


**SAFESTAR**  
**Sexual Assault Forensic Examination Support Training**  
**Access and Resources**  
*Empowering Women in Tribal Communities to Combat Sexual Violence through SAFESTAR*

**14th National Indian Nations Conference:  
Justice for Victims of Crime  
Coachella Valley, California  
December 11 - 13, 2014**

Presented by:  
Southwest Center for Law & Policy  
In collaboration with the International Association of Forensic Nurses  
with funding by OVW and USDOJ



**Workshop Objectives:**

- ▣ Increase knowledge of how sexual assault against women affects the Tribal Communities
- ▣ Learn the SAFESTAR strategies to encourage a strong, effective, criminal justice response to sexual assault against American Indian/Alaska Native women
- ▣ Provide a better understanding of the role communities have in their response to sexual assault
- ▣ Increase knowledge of why American Indian/Alaska Native women suffer the highest rates of sexual assault of any population in the United States



## Why do we need SAFESTAR'S?

- ▣ When someone is sexually assaulted on Tribal lands, access of a Sexual Assault Nurse Examiners (SANE) who perform healthcare exams to collect evidence from a victim's body is not available in most of the Tribal communities.
- ▣ "A 2005 survey of IHS facilities found that in areas served by facilities that do not provide emergency services for rape victims, women can face a round trip of up to 150 miles in order to reach a facility where the forensic examination can be performed." – *Maze of Injustice, Amnesty International, 2007*




## According to the United States Bureau of Justice 2010

- ▣ American Indian/Alaska Native women are more than 2.5 times more likely to be raped or sexually assaulted than women in the USA in general
- ▣ 34.1 per cent of American Indian/Alaska Native women – or more than 1 in 3 – will be raped during their lifetime; the comparable figure for the USA as a whole is less than 1 in 5



## REPORTED Crime Against Native Women

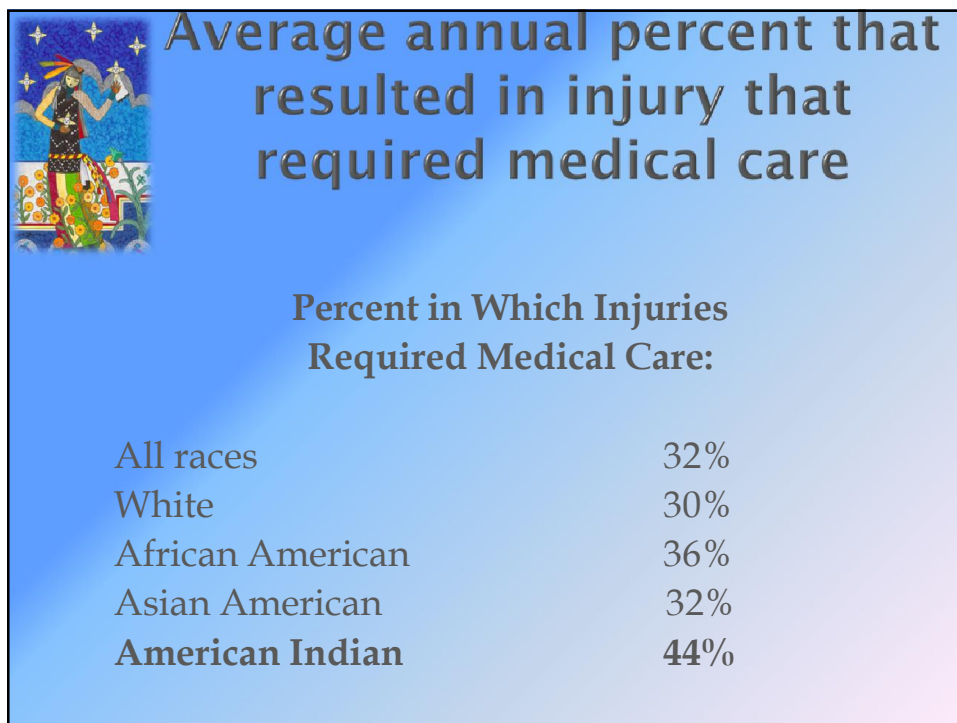
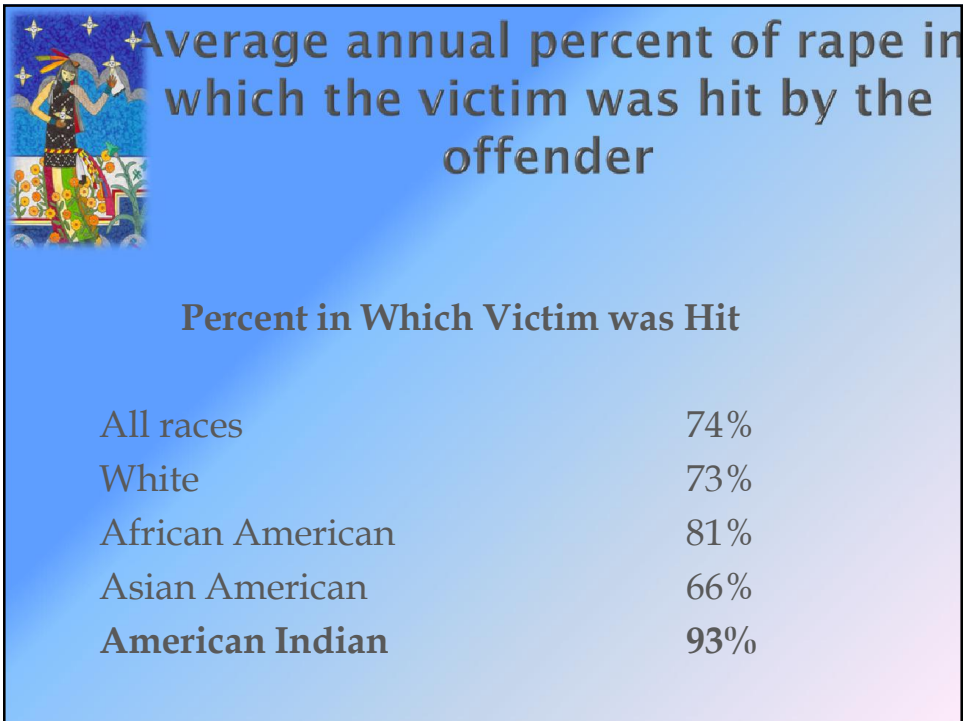
- ▣ Native women have the highest rate of:
  - Violent crime victimization
  - Sexual assault (2 ½ x),
  - Stalking (2 ½ x),
  - Domestic violence (2 ½ x),
  - More likely to suffer a sexual assault
    - ▣ by multiple perpetrators,
    - ▣ with a weapon,
    - ▣ result in injuries
    - ▣ assaulted in a public place



## Average annual rates of rape and sexual assault victimization by race (Dr. Ronette Bachman-University of Delaware)

Average Annual Rate per 1,000 persons

All races	1.9
White	1.9
African American	3.1
Asian American	1.2
<b>American Indian</b>	<b>7.2</b>





## Low Reporting

**Less than half of all rapes and sexual assaults committed against American Indian women are reported to law enforcement.**

U.S. Dep't of Justice, *Reporting Crime to the Police*  
1992-2000 (March 2003).



## Why are AI/AN women the victim of rape at such alarming rates?

- Some believe that there are rapists who specifically target AI/AN women for sexual assault *because* the victim is Native.
- Sexual assault against AI/AN women can be both a crime of sexual violence as well as a hate crime.
- Historically, sexual violence against AI/AN women has been used as a tool of colonialism.






## Why are AI/AN women the victim of rape at such alarming rates?

- AI/AN women throughout the history of the Americas have been raped, kidnapped, mutilated, and murdered by the colonizers as a means to gain Native lands and to destroy Native peoples.
- The perception and experience of many AI/AN women today is that they continue to be dehumanized, devalued, and marginalized by the dominant culture





## 566 Federally Recognized Tribes (Tremendous Diversity)





## Issues Unique to Alaska

- ▣ Vastness
- ▣ Remoteness of most of the communities
- ▣ Extreme temperature range than anywhere in the world
- ▣ Isolated villages, where there are no roads in or out, and where people are further cut off by undependable telephone, electrical and internet services

## How did Alaska become a dangerous place for women?

- ▣ Two possible causes are its high population of Native Americans — nearly 15% compared to the 1.2% national average
- ▣ And its remoteness. South Dakota is also a rural state with a high Native American population of nearly 9%
- ▣ Native Alaskans make up 61% of rape victims in the state of Alaska
- ▣ And Native Americans make up 40% of sex assault victims in South Dakota



## Lack of Police Response

- ▣ In very rural areas, like Alaska, women simply can't rely on police to come help them if they're raped. One 19-year-old Native Alaska woman who lived in a village of 800 called the police after a stranger broke into her home and raped her in the middle of the night, the Times reported in 2012. The police didn't answer, so she left a message. They never returned her call.
- ▣ One study found that just 11% of rapes reported to the Anchorage Police Department between 2000 and 2003 led to a conviction. This lack of culpability could be another reason for the prevalence of sexual assault in Alaska.



## Statistics from the DOJ

- ▣ Nationwide, an arrest is made in just 13 percent of the sexual assaults reported by American Indian/ Alaska Native women
- ▣ Compared with 35 percent for African American women
- ▣ And 32 percent for Caucasian women





## Health Issues of Sexual Violence

- ▣ **Increased suicides and suicide attempts** (Indian Country statistics)
- ▣ **Increased alcohol abuse**
- ▣ Increased abuse of substances (tranquilizers, sedatives, pain killers, antidepressants, recreational drugs)
- ▣ Anxiety
- ▣ Depression
- ▣ Injury
- ▣ STD/STI and Pregnancy
- ▣ Chronic Disease (osteoarthritis, chronic pain)
- ▣ Gastrointestinal disease processes



## U.S. News and World Report

**“The health status of the more than 2.5 million tribal members is worse than that of any other U.S. minority or majority group.”**

- ▣ Shortage of IHS doctors, nurses, SANEs, pharmacists & dentists
- ▣ Long waits
- ▣ Antiquated equipment
- ▣ Historical mistrust (forced sterilizations, etc.)
- ▣ Long distances & lack of transportation



## SAFESTAR: The Project

- ▣ Designed by experts in Indian Country criminal justice, advocacy, and health care. SAFESTAR is a unique model of healthcare that trains community-based, lay healthcare providers (such as midwives, traditional healers, community health representatives, etc.) to provide medical/forensic examinations for Indian victims of sexual assault.




## SAFESTAR is:

- Community Developed
- Community Implemented
- Community Integrated
- Public Health Supported
- Individual and Community Focus




## SAFESTAR: Our Mission


- ▣ To avoid further trauma to all AI/AN sexual assault survivors



## Who is a SAFESTAR?

A person (currently all women):  
**Trained in a 40-hour course** approved by USDOJ, FBI, and IAFN to provide **evidence collection** to sexual assault survivors demonstrating **competency** and **respect** when conducting the **evidentiary exam**





## SAFESTAR Curricula

- ▣ 40 hour (1 week) course taught by Indian Country SANEs, criminal justice professionals & advocacy experts based on model of SANE course & taught in your community
- ▣ 16 hour Multi-disciplinary “meeting” / training with federal and tribal healthcare, criminal justice and advocacy professionals
- ▣ The SAFESTAR “rolling exam kit”



## SAFESTAR's are Independent

- ▣ Do NOT work for prosecutors, law enforcement, or advocates
- ▣ Serve without compensation
- ▣ Primary purpose = emergency sexual assault first aid
- ▣ Secondary = provide referrals
- ▣ Tertiary = community outreach
- ▣ Last = collect forensic evidence
- ▣ SAFESTARs do NOT have prior felonies or convictions for crimes of moral turpitude
- ▣ SAFESTARs are persons well-respected in their communities



## What is the Role of a SAFESTAR?

- ▣ Provide a compassionate and sensitive approach to sexual assault healthcare
- ▣ Provide timely healthcare examination with evidence collection, as appropriate
- ▣ Provide referral for follow-up care and counseling
- ▣ **Provide testimony in court as eye witness/percipient witness as needed (NOT as expert witness)**



## Eye Witness Evidence

SAFESTARs can testify in court as to what they:

**DID** (took photos, buccal swabs, etc.)

**SAW** (abrasions, bleeding, torn shirt, etc.)

**HEARD** (excited utterances, etc.)


**SMELLED** (urine on garments, etc.)

**FELT** (large bump on victim's head, etc.)

**CAN NOT** testify as an expert witness








## SAFESTAR 40 Hour Training


- ❑ Culturally appropriate
- ❑ Cognizant that each AI/AN Nation has different laws, customs, traditions, language, policies, procedures & resources
- ❑ Establishes or enhances the attitudes, knowledge and skills of AI/AN women to perform a medical/forensic exam
- ❑ Delivered by IAFN and SWCLAP on-site
- ❑ No pelvic exams, blood, hair or urine




## SAFESTAR Training

This training will teach you how to:

Determine if a victim of sexual assault needs to be sent to a hospital or clinic for immediate treatment





## SAFESTARs Will Learn How To

Create a written report (document) describing a victim's sexual assault

**SAFESTAR**  
**SEXUAL ASSAULT MEDICAL/FORENSIC RECORD**

Location of Examination: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_  
Full Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Brought In By: \_\_\_\_\_  
Others Present: \_\_\_\_\_  
Date of Assault: \_\_\_\_\_ Time: \_\_\_\_\_  
Location of Assault: \_\_\_\_\_  
Patient Choosing  
 To report the crime and authorize release of evidence to law enforcement  
Law Enforcement Agency: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Officer Name: \_\_\_\_\_  
Officer ID: \_\_\_\_\_  
 The Anonymous Sexual Assault Option  
Kit #: \_\_\_\_\_  
 Medical forensic exam without kit




## You will learn how to:

- Perform an exam to check a victim for injuries and, if the victim chooses to, collect evidence from his/her body








## You will learn how to:

Make referrals to help the victim heal  
(in mind, body, and spirit) after the assault



## SAFESTAR's Rollaway Locked Box



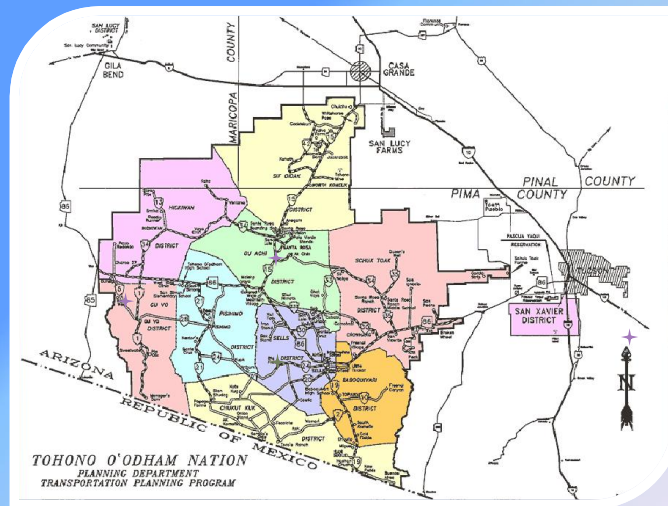


## Tohono O'odham Nation and Arizona 1<sup>st</sup> SAFESTARs

- ❑ Selected as “pilot project site”
- ❑ SAFESTAR now being rolled out nationally to AI/AN communities lacking access to SANEs
- ❑ US Attorney, FBI, BIA, IHS are fully supportive of the SAFESTAR project
- ❑ Each SAFESTAR site requires cross-training state, federal, tribal law enforcement, prosecutors, health providers and advocates



## Tohono O'odham Nation





## Why SAFESTAR is needed:

On the **Tohono O'odham Nation**, there is **NO SANE** and the Nation **DOES NOT HAVE THE NECESSARY EQUIPMENT TO DO RAPE EXAMS**

**Indian Health Service**, the primary source of medical care for most of our AI/AN women, lacks SANEs

**SAFESTAR captures those who would otherwise not seek care**



## Purpose of the Tohono O'odham SAFESTAR's:

- ▣ **Address the lack of sexual assault nurse examiners** in Indian Country
- ▣ **Improve community education**
- ▣ **Address the relatively low number of tribal and federal prosecutions** of sexual assault crimes committed against Native women by increasing the availability of evidence







## *SUFFER IN SILENCE* Delayed Reporting or NO Report

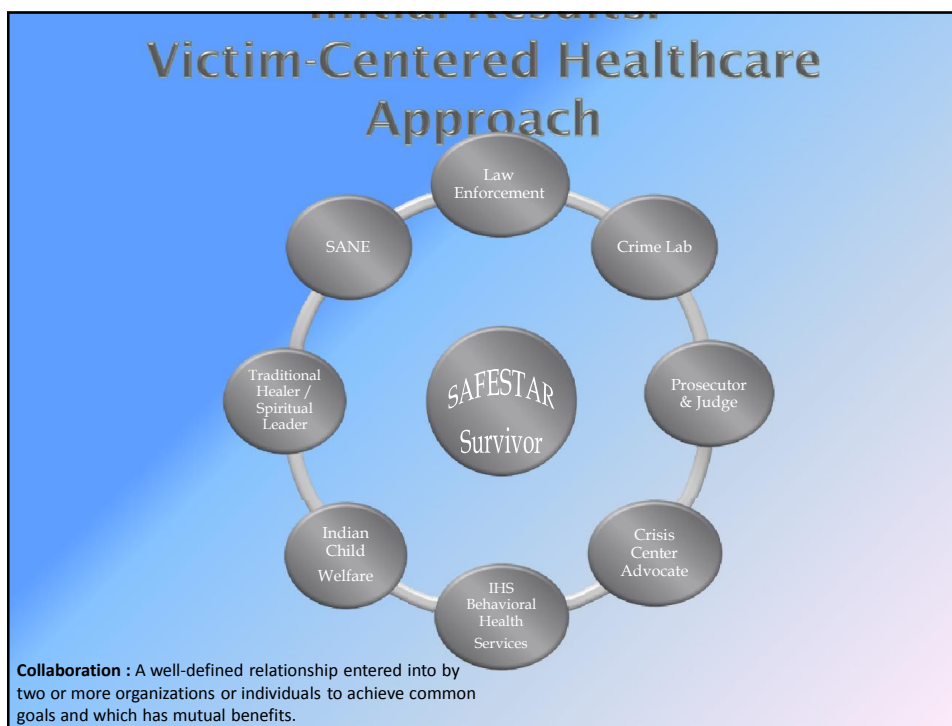

- ▣ Shame and Blame
- ▣ Cause of disharmony among family and community
- ▣ Confidentiality concerns in tight knit tribal communities
- ▣ No Confidence in the criminal justice & healthcare systems (re-victimized/no consequences for perpetrators the norm)
- ▣ Incest issues
- ▣ Difficulty discussing sexual contact or attempted sexual contact with others



## SAFESTAR

Revitalizes Tohono O'odham Culture and Traditions

- **We are all related to one another and need to take care of one another**
- **Provides support and resources at the village and community level**
- **Provides traditional options and choices for the sexual assault survivor**
- **Re-captures the important and positive role that women have in our community**

## Initial Results of Pilot Program: First 6 Months

- ❑ Cross-training of SANEs and local hospital in Tucson on working effectively with Tohono O'odham = **improved SANE exams & overall medical treatment** for all Tohono O'odham and AI/AN
- ❑ **SANEs** in town now **referring victims** back to SAFESTARs for **traditional medicine** & to link victim with **advocates/resources**
- ❑ **Increase in disclosure of sexual assault** (especially historical rapes) in 6 months project in effect
- ❑ Increase in referrals & access to services (health, mental health, services, etc.) on Nation

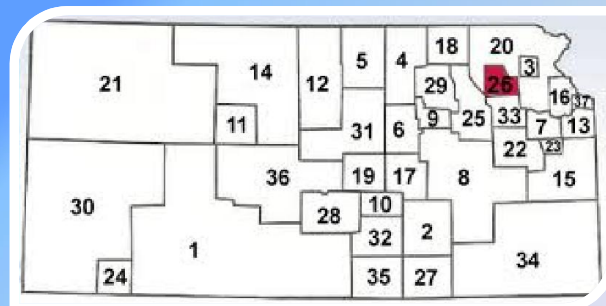


## Initial Results

- ❑ Open discussions now occurring with **elders on traditional responses** to sexual violence & **historical trauma**
- ❑ Opened up widespread discussion of traditional and non-traditional responses to sexual violence & effects on parenting over generations
- ❑ **Tribal jail inmates** addressing their own victimization & assisting SAFESTAR with community sexual violence awareness (creating shawls and banners for SAFESTARs and events, etc.)




## 2nd SAFESTAR Training Prairie Band Potawatomi Mayetta, Kansas


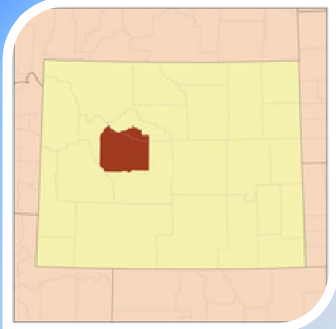




# Prairie Band Potawatomi SAFESTAR'S



## 3rd SAFESTAR Training Wind River Indian Reservation in Wyoming is shared by the Eastern Shoshone and Northern Arapaho tribes





# Wind River SAFESTAR'S



## The SAFESTAR Project is:

Focused on educating  
and empowering  
Tribal communities to  
create meaningful,  
positive change in  
their response to  
sexual assault for our  
future generations







*THANK YOU*

*COMMENTS ?*

*QUESTIONS??*

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