*Office for Victims of Crime*
*Indian Health Service*
*Federal Bureau of Investigation*

**National Coordination Committee on the AI/AN SANE-SART Initiative**
**Issue Paper, Sub Issue #3: Prioritization of Sexual Violence Resources**

**Question Committee To Address:** *How can OVC and its partners support efforts to make sexual violence response in AI/AN communities a priority for federal agencies and other key stakeholders to ensure the availability of appropriate resources for the provision of sexual violence services*?

**Definition:** *Making sexual violence a priority for all federal, state, tribal, and local stakeholders ensures that collaborative responses to sexual violence remain viable. Collaboration must be able to survive staff transitions; social, political, and economic challenges; and the impact of emerging issues and scientific or medical breakthroughs that can affect team caseloads and resources.*

**Challenges of Prioritization of Sexual Violence Response:** *OVC and its partners have learned from working group members and demonstration sites that when agencies do not make sexual violence response a high priority, the outcomes result in a lack of designated sexual violence response staff (often leading to the unavailability of trained health care providers, and  investigative, prosecutorial, and victim advocacy staff to respond to victims); high staff turnover (when working conditions are poor and expectations of staff are unreasonable); feelings of helplessness among first responders to make a difference or adequately support victims of sexual violence; and ultimately, victims  do not receive culturally relevant, appropriate services.*

**Background**

Stakeholders from the federal working groups—Child Sexual Abuse, Alaska Native Issues, and First Responders—and three demonstration sites identified that, in the absence of prioritization of sexual violence resources, AI/AN adult and child victims do not receive a victim-centered coordinated community sexual violence response.

The service delivery system in AI/AN communities is made up of a complex and inconsistent set of tribal, federal, state, local, and community-based policies and services. When these agencies and communities do not make the elimination of sexual violence in AI/AN communities a priority, resources to combat sexual violence and to provide victim-centered services are often lacking. The lack of resources to address sexual violence contributes to victims' unwillingness to report sexual violence; high staff turnover; lack of designated staff; a feeling of helplessness and hopelessness among victims, service providers, and communities; and a lack of strong grassroots efforts to demand an end to sexual violence and better services to victims, etc.

**Discussion**

When stakeholders prioritize sexual violence resources, identified staff are available to respond appropriately to victims of sexual violence; sexual violence is not viewed as a collateral duty and aids in reducing staff turnover; time and effort are given to the development of written coordinated community

response protocols that incorporate cultural components specific to the community; meetings to staff sexual violence cases are held and attended; and community-specific solutions to better services for victims are identified.

**Preparation for Committee Recommendations**

We are interested in receiving recommendations from Committee members on how we can support efforts to make sexual violence response in AI/AN communities a priority for federal agencies and other key stakeholders to ensure the availability of appropriate resources for the provision of sexual violence services. Committee members are encouraged to discuss these questions with their respective organizations and/or tribal communities prior to the meeting.

**Proposed General Questions on Prioritization**

- What does making sexual violence and sexual violence resources a priority look like for your organization or the tribal communities with which you work? Please explain.
- How has making sexual violence and sexual violence resources a priority impacted your organization or the tribal communities with which you work? Please provide any specific examples or data/information you have that would help demonstrate the impact of making sexual violence resources a priority.
- Are there any examples of how your organization—or the tribal communities with which you work— has successfully implemented or supported the prioritization of sexual violence resources?
- What are/have been the barriers to making sexual violence a priority for federal agencies and other key stakeholders to ensure the availability of appropriate resources for the provision of sexual violence services for your organization or the tribal communities with which you work?
- What initial recommendations do you have on how OVC and its partners can support efforts to make sexual violence a priority for federal agencies and other key stakeholders to ensure the availability of appropriate resources for the provision of sexual violence services?
- What additional resources would be helpful to you and the Committee in considering ways to prioritize sexual violence resources at the federal, state, tribal, and local levels? Do you have any suggestions on how to best access that information?

**Research/Resources on Sexual Violence Response**

- *Benefits of a Coordinated Community Response to Sexual Violence*, AEquitas Strategies in Brief, Volume #7, December 2011, Mallios and Markowitz.
- The Efficacy of Illinois' Sexual Assault Nurse Examiner (SANE) Pilot Program, (2003), www.icjia.state.il.us/public/pdf/ResearchReports/SANE.pdf. First National SANE Coordinator Symposium: Final Report and Recommendations, (2009), www.nsvrc.org/sites/default/files/sane-symposium-report.pdf.
- Macy, R., Johns, N., Rizo, C., Martin, S., and Giattina, M. (2011). Domestic violence and sexual assault  service goal priorities. Journal of Interpersonal Violence, 26(16) 3361-3382. Doi: 10.1177/08862605.
- Rebecca Campbell, Rape survivors' experiences with the legal and medical systems: do rape victim advocates make a difference?, 12 Violence Against Women 30-45 (2006), www.ncbi.nlm.nih.gov/pubmed/16314660.