



# NATIONAL CONGRESS OF AMERICAN INDIANS

May 26, 2011

Yvette Roubideaux, M.D., M.P.H.  
Director  
Indian Health Service (IHS)  
U.S. Department of Health and Human Services  
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## NCAI HEADQUARTERS

1516 P Street, N.W.  
Washington, DC 20005

Dear Dr. Roubideaux,

Thank you for requesting tribal leaders and national organizations to provide feedback on the Indian Health Service's (IHS) Sexual Assault Policy and Protocol. The policy you shared is excellent, and our research shows that it is more thorough than that of some hospitals outside of tribal communities. As you know, a standardized, comprehensive policy is essential to ensure the health and welfare of American Indian and Alaska Native sexual assault victims. Incorporating suggestions from Indian Country will guarantee a final policy that meets the needs of victims and continues to support ongoing dialogue between IHS and Indian nations.

The National Congress of American Indians (NCAI) maintains several working groups with a great deal of interest and experience in sexual assault victims' advocacy, including our Task Force on Violence Against Women and our Women's Caucus. Each working group includes tribal leaders, representatives, and attorneys, as well as victim advocates and social workers who monitor policy and legislation that affects women throughout the social services system. It is with this background and expertise that NCAI provides the following comments.

- **Develop a strict policy provision for the off-site referral of patients who present themselves for a sexual assault examination.** The referral policy should consider a maximum reasonable distance of off-site locations, communication with, and the privacy and safety of a victim. Off-site referrals can be a deterrent for sexual assault victims seeking treatment. Every effort should be made to ensure that all off-site referrals protect the victim and meet the minimum standards of the approved IHS sexual assault policy and protocol.
- **Emphasize collaboration with and use of local tribal victim advocacy programs and resources.** Many tribal communities have tribal victim advocacy programs which can support the adoption of sexual assault policies at each IHS hospital and facility. IHS facilities should make every effort to ensure that these programs are included in the development of a community Sexual Assault Response Team and a local facilities' sexual assault policy.
- **Prioritize local victims' advocates.** When possible, IHS should first, seek out local victims' advocates who have received training from the state or tribe, before utilizing a trained IHS employee. Allowing IHS staff to serve as both a medical professional and victim's advocate could confuse the victim or constitute a conflict of interest.
- **Adopt a timeline for facilities to consult with local tribal victim advocacy programs, law enforcement personnel, and tribal justice systems to develop individual sexual assault policies and protocols in accordance with this policy.** Implementing a timeline to include community feedback and acceptance will result in an effective, comprehensive, and community-specific sexual assault policy.

- **Ensure the victim fully understands the possible side effects and provides consent before any pharmaceuticals are administered.** The current policy supports the patient’s informed consent for the medical and forensic examination. However, IHS should consider directly addressing the procedure in administering prophylaxis or other pharmaceuticals.
- **Include language that considers victims whose informed consent is uncertain due to alcohol or substance use.** Considering approximately fifty percent of sexual assaults cases are associated with alcohol use by the perpetrator, victim, or both<sup>1</sup> it is essential to address the ability of an intoxicated victim to provide informed consent.
- **Clarify the definition of “priority treatment.”** Please explain how sexual assault victims rank among patients with life threatening injuries or scheduled treatment appointments. Also explain the in-take process by which sexual assault victims will be tracked for “priority treatment.”
- **Maintain patient confidentiality throughout the intake, examination, and referral processes.** Many IHS employees outside the Sexual Assault Response Team (SART) interact with patient files and evidence kits. It is imperative that every employee is trained in IHS confidentiality policies and understands the implication of failure to comply with said policies.
- **Ensure that all policies meet applicable provisions of the Violence Against Women Act and the Tribal Law and Order Act.**

The adoption of this Sexual Assault Policy and Protocol is a step forward in protecting the future of our communities and the welfare of American Indian and Alaska Native women. We look forward to the resulting adoption and implementation of the policy and our continued partnership with IHS on issues affecting Native people. For more information please contact Ahniwake Rose at [arose@ncai.org](mailto:arose@ncai.org) or (202) 466-7767.

Sincerely,



Jefferson Keel  
 President  
 National Congress of American Indians

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<sup>1</sup> Antonia Abbey et al., *The Relationship Between the Quantity of Alcohol Consumed and the Severity of Sexual Assaults Committed by College Men*, 18(7) J. OF INTERPERSONAL VIOLENCE 813 (July 2003).