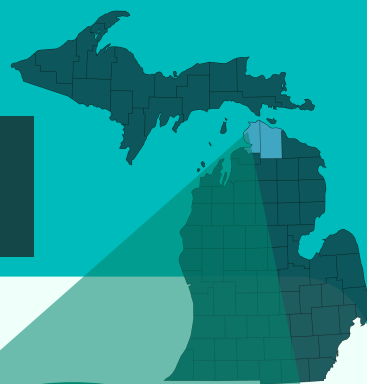
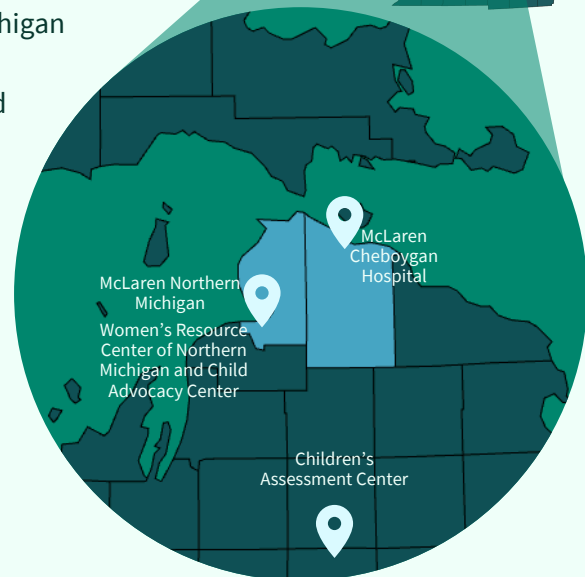


Response to Sexual Assault: Think Tank Report

Cheboygan and Emmet Counties



- Cheboygan and Emmet Counties are located at the northernmost tip of the Lower Peninsula of Michigan
- They cover 1,767 square miles with 102.5 miles of lakeshore along Lake Michigan and Lake Huron^{1 2}
- Emergency Departments (EDs) are located in Petoskey (Emmet County) and Cheboygan (Cheboygan County)
- The total population across the two counties is 59,988¹
- A large portion of the reservation lands of the Little Traverse Bay Bands of Odawa Indians are located in Emmet County with many tribal members residing in Emmet County³
- The total population nearly doubles in the summer when seasonal residents and tourists visit to the area



Caucasian	93.5%	n = 56,058
Native American/Indigenous	4.4%	n = 2,609
Hispanic	2.0%	n = 1,194
African American	1.4%	n = 809
Asian/Pacific Islander	0.9%	n = 512

1. U.S. Census Bureau
2. Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services
3. <https://ltbbodawa-nsn.gov>

Community Think Tank

- On August 9th, 2023, over 25 people attended the Community Think Tank at Northern Michigan Community College in Petoskey, MI
- The following community services were represented:
 - ED staff
 - Domestic violence and sexual assault (DV/SA) program and child advocacy center
 - Law enforcement
 - Prosecutor's offices
 - Community health services
 - United Way
 - Statewide tribal DV/SA advocacy coalition
 - Educators
 - Local healthcare providers
- Co-representation from the local tribal community was prioritized
- The meeting lasted 90 minutes in total

Emergency Healthcare and Advocacy Services:

- Cheboygan and Emmet Counties have two hospitals with EDs: McLaren Northern Michigan and McLaren Cheboygan.
- Depending on a person's location in the two counties, travel to the nearest ED could take up to 40 minutes
- McLaren Northern Michigan Hospital currently has ten trained Sexual Assault Nurse Examiners (SANEs) on staff; McLaren Cheboygan Hospital currently has two SANE-trained nurses on staff
- Women's Resource Center of Northern Michigan (WRCNM) and its Children's Advocacy Center has a service area that includes Emmet, Cheboygan, Otsego, Charlevoix, and Antrim Counties
- The community also utilizes child forensic services from the Northern Michigan Children's Assessment Center, up to an hour and 30 min drive for residents of both counties

Barriers

Several barriers for accessing services were identified by Think Tank participants, some of which are specific to rural communities like Cheboygan and Emmet counties, some related to societal norms, and some related to common infrastructure and systemic challenges in sexual assault response work.

Sexual Assault Healthcare Services:

- While there has been an increase in SANE-trained nurses in the service area, there is no formal infrastructure at the hospitals to support on-call SANE services
- Pediatric cases are often referred to the Children's Assessment Center three counties away for services
 - While transportation may be available if a survivor and/or their caregivers are in need, the amount of time to travel can be a major barrier (up to 90 minutes)
- There is a low volume of sexual assault survivors presenting to the hospital EDs, in turn making it challenging for SANEs to gain experience and pursue full certification
 - Clarification is needed for stakeholders about the difference between SANE-trained and SANE-certified
- Some prosecuting attorneys do not like working with cases when a sexual assault medical forensic exam has been conducted by untrained nurses or doctors
 - Without the availability of on-call SANEs, it is impossible to avoid this happening

There is no existing infrastructure in the local hospital systems to support SANE services by offering additional compensation for on-call SANE-trained nursing professionals.

Law Enforcement:

- There are low numbers of sexual assaults reported with law enforcement officers few opportunities to gain experience responding to sexual assault reports, particularly for adult survivors
- Staffing limitations means that law enforcement with more experience and training for sexual assault cases may not always be the ones responding to a call
- Existing trainings for law enforcement do not include trauma-informed forensic interviews
 - When there is not a trained officer available, they must rely on other communities' or counties' law enforcement to conduct these interviews
- Many law enforcement are not aware of protocols and resources related to sexual assault, nor are some aware of the location and availability of SANEs in the community

Cultural Considerations:

- Historical and cultural trauma has a direct impact on Native Americans living today
- There is an understanding that institutions outside the tribal community have systematically harmed tribal members with an attempt to erase their community and way of life
- Traumas have resulted in cultural and intergenerational distrust related to seeking help outside of the tribal community

Rural and Resort Community:

- "Everyone knows everyone": sexual assault survivors may avoid seeking care at the local Emergency Department if they are concerned if they may be recognized by medical personnel or others present
- There can be difficulty moving a criminal case forward if the survivor and/or the perpetrator leave the community (e.g., leaving after summer months)

Strengths

- The Women's Resource Center of Northern Michigan continues to work to get experience and training for local SANEs
- Local agencies such as United Way and Planned Parenthood are building educational sessions for parents to discuss consent and sexual violence.

Next Steps

The following are recommended actionable steps for the community to take to help improve the coordinated response to sexual assault.

Reestablish the Sexual Assault Response Team (SART):

The community has had active SARTs that provided an ongoing space for stakeholders to connect and update policies and protocols related to sexual assault response. Reinstating the North and South SARTs and holding monthly meetings would allow stakeholders to strengthen their connections and have more direct communication and collaboration.

- WRCNM employs a SART Coordinator who will schedule and plan regular SART meetings
- Stakeholders identify representative SART members for their respective agencies
- SART members will contribute to a Community Collaborative Sexual Assault Response Policy and Protocol

Establish a More Formalized Communication Network for Coordinating SANEs, SANE Supervisors, and Hospital Education Coordinators:

There is a desire for the community to have consistently available specialized emergency healthcare services for survivors of sexual assault. The community is primed to explore building a more formalized network.

- The WRCNM employs a SART Coordinator who could initially lead this initiative
- Invite hospital ED directors in contributing to setting agendas and meeting times to maximize SANE staff participation
- Engage the local emergency healthcare providers and hospital administrators to understand current protocols for responding to sexual assault and explore potential mechanisms for compensating “on call” SANEs
- Resource: <https://www.forensicnurses.org/page/NoSANEInSight/>

Create Cross-Systems Training Opportunities:

Attendees identified a number of training needs that can be quickly met based on past and existing trainings and initiatives.

- Healthcare system: Utilize current practicing SANEs to develop training to build up competencies and comfort for local emergency department staff who may be required to conduct sexual assault medical forensic exams
 - Resource: <https://www.forensicnurses.org/page/NoSANEInSight/>
- Legal system: Provide a training for local SANEs that includes mock court testimony to prepare them for the likelihood of having to testify based on an exam they may have completed
- Law enforcement: Access current trauma-informed forensic interviewing training. Incentivize training within each LE agency by counting it as annual in-house training or providing extra pay for attending the training
- Advocacy: Collaborate with law enforcement to develop a protocol for law enforcement to use to help identify appropriate resources and establish warm handoffs to service providers when responding to and supporting victims/survivors of sexual assault
- Utilize SART meetings to move forward these priorities and provide inter-agency accountability.

