communities across the life course</p> <ul style="list-style-type: none"> ▪ Objective 3.2: Support trauma-informed, accessible, and culturally responsive services to GBV survivors.

Division/Staff	Program	NP to End GBV Pillar/Goal
DBH: Kateri Fletcher-Sahmaunt, Alcohol & Substance Abuse Branch Chief	The Community Opioid Intervention Pilot Project (COIPP) focuses on addressing the root causes of substance use disorder, grant recipients have focused on developing and implementing a trauma-informed approach to address various types of trauma. In its first year (2021-2022), a total of 801 individuals in the communities served were trained on trauma-informed care which included healthcare professionals, program staff, and community members. These efforts promote community support, understanding, and healing.	Pillar 1: Prevention Goal 3: Improve prevention efforts to change social norms that support or condone GBV and to promote healthy and respectful relationships across the life course <ul style="list-style-type: none"> ▪ Objective 3.1: Enhance education efforts that promote healthy and respectful relationships among children, youth, and young adults to address and break cycles of violence.
DBH: Dr. Chris Fore, TBHCE Branch Chief	The IHS Telebehavioral Health Center of Excellence (TBHCE) may provide counseling services to victims and perpetrators of DV/IPV in communities across the country.	Pillar 2: Support, Healing, Safety, and Well-Being Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors from marginalized and underserved communities across the life course <ul style="list-style-type: none"> ▪ Objective 3.2: Support trauma-informed, accessible, and culturally responsive services to GBV survivors.
DBH: Barbara Roland, Mental Health Branch Chief	The Indian Healthcare Manual Chapter 36: Child Maltreatment establishes clinical care guidelines for patients under the age of 18 presenting for services at Indian Health Service (IHS) hospitals, youth regional treatment centers, health centers, and health stations (facilities) for the identification, evaluation, and management of suspected child maltreatment.	Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention. <ul style="list-style-type: none"> ▪ Objective 1.3: Strengthen GBV in agency plans and processes.
DBH: Barbara Roland, Mental Health Branch Chief	The Indian Healthcare Manual Chapter 20: Protecting Children from Sexual Abuse by Health Care Providers , outlines professional standards and guidance to protect children against sexual abuse by health care providers. This policy applies to all IHS staff, including (but not limited to) employees, volunteers, contractors, and trainees. This policy covers child sexual abuse, or reasonable suspicion of child sexual abuse committed at any location by any health care provider working for the IHS. This chapter is currently under review.	Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention. <ul style="list-style-type: none"> ▪ Objective 1.3 Strengthen GBV prevention in agency plans and processes.

Division/Staff	Program	NP to End GBV Pillar/Goal
Division of Clinical and Community Services (DCCS): Rick Haverkate, Branch Chief, HIV/HCV/STI Branch POC for Two-Spirit & LGBTQ+ Matters	<p>Collecting sexual orientation and gender identity data in the IHS electronic health record: In 2019, the IHS Office of Information Technology, Office of Resource Access and Partnerships, and Office of Clinical and Preventive Services launched a collaborative initiative to train staff to collect voluntary sexual orientation and gender identity, or SOGI, data to identify essential health services. Those new data fields include gender, like male, female, transgender female, transgender male, non-binary, and gender non-conforming; pronouns, like he, she, and they; legal sex; and sexual orientation, like straight, lesbian, gay, and bisexual. The data will also let patients differentiate between birth sex and legal sex, which is vital for electronic health record reminders to work correctly. Collecting SOGI data in electronic health records is essential to providing high-quality, patient-centered care.</p> <p>As IHS continues to create a safe, inclusive, and welcoming space for our patients, we realize that it may not always feel safe for 2SLGBTQI+ individuals. Therefore, our efforts for inclusion include the opportunity for 2SLGBTQI+ people to share information about their SOGI experiences in IHS clinics.</p>	<p>Pillar 2: Support, Healing, Safety, and Well-Being</p> <p>Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors from marginalized and underserved communities across the life course</p> <ul style="list-style-type: none"> ▪ Objective 3.2: Support trauma-informed, accessible, and culturally responsive services to GBV survivors.

Table 2. Projects and Initiatives

Indian Health Service - Projects and Initiatives

Division/Staff	Project/Initiative	NP to End GBV Pillar/Goal
DNS: Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	Developed one of two medical forensic examination guidebooks for the field. The first guidebook titled <i>Forensic Health Care and Caring for American Indian and Alaska Native Patients</i> focuses on culturally centered care, trauma-informed care, prevention efforts, program readiness, development, and operations, the medical forensic examination, validated/evidence-based safety screening tools for domestic violence/intimate partner violence, the coordinated community response which includes the multidisciplinary team, and list of resources for providers.	<p>Pillar 1: Prevention</p> <p>Goal 1: Enhance and promote GBV prevention</p> <ul style="list-style-type: none"> ▪ Objective 1.3: Strengthen GBV prevention in agency plans and processes. ▪ Objective 1.4: Increase public awareness about the root causes of GBV, its societal impacts, and the value of GBV prevention and early intervention.

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<p>DNS: Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator</p>	<p>The second guidebook (on approval) focuses on <i>American Indian and Alaska Native Patients & Medical Forensic Examination Considerations</i>. The purpose of these guidebooks is to enhance care delivery to AI/AN 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. The guidebook includes medical forensic examination considerations based on best practices (e.g., 2SLGBTQ+, elder abuse, child maltreatment, patients with disabilities, human trafficking/Missing and Murdered Indigenous People, exam treatment options, strangulation, clinical photography, etc.).</p>	<p>Goal 3: Improve prevention efforts to change social norms that support or condone GBV and to promote healthy and respectful relationships across the life course</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Enhance education efforts that promote healthy and respectful relationships among children, youth, and young adults to address and break cycles of violence. <p>Goal 4: Improve comprehensive health approaches to prevent GBV.</p> <ul style="list-style-type: none"> ▪ Objective 4.1: Improve health care approaches to prevent GBV and health survivors heal. <p>Pillar 2: Support, Healing, Safety, and Well-Being</p> <p>Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels.</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming. ▪ Objective 2.1: Expand availability of training and technical assistance on trauma-informed approaches for those working with survivors of GBV. ▪ Objective 2.3: Develop programs and resources for adult intimate partner violence survivors disproportionately impacted by the child welfare system, foster care, and custody proceedings. <p>Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors</p>

Division/Staff	Project/Initiative	NP to End GBV Pillar/Goal
DNS: Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	Medical forensic examination guidebooks <i>(continued)</i>	<p>from marginalized and underserved communities across the life course</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Enhance existing initiatives and support innovative approaches. ▪ Objective 3.2: Support trauma-informed, accessible, and culturally responsive services to GBV survivors. <p>Pillar 3: Economic Security and Housing Stability Goal 1: Prevent and address GBV, including sexual harassment, in the world of work.</p> <ul style="list-style-type: none"> ▪ Objective 1.1: Shift workplace norms and practices to prevent GBV and support employees impacted by GBV. ▪ Objective 1.3: Build the capacity of employers, workplaces, unions, and worker organizations to prevent and respond to GBV, particularly in industries, occupations, and work arrangements in which workers face higher risks of GBV. <p>Pillar 5: Legal and Justice Systems Goal 1: Advance access to justice for GBV survivors</p> <ul style="list-style-type: none"> ▪ Objective 1.2: Address barriers that prevent many GBV victims from seeking assistance.

Division/Staff	Project/Initiative	NP to End GBV Pillar/Goal
DNS: Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	The forensic healthcare webpages embedded within the IHS.gov website have been updated in December, 2023. Newly updated information includes an overview of forensic healthcare, related health topics and resources (e.g., child maltreatment, elder abuse, human trafficking, intimate partner violence, Missing and Murdered Indigenous	<p>Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention</p> <ul style="list-style-type: none"> ▪ Objective 1.3: Strengthen GBV prevention in agency plans and processes. ▪ Objective 1.4: Increase public awareness about the

Division/Staff	Project/Initiative	NP to End GBV Pillar/Goal
<p>DNS: Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator</p>	<p>People (MMIP), and strangulation), provider and training resources, etc. The forensic healthcare and find healthcare webpages will soon have an interactive map that will pinpoint each active forensic healthcare program across the I/T/U settings.</p>	<ul style="list-style-type: none"> ▪ root causes of GBV, its societal impacts, and the value of GBV prevention and early intervention. <p>Pillar 3: Economic Security and Housing Stability Goal 1: Prevent and address GBV, including sexual harassment, in the world of work.</p> <ul style="list-style-type: none"> ▪ Objective 1.1: Shift workplace norms and practices to prevent GBV and support employees impacted by GBV. <p>Pillar 4: Online Safety Goal 3: Improve services and access to justice for victims of online forms of GBV.</p> <ul style="list-style-type: none"> ▪ Objective 3.2: Build support for survivors of technology-facilitated GBV through training and technical assistance for federal, state, local, Tribal, and territorial partners in the fields of education, health, and mental health services. <p>Pillar 5: Legal and Justice Systems Goal 1: Advance access to justice for GBV survivors</p> <ul style="list-style-type: none"> ▪ Objective 1.2: Address barriers that prevent many GBV victims from seeking assistance. <p>Pillar 6: Emergency Preparedness and Crisis Response Goal 1: Address GBV and associated risks in federal emergency response and recovery efforts</p> <ul style="list-style-type: none"> ▪ Objective 1.3: Provide resources and support to organizations that provide essential services for GBV

Division/Staff	Program	NP to End GBV Pillar/Goal
DNS: Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	Forensic Healthcare webpages <i>(continued)</i>	<ul style="list-style-type: none"> ▪ survivors during crises, emergencies, and disasters, including pandemics. <p>Pillar 7: Research and Data Goal 3: Leverage existing data collections to collect new data on GBV</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Expand GBV data collection resources and collaborations.
DNS: Nicole Stahlmann, Forensic Nurse Consultant and Billie Brown, Forensic Nurse Coordinator	The forensic health care team has developed a template policy related to Care and Management of the Patient reporting Sexual Assault . Although this policy will not be made mandatory, the purpose of this template policy is to support programs in the field with policy development and management, without having to recreate a policy from scratch. This policy is being reviewing by the OGC.	<p>Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention</p> <ul style="list-style-type: none"> ▪ Objective 1.3: Strengthen GBV prevention in agency plans and processes. <p>Pillar 3: Economic Security and Housing Stability Goal 1: Prevent and address GBV, including sexual harassment, in the world of work.</p> <ul style="list-style-type: none"> ▪ Objective 1.1: Shift workplace norms and practices to prevent GBV and support employees impacted by GBV. <p>Pillar 5: Legal and Justice Systems Goal 1: Advance access to justice for GBV survivors</p> <ul style="list-style-type: none"> ▪ Objective 1.2: Address barriers that prevent many GBV victims from seeking assistance. <p>Goal 2: Ensure that justice systems are responsive to survivors’ needs and experiences</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen and improve system responses to GBV.

Table 3. Committee & Commission Work

Indian Health Service - Committee & Commission Work

Division/Staff	Committee	NP to End GBV Pillar/Goal
<p>Joshuah Marshall, Senior Advisor to the Director, DNS Staff - Nicole Stahlmann, Forensic Nurse Consultant, Billie Brown, Forensic Nurse Coordinator</p>	<p>Department of Health and Human Services (DHHS) Interdepartmental Council on Native American Affairs (ICNAA MMIP) – formerly known as Operation Lady Justice. This multi-agency meeting connects monthly to discuss the Not Invisible Act Commission, the White House Council on Native American Affairs (WHCNAA), Agency Updates (e.g., from ICNAA, ACF, CDC, OFVPS, OTIP, ACL, HRSA, OIG, SAMSHA, OASH, and IHS), and other topics as needed.</p>	<p>Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention <ul style="list-style-type: none"> ▪ Objective 1.2: Enhance research to capture information in federal datasets on marginalized and underserved communities and vulnerable populations, while also ensuring safety and confidentiality in the appropriate collection and use of data. Pillar 2: Support, Healing, Safety, and Well-Being Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels. <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming. </p>
<p>DCCS & DNS – Jolie Crowder, National Elder Services Consultant, and Nicole Stahlmann, Forensic Nurse Consultant</p>	<p>Monthly Elder Justice Committee call, hosted by Administration for Community Living. The committee has 17 Federal attendees, to offer discussion on elder justice, elder abuse prevention, research, grant and program funding opportunities, prosecution, etc. Each working to enhance collaborative efforts.</p>	<p>Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention <ul style="list-style-type: none"> ▪ Objective 1.2: Enhance research to capture information in federal datasets on marginalized and underserved communities and vulnerable populations, while also ensuring safety and confidentiality in the appropriate collection and use of data. Pillar 2: Support, Healing, Safety, and Well-Being Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels. <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming. </p>

Division/Staff	Committee	NP to End GBV Pillar/Goal
<p>DNS: Nicole Stahlmann, Forensic Nurse Consultant</p>	<p>The Forensic Nurse Consultant is scheduled to participate in the in-person, quarterly, Federal Agency Task Force on Missing and Exploited Children. This task force is hosted by Lt. Joseph E. Laramie, Ret. from the National Criminal Justice Training Center, and focuses on connection, collaboration, sharing resources, and best practices with a number of federal agencies regarding missing and exploited children. Although the 3-hour, in-person, quarterly meetings in 2023 were either canceled or conflicted with schedules, the Forensic Nurse Consultant receives each correspondence with agendas and meeting minutes.</p>	<p>Pillar 1: Prevention Goal 1: Enhance and promote GBV prevention</p> <ul style="list-style-type: none"> ▪ Objective 1.2: Enhance research to capture information in federal datasets on marginalized and underserved communities and vulnerable populations, while also ensuring safety and confidentiality in the appropriate collection and use of data. <p>Pillar 2: Support, Healing, Safety, and Well-Being Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels.</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming.
<p>DNS: Dr. Stacey Dawson, Women’s Health Consultant</p>	<p>The IHS Women’s Health Consultant participates in the HHS Reproductive Health Access Task Force (RHATF) Data and Research Subgroup. This group recently held an inter-agency roundtable series and has identified 6 key areas for future focus:</p> <ul style="list-style-type: none"> ▪ Human Research Protection ▪ Data Privacy and Confidentiality ▪ Identification of Data Gaps ▪ Surveillance Systems ▪ Leveraging Existing Research Infrastructures ▪ Permanent Contraception 	<p>Pillar 1: Prevention Goal 2: Enhance dissemination and implementation of GBV prevention strategies</p> <ul style="list-style-type: none"> ▪ Objective 2.2: Further develop the evidence base of what works to prevent GBV. <p>Pillar 7 – Research and Data, Goal Objective Goal 1: Expand the scope of research and data to improve inclusion of historically marginalized and underserved communities</p> <ul style="list-style-type: none"> ▪ Objective 1.1: Support innovative research and data

Division/Staff	Committee	NP to End GBV Pillar/Goal
<p>DNS: Dr. Stacey Dawson, Women's Health Consultant</p>	<p>HHS RHATF Data and Research Subgroup <i>(continued)</i></p>	<ul style="list-style-type: none"> ▪ collection approaches to improve inclusion of historically marginalized and underserved communities. ▪ Objective 1.2: Consistently report disaggregated data from existing national data systems. <p>Goal 3: Leverage existing data collections to collect new data on GBV</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Expand GBV data collection resources and collaborations.
<p>Joshuah Marshall, Senior Advisor to the Director</p>	<p>The Not Invisible Act Commission - directed by the Departments of the Interior and Justice to establish the Commission as an advisory body composed of both federal and non-federal members, such as law enforcement, Tribal leaders, federal partners, service providers, family members of missing and murdered individuals, and survivors of human trafficking. The purpose of the Commission is to improve intergovernmental coordination and establish best practices for state, Tribal, and federal law enforcement to combat the epidemic of Missing and Murdered Indigenous People, and trafficking of AI/AN persons. Specifically, the Commission was directed to develop recommendations on six key topic areas:</p> <ul style="list-style-type: none"> ▪ Law Enforcement & Investigative Resources -- Identifying/Responding to Missing, Murdered, and Trafficked Persons ▪ Policies & Programs – Reporting and Collecting Data on Missing, Murdered, and Trafficked Persons ▪ Recruitment & Retention of Tribal & Bureau of Indian Affairs Law Enforcement ▪ Coordinating Resources - Criminal Jurisdiction, Prosecution, Information Sharing on Tribal-State-Federal Missing, Murdered, and Trafficked Persons Investigations ▪ Victim and Family Resources and Services ▪ Other Necessary Legislative & Administrative Changes 	<p>Pillar 1: Prevention</p> <p>Goal 1: Enhance and promote GBV prevention</p> <ul style="list-style-type: none"> ▪ Objective 1.2: Enhance research to capture information in federal datasets on marginalized and underserved communities and vulnerable populations, while also ensuring safety and confidentiality in the appropriate collection and use of data. ▪ Objective 1.3: Strengthen GBV prevention in agency plans and processes. <p>Goal 2: Enhance dissemination and implementation of GBV prevention strategies</p> <ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen and scale efforts to advance evidence-informed and evidenced-based strategies presented in the CDC Technical Packages and elsewhere that work to prevent GBV. <p>Pillar 2: Support, Healing, Safety, and Well-Being</p> <p>Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels.</p>

Division/Staff	Program	NP to End GBV Pillar/Goal
Joshuah Marshall, Senior Advisor to the Director	The Not Invisible Act Commission hosted seven in-person field hearings and one national virtual hearing. In November, 2023, <i>Not One More, Findings and Recommendations from the Not Invisible Act Commission</i> was published. In 2023, Joshuah Marshall became Commissioner and attended various in-person hearings and assisted with the Not One More report. Based on the report recommendations, a working plan to address related items is currently being developed.	<ul style="list-style-type: none"> ▪ Objective 2.1: Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming. <p>Pillar 7 – Research and Data, Goal Objective</p> <p>Goal 3: Leverage existing data collections to collect new data on GBV</p> <ul style="list-style-type: none"> ▪ Objective 3.1: Expand GBV data collection resources and collaborations.

Recommendations: To End Gender-Based Violence across IHS

- Lessen the impact of gender-based violence across the lifespan within AI/AN communities and the country.
- Rebuild and strengthen trust in AI/AN families and communities by continuing to support prevention efforts, family wellness programs, and provide culturally-sensitive, trauma-informed healthcare.
- Increase funding for culturally appropriate, family engagement and wellness-based prevention programs.
- Strengthen culturally responsive health care services and programs, by providing high quality, culturally sensitive, training, education, and technical assistance to providers within the Indian health system.
- Enhance resources by establishing funding and implementing Tele-SANE services across I/T/U facilities.
- Ensure individuals have the right to make informed healthcare decisions, including exercising their forensic, reproductive, and follow-up health care options.
- All individuals who experience pregnancy following sexual violence must have a right to exercise all reproductive health care options, including abortion, across all I/T/U facilities.
- Maintain and increase funding for forensic health care programs across all I/T/U facilities and service units. This would ensure health care services and related resources, like the connection to a multidisciplinary team, are offered to patients and families affected by violence, minimizing the risk for negative health outcomes and reduce the risk of revictimization or reentry into the system.
- Build capacity through infrastructure investments for safe housing, transitional housing following violent crimes, domestic violence shelters, etc.
- Focus efforts and ensure funding is available for primary, secondary, and tertiary gender-based violence prevention within AI/AN communities.
- Establish funding for data collection efforts, including quantifying the number of patients who seek healthcare following a violent crime and establish one standardized Current Procedural Terminology (CPT) code for medical forensic examinations. This includes funding to analyze data and further establish best practices to improve patient care.
- Establish an intra-agency multidisciplinary task force subject matter experts that focuses on preventing and addressing violence within AI/AN communities.

- Bridge the gap to accessing forensic healthcare across I/T/U facilities, fund and create programs, standardized policies and procedures and ensure quality, trauma-informed healthcare is available to all individuals seeking care following a violent crime.
- Integrate enhanced methodologies into the electronic health record, to collect accurate victimization data on AI/AN individuals seeking healthcare following a violent crime.
- Establish actionable working plans in response to the Not One More Findings & Recommendations of the Not Invisible Act Commission.
- Establish funding for Missing and Murdered Indigenous People and human trafficking prevention efforts on the local and national level.
- Fund and enhance program efforts to capture remaining objectives not identified by pillar within this leadership brief.
- Establish an Area Forensic Nursing Coordinator position for all 12 Areas, with direct support and guidance from the Forensic Team at headquarters.
- Other recommendations to end gender-based violence across the IHS and Indian country.

Submitted by:

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

Reviewed by:

- Dr. Bahe, DNP, RN, FAC-COR III, Director, Division of Nursing Services
- Dr. Jarvis, MD, Director, Office of Clinical and Preventive Services

Date: January, 2024

Table 4. National Plan Pillars and IHS Activities - Quick Reference

Pillar	National Plan Pillars and IHS Activities – Quick Reference
Pillar 1: Prevention	<ul style="list-style-type: none"> ▪ Forensic Healthcare Funding Opportunity ▪ Forensic Nursing Consultation Program ▪ Medical Forensic Examination Guidebooks ▪ Forensic Healthcare – webpage edits and interactive map ▪ Template policy – Care & Management of the Patient Reporting Sexual Assault ▪ White House Gender Policy Council and the Office of the First Lady—the Office of the Secretary White House Initiative on Women’s Health Research ▪ Public Health Nursing Program ▪ Interdepartmental Council on Native America Affairs Committee ▪ Elder Justice Committee ▪ Federal Agency Task Force on Missing and Exploited Children ▪ Domestic Violence Prevention program ▪ Community Opioid Intervention Pilot Project ▪ Indian Healthcare Manual – Chapter 36: Child Maltreatment ▪ Indian Healthcare Manual – Chapter 20: Protecting Children from Sexual Abuse by Health Care Providers ▪ HHS Reproductive Health Access Task Force (RHATF) Data and Research Subgroup ▪ Not Invisible Act Commission
Pillar 2: Support, Healing, Safety, and Well-Being	<ul style="list-style-type: none"> ▪ Forensic Healthcare Funding Opportunity ▪ Crisis Response ▪ IHS Telebehavioral Health Center of Excellence ▪ Collecting sexual orientation and gender identity data in the IHS electronic health record ▪ Medical Forensic Examination Guidebooks ▪ Interdepartmental Council on Native America Affairs Committee ▪ Elder Justice Committee ▪ Federal Agency Task Force on Missing and Exploited Children ▪ Not Invisible Act Commission
Pillar 3: Economic Security and Housing Stability	<ul style="list-style-type: none"> ▪ Forensic Healthcare Funding Opportunity ▪ Medical Forensic Examination Guidebooks ▪ Forensic Healthcare – webpage edits and interactive map ▪ Template policy – Care & Management of the Patient Reporting Sexual Assault
Pillar 4: Online Safety	<ul style="list-style-type: none"> ▪ Forensic Healthcare – webpage edits and interactive map

Pillar	National Plan Pillars and IHS Activities – Quick Reference
Pillar 5: Legal and Justice Systems	<ul style="list-style-type: none"> ▪ Forensic Healthcare Funding Opportunity ▪ Forensic Nursing Consultation Program ▪ Medical Forensic Examination Guidebooks ▪ Forensic Healthcare – webpage edits and interactive map ▪ Template policy – Care & Management of the Patient Reporting Sexual Assault
Pillar 6: Emergency Preparedness and Crisis Response	<ul style="list-style-type: none"> ▪ Forensic Healthcare Funding Opportunity ▪ Forensic Nursing Consultation Program
Pillar 7: Research and Data	<ul style="list-style-type: none"> ▪ Forensic Healthcare – webpage edits and interactive map ▪ White House Gender Policy Council and the Office of the First Lady—the Office of the Secretary White House Initiative on Women’s Health Research ▪ HHS Reproductive Health Access Task Force (RHATF) Data and Research Subgroup ▪ Not Invisible Act Commission