

Key Players on a SAFE Protocol Drafting Team in American Indian and Alaskan Native Communities

Adapted from B. Clairmont. *Sexual Assault Response Teams, Resource Guide for the Development of a SART in Tribal Communities*.

Tribal Law and Policy Institute in conjunction with the Southwest Center for Law and Policy, 2008, available through <http://www.tribal-institute.org/lists/assault.htm>.

Make sure your effort is informed by the experiences of sexual assault survivors in your tribe/community, by involving survivors at some level in the drafting process, seeking their input and ensuring a sexual assault victim advocate is involved to act as the voice of victims.

Core professionals essential to SAFE protocol drafting process:



Victim advocates



Healthcare personnel involved in response to sexual assault victim, such as:

- Trained sexual assault forensic examiners (SAFE)
- Medical providers (e.g., nurses and doctors) from Indian Health Service (IHS), tribal and local hospitals and clinics to which victims are taken
- Administrators (e.g., CEOs and other upper level management, nurse supervisors and emergency department directors) from Indian Health Service (IHS), tribal and local hospitals and clinics to which victims are taken



Law enforcement representatives

- Tribal law enforcement
- Other law enforcement agency that responds to sexual assault in your community
 - Bureau of Indian Affairs (BIA)
 - Federal Bureau of Investigation (FBI)
 - County sheriff / local municipal police for PL280 states



Prosecutors (may only be involved only at consulting level)

- Tribal prosecutors
- Any other prosecution office that responds to sexual assault in your community
 - U.S. Attorney's Office (USAO)
 - State/county prosecution offices for PL280 states



Forensic crime lab personnel at a state or federal level who analyze evidence collected from your community (may only be involved only at consulting level)

Other agencies, professionals and individuals whose “buy-in” is essential to implementing and institutionalizing protocol (if not already on core team). Do not need to be involved in details of protocol development, but should have opportunity to review protocol drafts and provide feedback.

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| <input type="checkbox"/> Tribal government and tribal leaders | <input type="checkbox"/> Mental health providers |
| <input type="checkbox"/> Tribal spiritual leaders, traditional practitioners and elders | <input type="checkbox"/> Substance abuse treatment providers |
| <input type="checkbox"/> Decision-makers from involved entities (tribal police chief, hospital/clinic administrators, etc.) | <input type="checkbox"/> Agencies serving people with disabilities |
| <input type="checkbox"/> Other health care providers (emergency medical technicians, primary care doctors and nurses, health aides, family practitioners, women's health care specialists, dentists, other medical specialists, etc.) | <input type="checkbox"/> Judges/court personnel |
| <input type="checkbox"/> System-based victim-witness specialists | <input type="checkbox"/> Corrections/probation staff |
| | <input type="checkbox"/> Others who might activate the SAFE process or provide victims with information on available resources (social/human service agency personnel, school personnel, youth program staff, medical personnel and administrators from long-term care facilities, business leaders, etc.) |

