

SAFE-T

An OVV cooperative agreement with
SWCLAP and IAFN

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What is SAFE-T

⊕ Sexual Assault Forensic Evidence-Tribal

The Problem

Native Women have:

- ⊕ the highest incidence of Sexual Assault in North America
- ⊕ the highest incidence of multiple perpetrator Sexual Assault
- ⊕ the highest incidence of sexual assault with serious physical injuries
- ⊕ The highest incidence of sexual assault with the use of a weapon
- ⊕ Are more likely to be sexually assaulted in a public place

The Problem (cont)

- ⊕ The majority of sexual assaults against Native women are perpetrated by non-Indians
- ⊕ Why?

Criminal Jurisdiction in Indian Country

- ⊕ Tribal courts lack jurisdiction over non-Indians
- ⊕ Maximum sentence under ICRA against Indian perpetrator in tribal court is up to 1 year incarceration and \$5000 fine
- ⊕ High federal declination rate
- ⊕ PL280 states

SANE in Indian Country

- ⊕ Lack of services for forensic examination by trained providers
- ⊕ I.H.S.
- ⊕ Lack of response to subpoenas
- ⊕ Privacy issues in accessing I.H.S. services when available for forensic examinations
- ⊕ Accessing SANE off reservation

The Problem (cont)

- ⊕ Remote, rural areas - geographic isolation
- ⊕ Challenges in accessing off reservation services for sexual assault
- ⊕ Mistrust of state and federal criminal justice systems

Impact of the Problem

- ⊕ Serious lack of reporting
- ⊕ Serious lack of criminal justice consequences for perpetrators
- ⊕ Serial offenders
- ⊕ Serious long term health consequences: STI, unwanted pregnancy, untreated injuries, etc

Impact of the Problem (cont)

long term impact on and continued victimization of tribal communities

Core Issues

- ⊕ How do we encourage a strong, effective criminal justice response to sexual assault against Native women?
- ⊕ How do we provide timely access to health care for Native women?
- ⊕ How can we impact the access to resources within the community for Native victims?
- ⊕ How can we create meaningful, positive change for victims and communities?

The Criminal Justice Response

- ⊕ High federal declination rate
- ⊕ Evidence collection issues
- ⊕ Lack of access to witnesses
- ⊕ Collaboration issues between tribal, state and federal agencies

Criminal Justice response- Tribal issues

- ⊕ Jurisdiction
- ⊕ Lack of access to evidence
- ⊕ Lack of access to witnesses
- ⊕ Training issues for law enforcement, prosecutors and court
- ⊕ Lack of codes
- ⊕ Low penalties - lack of jail space
- ⊕ Shame
- ⊕ PL280

The Health Care Response

- ⊕ Evidence is time sensitive
- ⊕ HIV treatment is time sensitive
- ⊕ STI treatment is time sensitive
- ⊕ Pregnancy prevention is time sensitive
- ⊕ Most sexual assault victims do not immediately report
- ⊕ There can be long term health consequences for these victims

Access to Resources

- ⊕ Victim Safety
- ⊕ Advocacy resources for victims
- ⊕ Mental health services
- ⊕ Civil legal services
- ⊕ Support groups and services
- ⊕ Medical follow-up for STI, pregnancy and HIV

Meaningful Change

- ⊕ Empower victims and communities
- ⊕ Bring issue of sexual assault into the light and out of the darkness
- ⊕ Place shame on the perpetrators and not the victims
- ⊕ Reinforce traditional ways

Addressing the Issues

- ⊕ For the past several years healthcare, victim advocates, criminal justice professionals, and tribal communities have been concerned about the lack of access to care and justice for Native sexual assault victims
- ⊕ The ideal situation would be to have SANE available to all Native victims, training available for tribal courts and criminal justice professionals, and increased tribal and federal prosecution.

What is SAFE-T?

- ⊕ A unique model of care, using community based lay* health care providers in tribal communities to provide evidentiary examinations for Native victims of sexual assault

- ⊕ *these may be: medicine people, lay midwives, health aides, etc.

The SAFE-T will

- ⊕ Provide evidence collection for sexual assault victims
 - ⊕ Facilitate access to HIV, STI and emergency contraception for sexual assault victims
 - ⊕ Facilitate access to follow-up medical care/traditional healers, etc.
 - ⊕ Consult with medical experts as needed
 - ⊕ Refer patients for definitive medical care as needed

The SAFE-T will

Be a resource for the criminal justice system

- ⊕ Maintain chain of custody for evidence collected
- ⊕ Release evidence to tribal or federal authorities
- ⊕ Testify in court as a fact witness

The SAFE-T will

Improve access to community resources for victims:

Refer to appropriate advocacy agencies for social services, legal services, housing or other needs

Be an agent of change

Elements of the project

- ⊕ Creating a curriculum for the SAFE-T providers that promotes access to health care and criminal/civil justice responses
- ⊕ Identification and pilot of SAFE-T curriculum in a tribal community
- ⊕ Additional cross-training curriculum creation and implementation for allied criminal and civil justice professionals, courts, and communities

Creating the curriculum

Will take place over the 1st year of the project, convening medical, legal, and tribal advocacy experts to participate in the design.

Will entail writing two integrated curricula, one for the SAFE-T providers and one for the courts, justice systems, and communities on effective utilization of SAFE-T's

Pilot of SAFE-T curriculum

Will entail involvement of identified people who meet the criteria as defined by the advisory group.

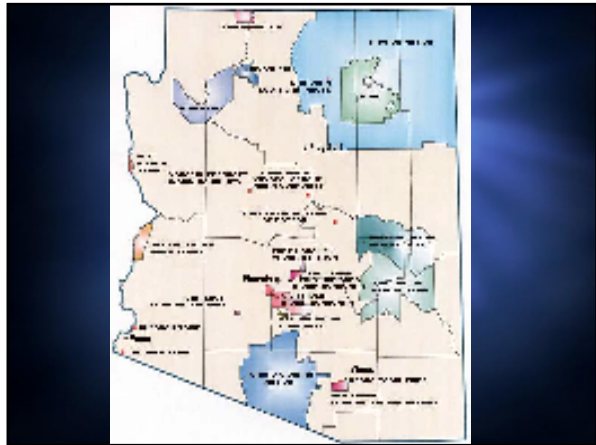
These may include:

Lay midwives, community health aides, medicine people and others who are providing services in tribal communities

Pilot Site for SAFE-T

- ⊕ Groundwork:
- ⊕ facilitating buy in and project ownership from key partners in the identified tribal community
- ⊕ Facilitating buy in from federal agencies

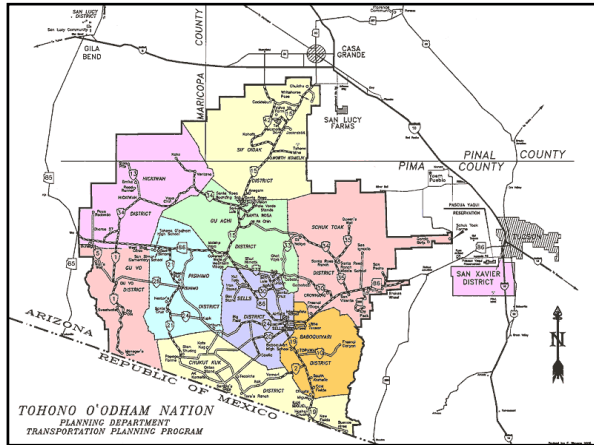


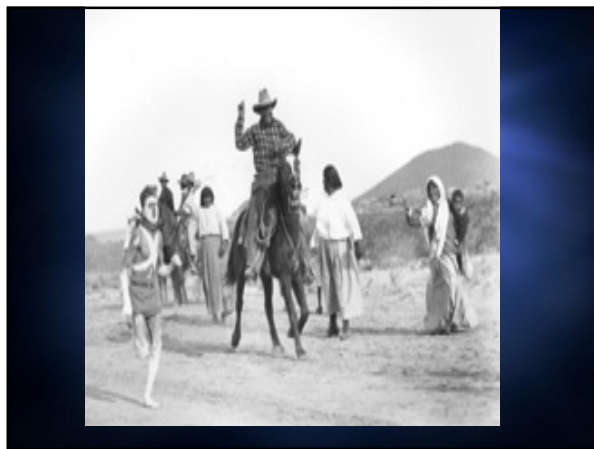




Structure of the government













*Who is delivering medical care
in the community*

- ⊕ I.H.S.
- ⊕ Other community resources

Traditional care providers

- ⊕ Medicine people, makai, home health care workers, health aides, other responders

*Reporting sexual assault in
Tohono O'odham Nation*

- ⊕ Low reporting rates
- ⊕ Shame, guilt
- ⊕ Happens to the whole family, not just one person

Current models of care in communities

- ⊕ Providers
- ⊕ Places care provided
- ⊕ Extent/access to care available
- ⊕ Primary lack in health services to sexual assault victims

SAFE-T

- ⊕ Current challenges to access for Health

Current challenges to access for Justice

- ⊕ Criminal
- ⊕ Civil
- ⊕ Federal
- ⊕ Tribal

*Current challenges to
accessing community
resources*

- ⊕ Safety
- ⊕ Advocacy
- ⊕ Privacy
- ⊕ Confidentiality
