

Advancing Healthcare in Alaska: Bridging Gaps for Victims of Violence Through a Forensic Lens in Health Professional Training

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**ALASKA
COMPREHENSIVE
FORENSIC TRAINING
ACADEMY PARTNERS
2019-2026**



Alaska's Council on
Domestic Violence
& Sexual Assault



UAA College of Health
UNIVERSITY of ALASKA ANCHORAGE



DENA'INA LAND ACKNOWLEDGMENT:

Dena'inaq ełnenaq' gheshtnu ch'q'u yeshdu.

**"I LIVE AND WORK ON THE LAND OF THE
DENA'INA."**

UAA recognizes and values the diversity of our unique location in Southcentral Alaska, the ancestral lands of the Peoples:

- Dena'ina,
- Ahtna,
- Alutiiq/Sugpiaq
- Eyak/dAXunhyuu





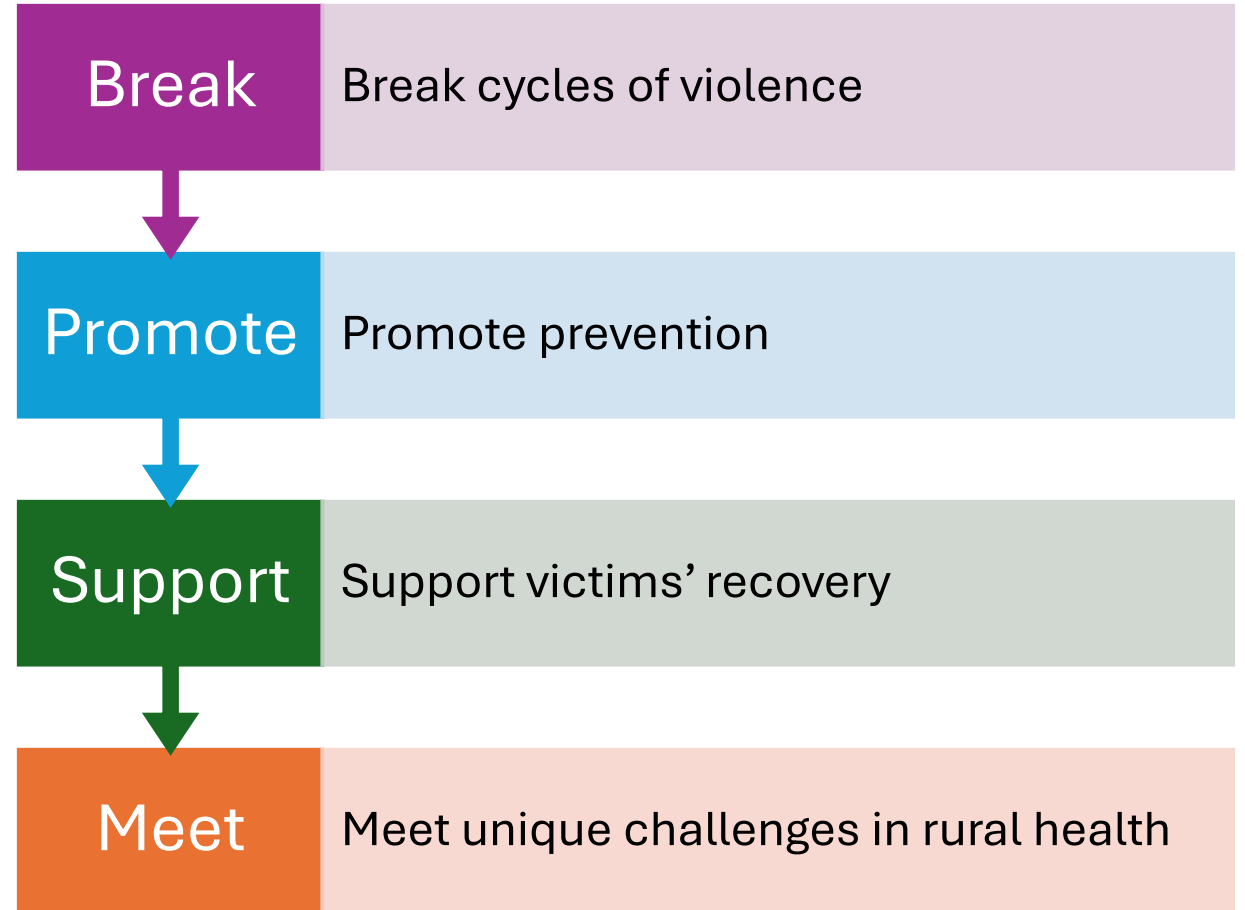
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Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

ACFTA PROJECT

Promote awareness
of the Alaska
Comprehensive
Forensic Training
across the State of
Alaska



ALASKA IPV


Intimate partner violence is widespread.

1 in 4 women



1 in 9 men



Violence starts early. 

Before the age of 18:

8.5 million women

first experienced rape.

1.5 million men

were first made to penetrate.

3.5 million women & nearly 1 million men

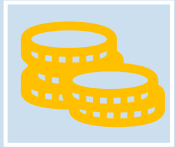
first experienced being stalked.

Sexual violence affects women and men.

About 1 in 3 women and nearly 1 in 6 men were victims of contact sexual violence at some point in their lives.

Nearly 23 million women and 1.7 million men have been the victims of rape or attempted rape at some point in their lives.

IMPACT OF VIOLENCE IN COMMUNITIES



Economic



Long term health consequences



Use of health care as a proxy to assault issues



We have known since 1992 that persons experience abuse use the health care system 2.5 times more often

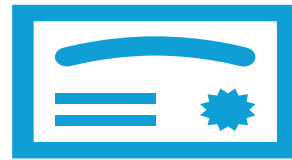


Health care providers have limited to no training in recognizing violence and abuse and responding in a manner that is supportive of the ongoing needs for justice

CURRENT ISSUES IN VICTIM RESPONSE IN HEALTH CARE



HCP need better understanding
Understand the role of forensic response in healthcare



Lack of pre-licensure training



Inequity of patient care related to victims of violence

HEALTH CARE VISIT CHALLENGES



Time for visits



Awareness of
resources



Fear/Discomfort
of the provider



Fear/Shame of
the patient

GAPS IN TRADITIONAL HEALTHCARE

Underreporting of violence

Lack of pre-licensure training

Inadequate documentation

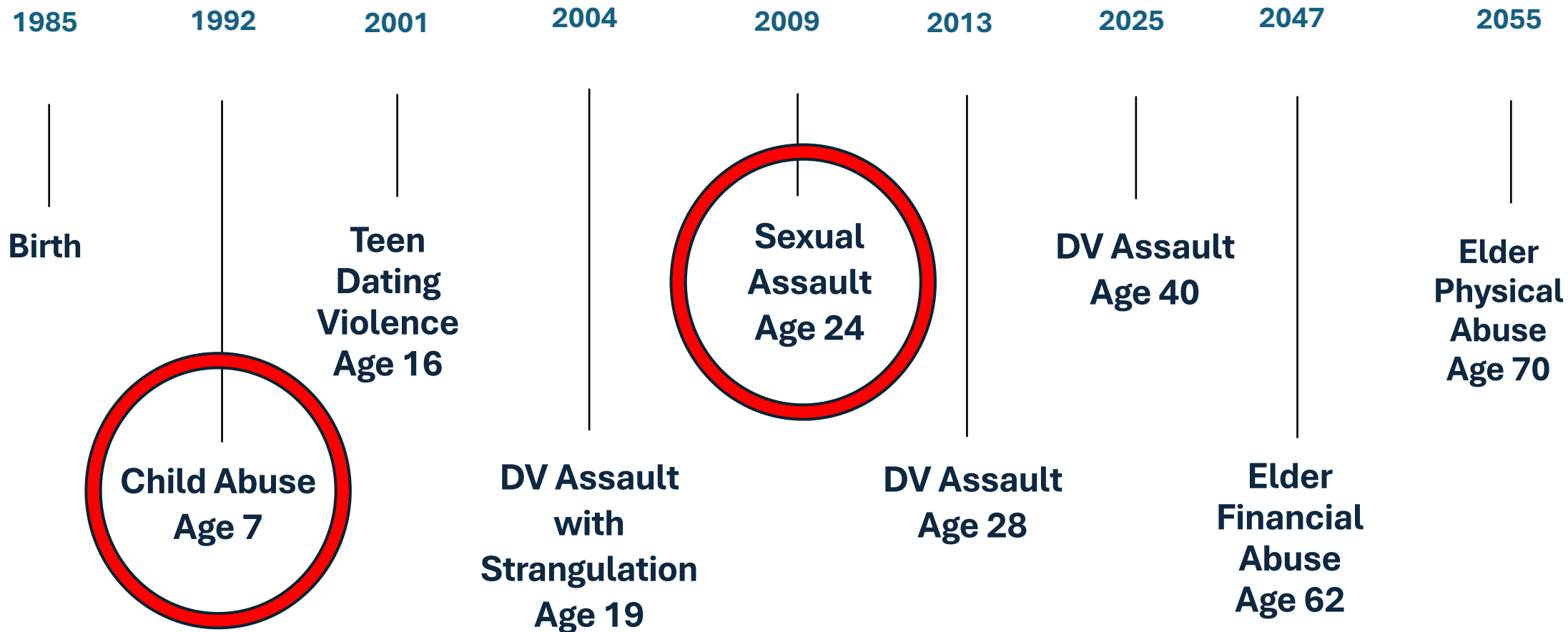
Fragmented Care

Lack of trauma-informed approach

- **RECOGNIZED PRIMARILY AS A SEXUAL ASSAULT NURSE EXAMINER (SANE)** as part of a sexual assault response team (SART)
 - **VAWA PROVIDES REVENUE SOURCE AND AUTHORITY** for sexual assault response
-

- **NO NATIONAL MANDATE** to ensure that all facilities provide access for sexual assault response
- **LIMITED AVAILABILITIES OF SERVICES** IN RURAL AREAS
- **ONGOING AND WORSENING ISSUES WITH ATTRITION OF SANES**

WHAT DOES VIOLENCE LOOK LIKE IN A PATIENT'S LIFE



The ACFTA Approach



Modular,
conceptual
learning
model



Tailored to
provider
role



Emphasis
on Trauma-
Informed
Practice



Promoting
Equity in
care



Sustainable
model of
holistic care

The ACFTA approach transforms healthcare providers' ability to deliver compassionate and effective care to victims of violence, ultimately breaking cycles of violence and promoting community prevention.

ACFTA PART 1

ONLINE & ASYNCHRONOUS

FOUNDATIONAL KNOWLEDGE	SKILL BUILDING	PATIENT CARE
Child abuse	Interviewing	Psychosocial Patient needs
Sexual assault	Documentation	Neurobiology of Trauma
Intimate Partner Violence	Examination skills	Screening for violence
Human Trafficking	Evidence Collection	Vicarious trauma
Gunshot/Knife wounds	Photography	Trauma informed care
Assaults		
Elder abuse		
8 modules	7 modules	4 modules

ACFTA PART 2

LIVE, VIRTUAL, 3-DAY SESSION



PROBLEM BASED LEARNING

Focuses on real-world scenarios and challenges to develop critical thinking and problem-solving skills



DOCUMENTATION

Emphasizes accurate and thorough documentation techniques for patient care and forensic evidence collection



PHOTODOCUMENTATION

Teaches methodologies for capturing high-quality photographic evidence of injuries



VICARIOUS TRAUMA

Addresses the emotional and psychological impact of working with survivors of trauma and violence

The ACFTA training equips healthcare providers with essential forensic and trauma-informed skills, empowering them to deliver compassionate and effective care to victims of violence.

TRAINING MODALITIES & TOOL KIT

Training materials

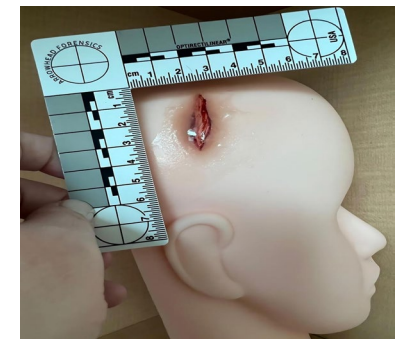
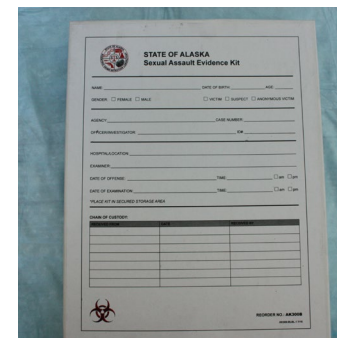
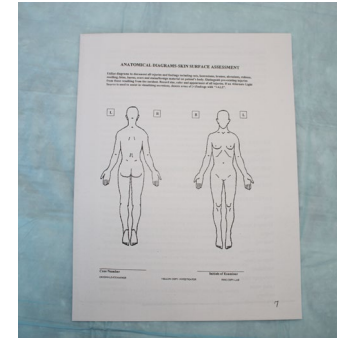
Role play

Return demonstration

Avatars

Standardized patients

Telehealth style check offs



HOW ACFTA CAME ABOUT

- Rural community training need
- Morbidity & Mortality Review Board



IMPACT



**540 TOTAL
COMPLETIONS**

Part 1



**185 TOTAL
COMPLETIONS**

Part 2



**152 RNS,
2 MDS,
6 NPS,
12 OTHER**



**BRIDGING GAPS:
TRANSFORMING
HEALTH CARE
THROUGH
GENERALIST
FORENSIC HEALTH
TRAINING**

ACFTA has successfully equipped healthcare providers with essential forensic and trauma-informed skills, transforming their ability to deliver compassionate and effective care to victims of violence.

IMPACT

- **ENHANCED TRAUMA-INFORMED CARE COMPETENCIES**

Healthcare providers gain greater skills and confidence in recognizing, responding to, and supporting survivors of violence in a trauma-informed manner

- **IMPROVED FORENSIC DOCUMENTATION PRACTICES**

Providers learn proper techniques for collecting, preserving, and documenting forensic evidence to support legal proceedings and ensure justice

- **ADAPTABLE RESPONSE STRATEGIES**

Training equips providers with flexible approaches to address the diverse needs of survivors across different settings and communities

- **EMPOWERING SURVIVORS**

The training empowers survivors by centering their needs, promoting their autonomy, and connecting them to comprehensive support services

- **ADAPTABILITY TO DIVERSE SETTINGS**

The modular, conceptual learning model allows the training to be tailored and implemented effectively in both urban and rural/resource-limited healthcare settings

- **EQUITY IN CARE**

The training addresses disparities in access to specialized forensic services, ensuring all survivors receive compassionate, trauma-informed, and equitable care

WHY DO WE NEED A COMPREHENSIVE, GENERALIST FORENSIC HEALTH CARE RESPONSE?

Lifespan
focus

Not time
limited

Unlimited
access

Community-
responsive

HOW IS COMPREHENSIVE FORENSIC HEALTH CARE DIFFERENT?

Changes the focus from only specialized response for DV , CA, and SA to awareness of need for care for ALL victims impacted by violence

Increases awareness of and health care response to persons impacted by assault, strangulation, trafficking, elder abuse, and improves the ability to respond to DV, CA, SA

Eliminates inequitable care of patients

Promotes community awareness

Informs prevention program unique to your com



“Violence exists on a spectrum. When only one specific form of sexual violence is guaranteed a medical forensic examination, a disparity in care and sustainability for forensic programs is the direct result.”



“The ACFTA training has been invaluable in enhancing my ability to provide trauma-informed, compassionate care to survivors of violence. I feel much more confident in my skills to recognize, document and appropriately respond to their needs.”

Alaska Nurse

RESULTS - LISTENING TO ALASKA - TOWN HALL ACTIVITIES

- **500+** health care providers and community members
- **24** Alaskan communities
- **10+** Tribal health organizations





VISIT THEMES

- Big picture
- Who should take the course
- General response
- Access to training
- Content
- Legal Fears

RESULTS - BIG PICTURE TAKEAWAY

	Healthcare Provider Challenges	Community Collaboration	Cultural and Rural Considerations
Lack of Training	<ul style="list-style-type: none">• Many healthcare providers in Alaska have not received training in trauma-informed care.• Fear and reluctance to engage with traumatized patients is common among providers.	<ul style="list-style-type: none">• Alaskan communities exhibit high levels of interprofessional collaboration.• Collaborative efforts are key to addressing widespread trauma.	<ul style="list-style-type: none">• Understanding local culture is critical to effective healthcare delivery.• Cultural sensitivity can improve patient engagement and outcomes.
Workforce Issues	<ul style="list-style-type: none">• Healthcare systems are struggling with workforce deficits and high turnover of professionals.• The continual rotation of new or temporary professionals affects patient care consistency.	<ul style="list-style-type: none">• There is often a disconnect between healthcare providers and community services.• Improving communication between these groups is essential for holistic care.	<ul style="list-style-type: none">• Rurality adds complexity to healthcare delivery, requiring tailored solutions.• Access to care is often limited in remote areas, impacting service delivery.

Widespread trauma is prevalent across Alaska, impacting healthcare providers who often lack training and fear engagement. This is compounded by workforce deficits and high turnover. Despite these challenges, Alaskan communities show strong interprofessional collaboration, though disconnects persist between healthcare and community services.

RECOMMENDATIONS - WHO SHOULD TAKE THIS COURSE

- **Emergency Services**
- **Dispatch**
- **Law Enforcement**
- **School district employees**
- **Faith communities**
- **Behavioral Health**
- **Social Work**

City government

Tribal government

Legal and justice community

ICWA/CPS staff

APS

Elder and vulnerable adult programs

Advocates

GENERAL RESPONSE



- Positive support and reported need for the training
- Consistent feeling that **everyone** needed the general part of the training in how to respond to victims of violence/trauma
- **Confusion/fears** about intentions of ACTFA generalist training replacing SART/SANE



LOGISTICS & ACCESS TO THE TRAINING

- Time away from work/responsibility
- Need for support from admin
- Access to stable internet
- Limited in number of sessions per year
- Some desired training to come to them



RESULTS - NEEDED CONTENT

- Mechanics/specific instructions
 - (e.g., flow charts, algorithms, handouts)
- Knowledge of community resources and processes
 - (*from healthcare*)
- How health care works with victims
 - (*from community providers*)
- Skill development

DIVERSITY & CULTURAL CONSIDERATIONS



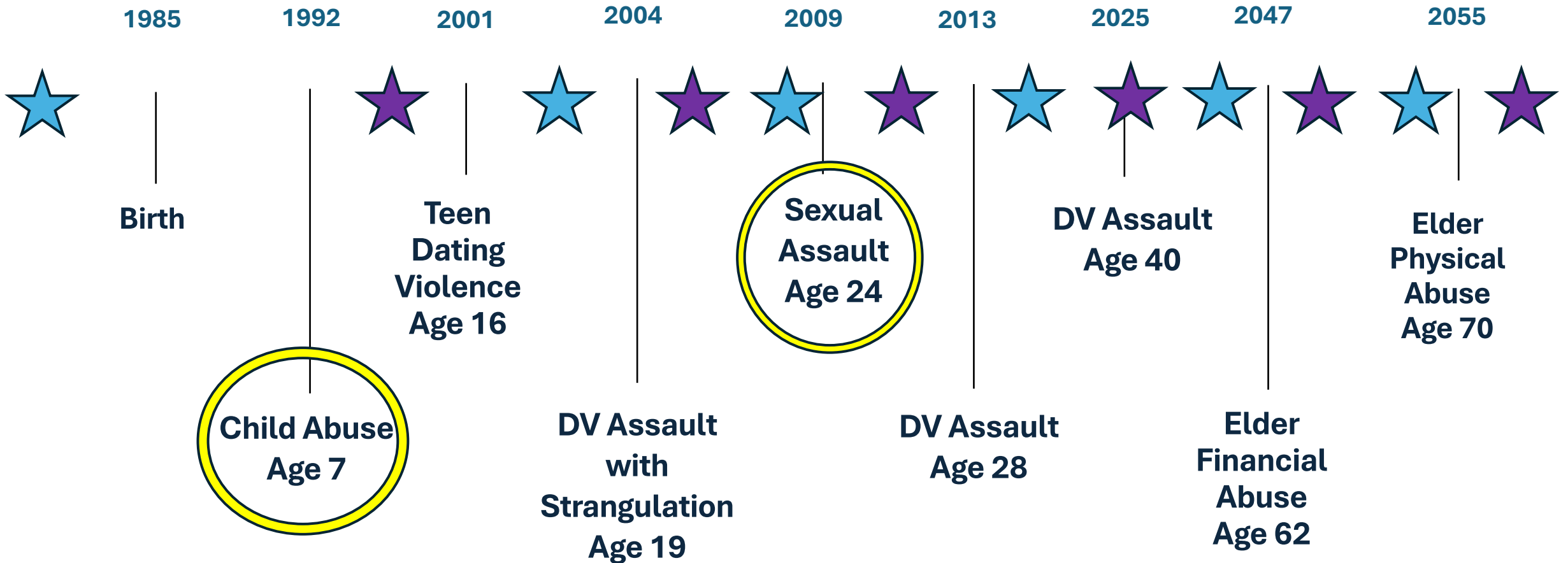
- **Stigma, fear, and inadequate responses** (both victim and providers)
- HCP manage “quadruple” **roles** in rural areas
- Alaska Native **cultural/traditional practices** and convention considerations needed
- LGBTQIA+ content
- Disabilities and mental health challenges

LEGAL FEARS AND TRAINING NEEDS

- HCP Expressed fear of “messing up” case
- Fear of being asked to testify
- Strong interest and several requests for additional training in this area



WHAT DOES HEALTH CARE RESPONSE TO VIOLENCE LOOK LIKE IN A PATIENT'S LIFE



Thank you for the opportunity to talk about comprehensive generalist forensic care and new ways to deliver forensic training

GOALS

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graph TD; A[GOALS] --> B[build capacity to respond to victims of violence, especially in rural locations]; B --> C[develop a critical mass of Alaskan health care persons from EMS through physicians that are responding to victims of violence, using trauma informed care and forensic evaluation and documentation with all their patients];
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build capacity to respond to victims of violence, especially in rural locations

develop a critical mass of Alaskan health care persons from EMS through physicians that are responding to victims of violence, using trauma informed care and forensic evaluation and documentation with all their patients

CONSIDER ADDING ACFTA TRAINING TO YOUR PROFESSIONAL TOOLBOX



**Alaska
Comprehensive
Forensic Training
Academy**

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