


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

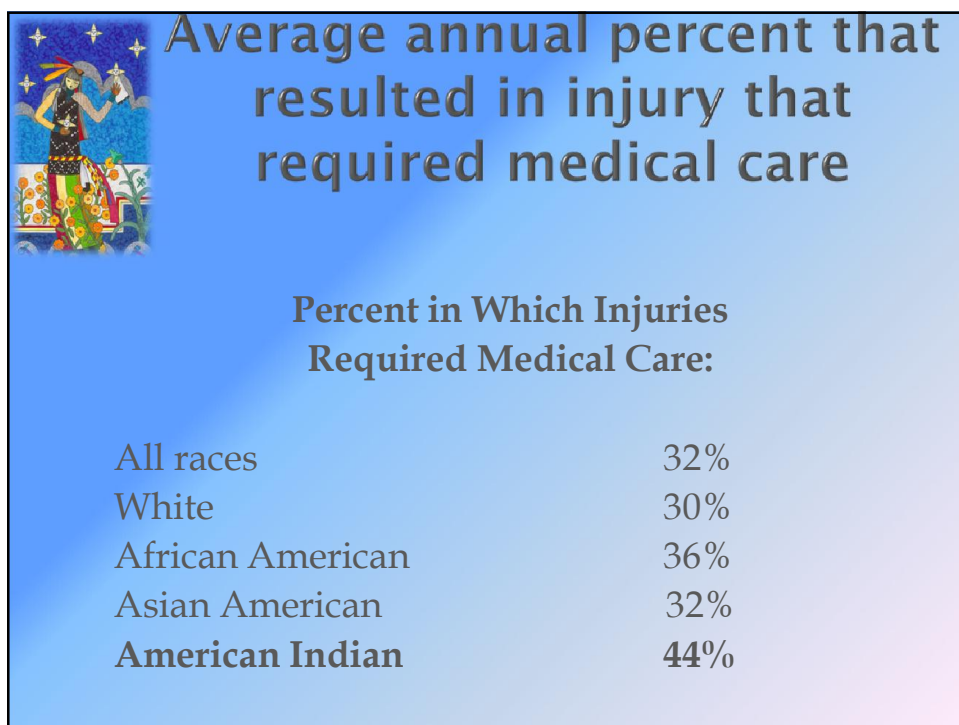
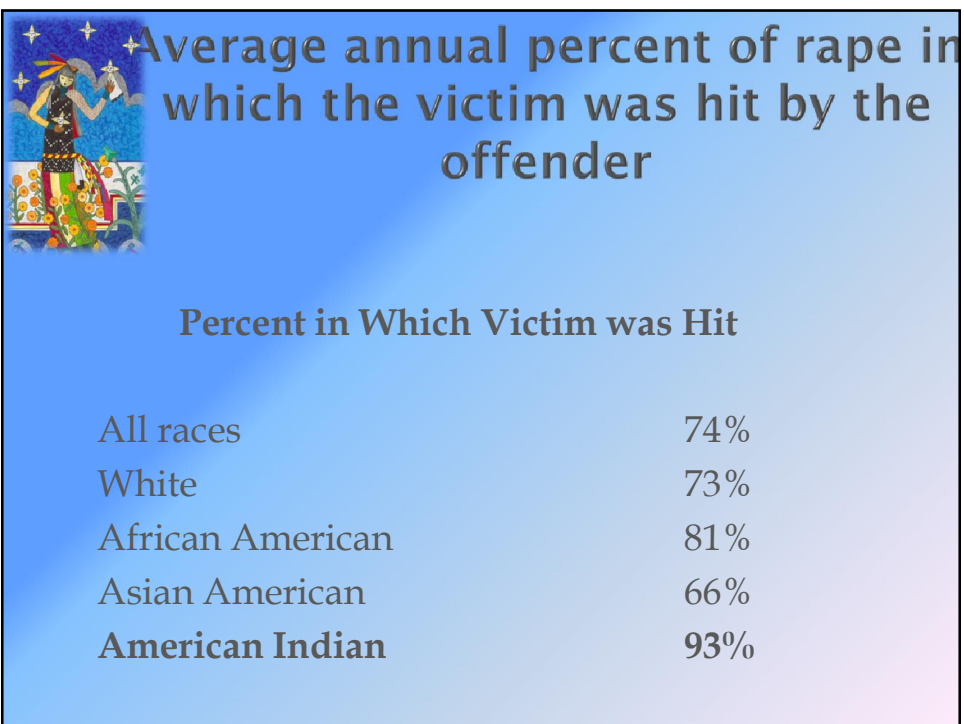
- ▣ Native women have the highest rate of:
 - Violent crime victimization
 - Sexual assault (2 ½ x),
 - Stalking (2 ½ x),
 - Domestic violence (2 ½ x),
 - More likely to suffer a sexual assault
 - ▣ by multiple perpetrators,
 - ▣ with a weapon,
 - ▣ result in injuries
 - ▣ assaulted in a public place



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
American Indian	7.2





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



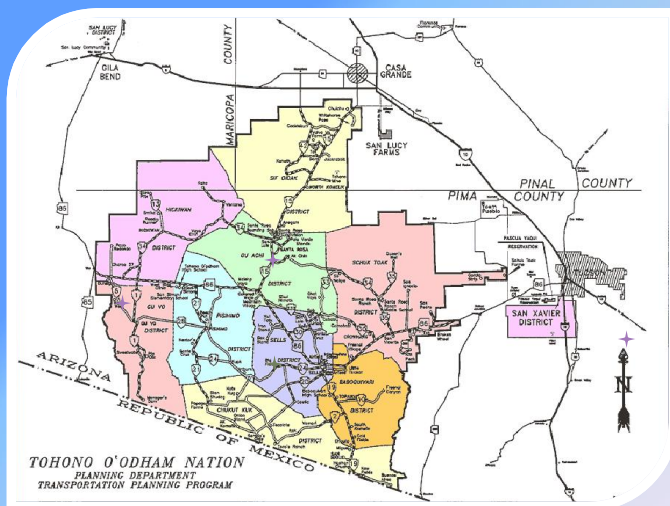


Tohono O'odham Nation and Arizona 1st SAFESTARs

- ❑ 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

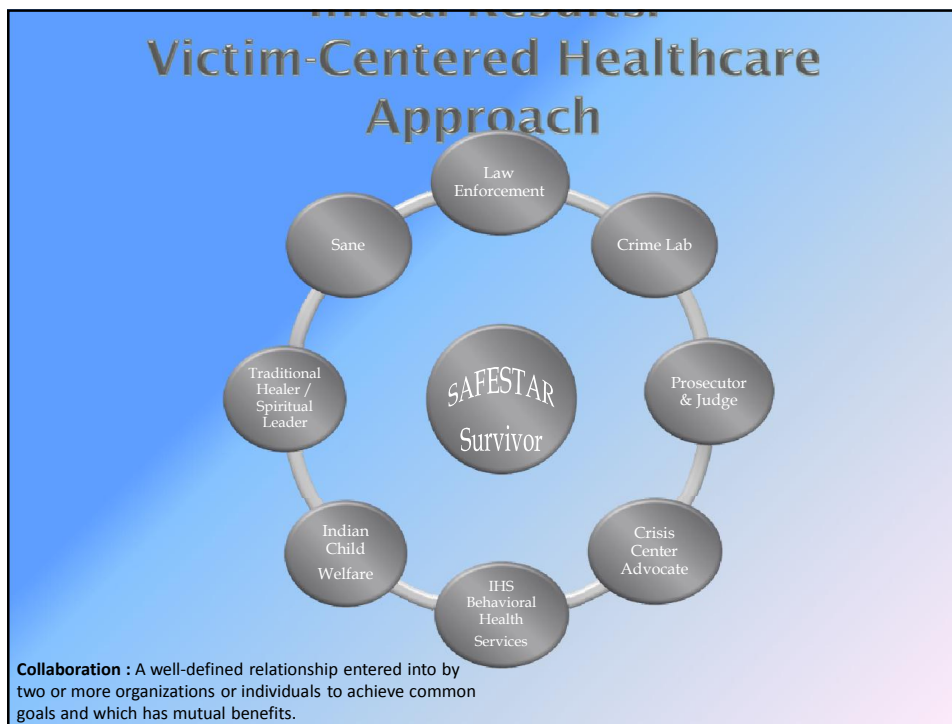

- ▣ Shame and Blame
- ▣ Cause of disharmony among family and community
- ▣ Confidentiality concerns in tight knit tribal communities
- ▣ No Confidence in the criminal justice & healthcare systems (re-victimized/no consequences for perpetrators the norm)
- ▣ Incest issues
- ▣ Difficulty discussing sexual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

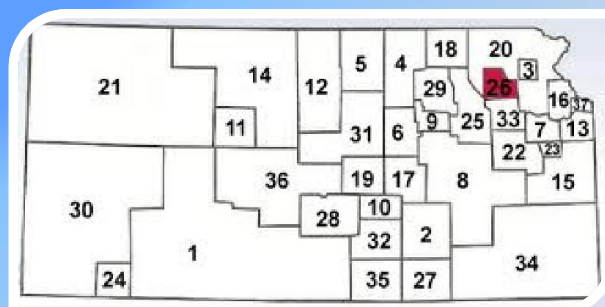


Initial Results

- ❑ 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







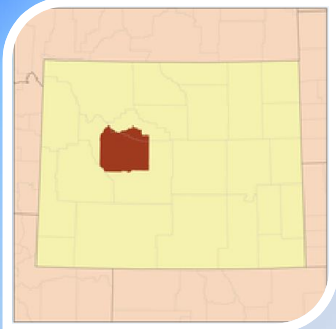
Prairie Band Potawatomi SAFESTAR'S



A group of seven individuals, including women and men, are standing in a line and holding framed certificates. They are in an indoor setting with warm lighting and wood paneling.



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



A map of the state of Wyoming is shown with a red square highlighting a specific region in the central part of the state, representing the location of the Wind River Indian Reservation.



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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