

Response to Sexual Assault: Think-Tank Report

Marquette Community, Upper Peninsula of Michigan

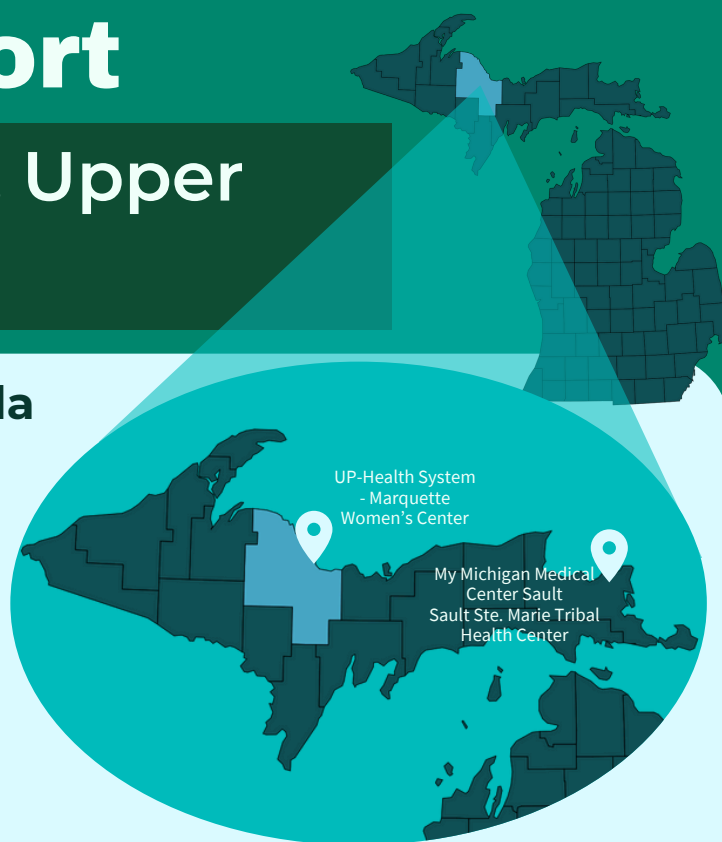
Marquette and the Upper Peninsula

Marquette County is located in the northern center of the Upper Peninsula of Michigan.

- The Upper Peninsula covers 16,738 square miles of land, with a population of 301,608 total people. For context, the Upper Peninsula represents 29.6% of the total land of Michigan, but just 3.0% of Michigan's total population.¹
- There are five federally recognized tribes located in the Upper Peninsula of Michigan, each with sovereign governments, law enforcement and justice systems, and victim services. These tribes are the Lac Vieux Desert Band of Lake Superior Chippewa Indians, The Keweenaw Bay Indian Community, the Hannahville Indian Community, Bay Mills Indian Community, and the Sault Ste. Marie Tribe of Chippewa Indians.
- Due to the rural nature of the majority of the Upper Peninsula, emergency healthcare services are often coordinated throughout the region, but many residents still must travel long distances for services.
- The city of Marquette hosts a large university, posing additional challenges related to sexual assault.

Sexual Assault Services:

- The UP-Health System - Marquette Emergency Department is the only location in the greater Marquette Community where survivors of sexual assault can go for exams.
- There are no SANE-certified nurses but a number of SANE-trained nurses working in the community; two work at the UP Health System - Marquette. There is currently no on-call system set up for SANE services.
- There is one healthcare center in Chippewa County providing sexual assault medical forensic exams (MFEs).
- The Sault Ste. Marie Tribe of Chippewa Indians is currently working to provide MFEs through their victim services program.



1. U.S. Census Bureau

On Tuesday, February 20, 2024 a community think tank was convened to discuss issues related to healthcare responses to sexual assault in Marquette County and the surrounding communities.

- The Think Tank was held at the Community Meeting Room at Baraga Place in Marquette, Michigan and lasted two hours total.

Major topics explored during the session were:

- What are the barriers to survivors getting critical care after a sexual assault?
- What are the facilitators to survivors accessing services after an assault?

Attendees represented a number of systems and communities throughout the Upper Peninsula including:

- Domestic violence and sexual assault program
- SANE trainees working within a large healthcare system
- Local, newly opened urgent care
- Tribal victim services
- Law enforcement
- Prosecutor's office
- Emergency healthcare services
- Child advocacy center
- Planned Parenthood
- Community Mental Health

Barriers

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

- There are few locations that are known to provide sexual assault healthcare services. Locating these services are even more difficult. For example, attendees identified two locations across the UP providing MFEs and sexual assault healthcare services: the UP Health System - Marquette Emergency Department and a healthcare center in Chippewa County.
 - Related, participants noted that locating any sexual assault services is difficult, as the Michigan Department of Health and Human Services “find help” locator has been down, but still comes up as a top link in internet searches.
- There are few Sexual Assault Nurse Examiner (SANE) - certified nurses across the Upper Peninsula, with even fewer able to provide services. For example, in order to work in the Emergency Department (ED) of the UP Health Services - Marquette Health System, a nurse with SANE-certification may only provide services if they have the additional credentials to serve as an ER nurse.
- Current emergency healthcare services are not fully trauma-informed: EDs have long wait times, and are chaotic and uncomfortable; examples were given of survivors experiencing victim-blaming.
- The healthcare system has limited specialized-SA related resources including: outdated or unavailable specialized equipment (e.g., camera); no specialized testing for substances (e.g. Rohypnol).

Michigan’s Upper Peninsula has few SANE-certified or trained nurses and existing services do not support their ability to practice.

Cross Systems Challenges:

Poor publicity about SA services may make it difficult for survivors to find assistance, especially time sensitive assistance like healthcare services.

- Recently, a new urgent care clinic opened with a focus on trauma-informed care, including providing MFEs and healthcare to survivors of SA. They followed instructions to request SA kits from the Michigan State Police, but were given kits that had expired 2 years prior.
- Local organizations have had difficulty maintaining ongoing partnerships with healthcare systems with decentralized administration.
- There is confusion about who is responsible for paying for SA care beyond the MFE (e.g., prescriptions, additional healthcare needs).
- Local organizations have had challenges building a partnership with the local University related to prevention and service provision.

Rural Community Challenges:

- Attendees discussed challenges related to the vast geographic area as well as the sparse population as barriers for survivors to access services and providers to provide services. Specifically, transportation is challenging when emergency services are at least 30 miles away for many survivors. There are limited options for travel if the survivor does not have access to their own transportation.
- Relatedly, some survivors are reluctant to reach out for support from law enforcement or healthcare services as there is little to no anonymity in small communities.
- The Sault Ste. Marie Tribe of Chippewa Indians, located in Chippewa County on the east side of the state, provides supportive services across seven counties in the Upper Peninsula, but currently do not employ any SANES.
- The combination of no locations for SANE-trained nurses to practice and fewer SA survivors presenting for healthcare services results in SANE-trained nurses’ inability to meet the required applied training hours to become SANE-certified.
- There is a difficulty for programs to fill positions, leaving gaps in services related to follow-up mental health and advocacy support for survivors.

Strengths

Attendees identified a number of things that were working well in the community in the service of supporting survivors of sexual assault, many of which focused on systems collaboration.

Community Collaboration, Improved Services

- While there are existing challenges building connections with healthcare providers, specifically in Marquette County, there is strong collaboration and leadership alignment between the Prosecuting Attorney's (PA's) office, law enforcement, and community organizations serving survivors of sexual assault. The Women's Center of Marquette has provided and has been involved with LE trainings, the PA's office identified that LE has provided compassionate care to survivors.
- There are existing Sexual Assault Response Teams (SARTs) in multiple communities, including Marquette and Alger counties, and a tribal and non-tribal SART in Chippewa County.
- A new urgent care clinic, Marquette Medical Urgent Care, recently opened and is providing services to the community 7 days a week, 8am - 6pm. The clinic is focused on providing trauma-informed services to all patients. Specifically, the clinic is able and willing to provide sexual assault healthcare and is interested in building stronger connections with the Women's Center and the nearby counseling center to help coordinate care for survivors.

Next Steps

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

Continue coordinated community conversations across the Upper Peninsula:

Think tank participants expressed interest in having additional coordinated conversations in the future with a similar makeup of attendees to keep each other informed of what is happening across their communities beyond the formalized structures of SARTs. Participants identified that these conversations are beneficial and allow them to ensure coordinated care for survivors. Additional actions include:

- Identify what agency/person would be responsible for organizing and communicating with potential attendees and facilitating meetings
- Establish the frequency with which the group would meet (recommended: bi-annual or quarterly meetings)
- Ensure inclusion of additional groups including: university staff, leadership, and law enforcement; prosecutors and law enforcement from additional counties and tribes; housing and homelessness organizations

Establish a more formalized network to provide sexual assault healthcare services:

Think tank participants were encouraged to learn of the opening of the Marquette Medical Urgent Care, and the staff's desire to establish trauma-informed healthcare services to members of the surrounding communities. This development, in combination with a desire of attendees to have more formalized services, has positioned the community to explore the possibility of providing standalone services that would utilize the expertise of SANEs and healthcare providers prepared to conduct trauma-informed medical forensic exams provide compassionate care to survivors.

- Include leadership of the new urgent care in local SARTs
- Identify and coordinate communication within the SANE nurse network in the UP to support their practice requirements through the clinic
- Develop a more formalized relationship between the urgent care and the Women's Center to identify and apply for grants to help support the development of a sexual assault healthcare program

