Position Statement

SAFESTAR Program

Statement of Problem: Violence against American Indian and Alaska Native women is a national crisis. According to the United States Department of Justice report, Native American women experience much higher levels of sexual violence than other women in the US.[1] This data indicates that American Indian and Alaska Native women are more than 2.5 times more likely to be raped or sexually assaulted than women in the USA in general. More than one in three of these women will be raped during their lifetime, compared to the USA general statistic of one in five.[2] In 2010 when President Obama signed the Tribal Law and Order Act[3], he stated that it is "unconscionable that crime rates in Indian country are more than twice the national average and up to 20 times the national average on some reservations."[4]

In 2007, Amnesty International reported in their *Maze of injustice* report that there has been a failure to protect American Indian and Alaska Native women from sexual violence.[5] There also is a shortage of Sexual Assault Nurse Examiners (SANE) in Indian Country.[6] This is compounded by the geographic isolation of many of the 565 federally recognized tribes in the US. As Indian Health Services prioritizes establishing and training SANE for their facilities the lack of adequate access to trained examiners continues to be problematic and widespread.

Association Position: The IAFN recognizes the importance of having trained SANE and SAFE examiners available to *all* victims of sexual violence. The IAFN also supports the efforts of Indian Health Services as they establish training and education of staff throughout their facilities that serve American Indian and Alaska Native victims of sexual violence. Establishing SANE/SAFE programs in I.H.S. facilities is imperative in an effort to provide quality services to victims of sexual violence in Indian Country. However, there is an *emergency need* to provide access to supportive, comprehensive services to sexual assault victims *as these formalized efforts are beginning.* In recognition of this *emergent need*, IAFN in collaboration with the Southwest Center for Law and Policy and the Office on Violence Against Women created a curriculum to train lay community women, as *first* responders to sexual violence victims in tribal communities. When

---

[1] Patricia Tjaden and Nancy Toennes, US Department of Justice, *Full Report of the Prevalence, Incidence and Consequences of Violence Against Women,* 2000.

[2] Steven W Parry, American Indians and Crime-A BJS Statistical Profile 1992-2002, Bureau of Justice Statistics, US Department of Justice, Office of Justice Programs, December 2004, http://www.ojp.usdoj.gov/bjs/pub/pdf/aic02.pdf, retrieved September 26, 2011.

[3] Indian Arts and Crafts Amendments Act of 2010 http://www.justice.gov/usao/az/IndianCountry/Tribal%20Law%20%20Order%20Act%202010.pdf retrieved September 26, 2011.

[4] Tribal Law and Policy Institute, 2010, "Obama Signs Tribal Law and Order Act," Tribal Law Updates, retrieved September 26, 2011 from tlpi.wordpress.com/2010/07/30/obama-signs-tribal-law-and-order-act/.

[5] United States of America: Maze of injustice: The failure to protect indigenous women from violence, 2007. http://www.amnesty.org/en/library/info/AMR51/035/2007 retrieved September 26, 2011.

[6] Maze of injustice p 51.

SANE/SAFE is not available, trained SAFESTARS are an acceptable bridge response for victims of sexual violence.

Background: These emergency first responders (a first responder is defined as those individuals who respond immediately to the incident to provide care, support, safety and resources are known as SAFESTARS. **SAFESTAR** stands for **S**exual **A**ssault **F**orensic **E**xamination **S**upport **T**raining **A**ccess and **R**esources. IAFN maintains that SAFESTAR is *not a replacement* for sexual assault nurse examiners but is more of a *bridge service* which can provide *emergency measures* for access to forensic healthcare in tribal communities as the development of formalized SANE/SAFE programs is beginning.[7]

SAFESTAR is a tribal community based, community driven project, and requires extensive community organizing and buy in for implementation. This organizational piece is imperative to the successful adaptation of SAFESTAR.

IAFN was an integral partner in the development of the curriculum for SAFESTARS. This curriculum was based on the IAFN education guidelines[8] for sexual assault nurse examiners and the National Training Standards for Sexual Assault Forensic Examiners[9], with extensive adaptations for a lay provider. The SAFESTAR curriculum contains components of recognizable SANE training with adaptations for triage, first aid, evidence collection and testimony in tribal and federal court.

SAFESTAR trainers should be SANE-A® certified nurses, who are familiar with the curriculum and ideally, familiar with the community in which the SAFESTARs will be working. The training team for SAFESTARS also will include the local contact person with whom the community organizational pieces were done.

Crucial to the sustainability of the SAFESTAR project is integration into any existing services in the community, such as access to healthcare, law enforcement and advocacy for victims of sexual assault. This component requires local responders from these areas to be integral in the developmental phases of implementation of any local SAFESTAR project. Ideally, if available, tribal advocacy should also work in partnership with the training team. Much like including advocacy at the SANE/SAFE training, a spiritual leader from the Tribal community is a culturally responsive way to attend to the spiritual and emotional needs/health during the training and is a vital faculty member. The spiritual aspect cannot be ignored, and incorporating the cultural and spiritual traditions of the community into the response for sexual assault victims is an important aspect to the cultural responsive role of the SAFESTAR.

---

[7] There have been healthcare projects in rural and tribal areas that utilize community members to provide healthcare to those who have traditionally been unserved. The Comprehensive Rural Health Project in Jamkhed, India has been teaching "untouchable" caste women to provide services in communities where the "poorest of the poor" are living[7]. "A village health worker can care for 80% of the village's health problems" according to Dr. Raj Arole, founder of the Comprehensive Rural Health Project. This project has been in existence for 40 years, and now has trained health workers in 300 communities, impacting the health and well being of the communities they serve.

[8] IAFN Sexual Assault Nurse Examiner Education Guidelines, Adult and Pediatric. 2008.

[9] United States Department of Justice: National Training Standards for Sexual Assault Medical Forensic Examiners, 2006.

Rationale: As stated in the **A National Protocol for Sexual Assault Medical Forensic Examinations**, developed by the U.S. Department of Justice, "it is critical for all examiners, regardless of their discipline are committed to providing quality care for patients disclosing sexual assault, collecting evidence competently and testifying in court, as necessary."[10] SAFESTAR supports this ideal.

The **Protocol** recognizes that a coordinated community approach "can help afford victims access to comprehensive immediate care, minimize trauma victims may experience, and encourage them to utilize community resources. It can also facilitate the criminal investigation and prosecution, increasing likelihood of holding offenders accountable and preventing further sexual assaults."[1] SAFESTAR also supports this ideal by providing a trained responder *in the community* for victims to report to.

In addition to the **National Protocol**, the World Health Organization also encourages collaboration with other service providers when giving care to victims of sexual assault, stating "It is important that health care facilities which provide services to victims of sexual violence collaborate closely with law enforcement, social services, rape crisis centers, nongovernmental organizations (NGOs) and other agencies to ensure not only that all complex needs of the patients are met but also a continuity in the service provision."[2] SAFESTAR supports this collaboration in tribal communities by providing a trained person within the community who can provide the information necessary for victims to access services necessary to begin their healing processes.

References

[1] Id at p. 1.
[2] **Guidelines for Medico-Legal Care for Victims of Sexual Violence**. (2003) World Health Organization, Geneva p. 20

[10] A National Protocol for Sexual Assault Medical Forensic Examinations of Adults and Adolescents p. 6