A Model for Offering Sexual Assault Nurse Examination (SANE) on College Campuses

University of Michigan
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Objectives

- Review the statistics of sexual assault on college campuses and post-assault services
- Describe variables involved with offering SANE exam on campus
- Review UHS SANE protocol, care for patients who decline SANE and follow up after sexual assault evaluation and treatment
- Understand reporting responsibilities
- Outline role of Campus Sexual Assault Response Team

2015 American Association of Universities (AAU)

CAMPUS CLIMATE SURVEY ON SEXUAL ASSAULT AND SEXUAL MISCONDUCT
AAU CAMPUS CLIMATE SURVEY

- Primary goal was to help universities understand the experiences, attitudes of UG, GRAD and PROF students
- 150,000 student respondents at 27 campuses including 11 private and 16 public universities
- 19% response rate, 1.5% of respondents were trans, gender queer, questioning or non-conforming
- Largest study to date on sexual assault on college campuses but may have slight bias due to non-responders

Percent reporting sexual contact involving physical force or incapacitation since enrolling in college

Distribution of the percent of undergraduate females reporting nonconsensual sexual contact involving force or incapacitation since college
### Percent of students experiencing sexual contact through all years college

- 16.5 percent of seniors experienced sexual contact involving penetration or sexual touching as a result of physical force or incapacitation.
- 26.1% of females experienced sexual contact during undergraduate years.
- 29.5% of TGQN experienced sexual contact during undergraduate years.
- 6.3% of males experienced sexual contact during undergraduate years.

- Senior females and those identifying as TGQN reported being a victim of nonconsensual penetration involving physical force or incapacitation 11.3 percent and 12.6 percent, respectively, since first enrolling at the university or college.

### General findings AAU

- Rates of sexual assault and misconduct were highest among undergraduate females and those identifying as TGQN.
- The risk of the most serious types of sexual assault, due to physical force or incapacitation, decline from freshman to senior year. This decline is not as evident for other types of sexual assault and misconduct.
- Incidents involving use of drugs and alcohol as tactics constituted a significant percentage of assaults and other misconduct.
- About a quarter of the student respondents generally believed they were knowledgeable about the resources available related to sexual assault and misconduct.
- Few students reported - The highest was for stalking (28%) and physically forced penetration (25.5%). The rates were lowest for sexual touching involving both physical force (7%) and incapacitation (5%).
- Since in college, 9.4 percent of the students who had been in relationship reported IPV. This was reported most often by TGQN (22.8%) undergraduates, followed by female undergraduates (12.8%).
### Students experiencing nonconsensual oral, anal, vagina sex

<table>
<thead>
<tr>
<th></th>
<th>Female Undergraduates Yes (%)</th>
<th>Female Graduates Yes (%)</th>
<th>Male Undergraduates Yes (%)</th>
<th>Male Graduates Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally pressuring</td>
<td>8.6</td>
<td>2.3</td>
<td>0.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Taking advantage of you while drunk or on drugs</td>
<td>6.7</td>
<td>1.5</td>
<td>0.9</td>
<td>*</td>
</tr>
<tr>
<td>Taking advantage of you while unconscious or asleep</td>
<td>1.1</td>
<td>1.2</td>
<td>0.9</td>
<td>*</td>
</tr>
<tr>
<td>Threatening physical harm</td>
<td>0.3</td>
<td>*</td>
<td>0.8</td>
<td>*</td>
</tr>
<tr>
<td>Using physical force</td>
<td>1.8</td>
<td>0.8</td>
<td>1.1</td>
<td>*</td>
</tr>
<tr>
<td>Yes: responses to any of the above</td>
<td>11.3</td>
<td>4.3</td>
<td>2.0</td>
<td>0.4</td>
</tr>
</tbody>
</table>

### Students experiencing unwanted fondling or penetration

<table>
<thead>
<tr>
<th></th>
<th>Female Undergraduates Yes (%)</th>
<th>Female Graduates Yes (%)</th>
<th>Male Undergraduates Yes (%)</th>
<th>Male Graduates Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally pressuring</td>
<td>13.1</td>
<td>5.7</td>
<td>3.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Taking advantage of you while drunk or on drugs</td>
<td>12.8</td>
<td>3.2</td>
<td>3.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Taking advantage of you while unconscious or asleep</td>
<td>2.9</td>
<td>2.0</td>
<td>1.7</td>
<td>*</td>
</tr>
<tr>
<td>Threatening physical harm</td>
<td>0.4</td>
<td>0.4</td>
<td>0.9</td>
<td>*</td>
</tr>
<tr>
<td>Using physical force</td>
<td>3.9</td>
<td>1.5</td>
<td>1.3</td>
<td>*</td>
</tr>
<tr>
<td>Yes: responses to any of the above</td>
<td>22.5</td>
<td>9.2</td>
<td>6.8</td>
<td>1.1</td>
</tr>
</tbody>
</table>
Risk factors associated with assault

U-M’s data analysis also identified some specific factors that correlate to the risk of experiencing unwanted sexual penetration:

➢ Females were nearly 8 times more at risk than males.
➢ Undergraduates were 3 times more at risk than graduate students.
➢ Lesbian, gay or bisexual students were 2.5 times more at risk than heterosexual students.
➢ Underrepresented minority students were 2 times more at risk than white students.
➢ Sorority or fraternity members were 2.5 times more at risk than non-Greek students.

Disclosure about sexual assault

Students who told someone about their experience were most likely to tell a friend (93.9% (CL: 88.6, 99.2)), a roommate (42.5% (CL: 32.8, 52.2)), or a spouse (16.3% (CL: 8.7, 24.0)). Other responses included:

➢ Counselor, therapist or social worker: 11.7% (5.3, 18.1)
➢ Other family member(s): 7.8% (3.1, 12.5)
➢ Other U-M Representative: 3.1% (0.0, 6.3)
➢ Police Department or Department of Public Safety: 2.6% (0.0, 5.5)
➢ Pastor, Priest, Rabbi or other spiritual advisor: 1.4% (0.0, 2.9)
➢ Student peer advisor or mentor: 1.2% (0.0, 2.9)
➢ Medical doctor or medical professional: 1.0% (0.0, 1.4)
➢ Residence Hall Staff: 0.5% (0.0, 3.5)

Reasons students don’t report sexual assault

Students who indicated they had experienced at least one nonconsensual sexual behavior were asked about reasons for their decision not to report their experience. Of those responding, the list below notes their rationales, from most to least commonly cited:

➢ Other: 39.2% (CL: 29.4, 49.0)
➢ Did not want to get the person who did it in trouble: 34.0% (CL: 24.0, 44.0)
➢ Blamed myself: 29.0% (CL: 19.4, 38.6)
➢ Felt embarrassed or ashamed: 27.1% (CL: 18.0, 36.3)
➢ Did not think U-M would do anything: 15.1% (CL: 8.0, 22.2)
**Models for Post Assault Services**
- No sexual assault care on campus – referral to local emergency department
- SANE nurses working for university health center
- SANE nurses coordinating care between emergency department and university health center
- Only 11 of 128 colleges/universities provide SANE exams on campus – ACHA Connected College Health Network data 2018

**Key Campus Stakeholders**
- Student Advocates!!
- University of Michigan President
- Director of Student Health
- SANE Director
- Women’s Health Clinicians
- SAPAC Director
- University of Michigan Police Department
- Title IX Officer/Office General Counsel

**University of Michigan Campus Climate**

“It’s up to all of us to report sexual misconduct, support those who come forward, participate in education and training programs, to be an advocate for the University community we aspire to be, and to create a safe, inclusive culture for all.”

*President Mark Schlissel*
*2018 Campus Prevention Network Prevention Excellence Award Winner*
Financial Considerations

- SANE nurses were willing and eager to provide examinations outside of the emergency department
- SANE program is supported and paid by Michigan Medicine Department of Nursing
- Student Services covered by student health fee
- Examinations for faculty and staff - SAFE funding or write off
- UHS covers cost of medications - ≤ $100 per patient

SANE Budget

- Michigan Medicine Budget for SANE services
  - 0.2 FTE for Nurse Midwife - organize SANE coverage and 24/7 back up
  - $100 per hour paid to SANE for 12 hour call shift
  - $500 per exam performed by SANE
- Total Annual Cost ~ $162,000
Supplies and Environmental Considerations

- Quiet, private exam space
- Minimize number of people taking history
- Colposcope
- Locked cabinets
- Medications/Med dispensing binder
- Medical Evidence Collection kits – free from state
- Clothing for survivors – free from non-profit

Staff Training for SANE services

- All Student Health Center Staff Training - Nursing, Medical Assistants, Clerical Staff, Clinicians on Neurobiology of Sexual Assault and Trauma Informed Care

- Non-SANE NP educational seminar
  - CDC Guidelines for sexual assault
  - Post Assault Mental Health care
  - Multicultural approach Trauma informed care
  - Survivor’s stories
  - Reporting and University Support and Investigations

Advertising SANE

- Coordinated website info
- Snapchat takeover
- RA staff meetings
- SAPAC collaboration for new student orientation
- UMPD/UHS Festifall booth
- Daily newspaper article
SANE Protocol

Historically, sexual assault nurse examination (SANE) exams have been performed only at the University of Michigan Emergency Department (ED).

In September 2015, we began to offer sexual assault survivors SANE exams at the University Health Service (UHS) on main campus.

We believe that this service is a benefit to survivors, offering a clinic setting which is quieter and offers more privacy than an emergency room setting.

In addition, services at UHS offer students an opportunity to seek care on campus and not worry about cost.

Triage Assessment

- Are you OK and safe?
- Did you lose consciousness, black out, or see stars (not related to alcohol or drugs)?
- Did you hit your head against something?
- Are you experiencing numbness, weakness, difficulty with vision?
- Ask orientation question: E.g. name, birthdate, president, year
- Are you currently under the influence of alcohol or illicit drugs?
- Do you have any difficulty moving arms or legs?
- Are there any major injuries that require immediate attention?
- Do you have heavy vaginal bleeding or cuts?
- Was there an attempted strangulation or choking?
### SANE Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th># of Exams</th>
</tr>
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<tbody>
<tr>
<td>2017</td>
<td>July</td>
<td>11</td>
</tr>
<tr>
<td>2017</td>
<td>August</td>
<td>5</td>
</tr>
<tr>
<td>2017</td>
<td>September</td>
<td>12</td>
</tr>
<tr>
<td>2017</td>
<td>October</td>
<td>16</td>
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<tr>
<td>2017</td>
<td>November</td>
<td>17</td>
</tr>
<tr>
<td>2017</td>
<td>December</td>
<td>7</td>
</tr>
<tr>
<td>2018</td>
<td>January</td>
<td>7</td>
</tr>
<tr>
<td>2018</td>
<td>February</td>
<td>9</td>
</tr>
<tr>
<td>2018</td>
<td>March</td>
<td>6</td>
</tr>
<tr>
<td>2018</td>
<td>July</td>
<td>2</td>
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<tr>
<td>2018</td>
<td>August</td>
<td>11</td>
</tr>
<tr>
<td>2018</td>
<td>September</td>
<td>12</td>
</tr>
<tr>
<td>2018</td>
<td>October</td>
<td>14</td>
</tr>
<tr>
<td>2018</td>
<td>November</td>
<td>6</td>
</tr>
<tr>
<td>2018</td>
<td>December</td>
<td>6</td>
</tr>
<tr>
<td>2019</td>
<td>January</td>
<td>9</td>
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<tr>
<td>2019</td>
<td>February</td>
<td>9</td>
</tr>
<tr>
<td>2019</td>
<td>March</td>
<td>?</td>
</tr>
</tbody>
</table>

### SANE – Discussion of Options Before Exam

The patient determines how they want to proceed!
- Information they want to provide about event
- Meeting with an advocate
- Emergency Contraception
- STI prophylaxis including PEP
- Physical exam with/without STI testing
- Evidence collection
- Reporting to UMPD or UM official
- Evidence – released or stored

### SANE Exam – Evidence Collection

Evidence collection materials are displayed.
Treatment After Sexual Assault

2015 CDC RECOMMENDATIONS
1. Ceftriaxone 250mg IM x 1 PLUS
2. Azithromycin 1gm po x 1
3. Metronidazole 2gm po x 1
4. Emergency Contraception
5. +/- Zofran 4mg po x 1
6. Consider PEP within 72 hours

Treatment administered in clinic
Cost covered by SAFE program or UHS within 120 hours post assault

Monique Steel, WHNP

Examination after sexual assault – when patient declines SANE
• Start by Believing!
• Take History: patient decides what to share
• If possible determine location of assault, type of assault, perpetrator affiliation
• Assess involvement of other university offices such as SAPAC, CAPS, OIE, UMPD
• History guides physical exam
• Patient controls elements of physical exam
Postexposure Nonoccupational HIV

EPIC Smartphrase 2, 6, 12, 24 Week Follow UP

- Clarify reporting responsibilities
- If new patient to UHS, ask if they want to share their history
- Subjective history on any new symptoms
- Physical exam performed as needed
- Assess which university resources utilized
- Assess social support

Billing after Sexual Assault - change

- Bill E&M code as usual with a diagnostic code Z04.41 “sexual assault”, these cases will all be reviewed by billing office.

- Anyone presenting <120 hours post sexual assault should have a SAN modifier added to indicate NO BILLING for SAFE funding for non-students.

- Students are not billed for exam or laboratory testing. If >120 hours post assault they are responsible for medication cost.

- Non students can have insurance billed if >120 hours but be aware “sexual assault” will show up on insurance as the diagnostic code.

SAFE PROGRAM = Sexual Assault Forensic Exam funded by the Michigan Department of Community Health (MDCH).
Reporting Responsibilities

How to Respond to a Disclosure

- Remember these points:
  - Be transparent – about whether and how you will share what is disclosed to you.
  - Listen – without asking questions or judging what the other person is sharing.
  - Give information – that will be helpful to the student to make informed choices.

Key Sources of Reporting Responsibilities

- Title IX
- Clery Act
- Michigan “Gun and Knife” Law
Title IX – Responsible Employees

The Title IX Guidance provides that a responsible employee is any employee:
- Who has the authority to take action to address sexual harassment/misconduct;
- Who has been given the duty of reporting incidents of sexual harassment/misconduct or any other misconduct by the Title IX Coordinator or designee;
- Who a student believes has the authority or duty

**The guidance does not clarify which employees are responsible employees**

**The University of Michigan attempts to address questions and ambiguities raised by Guidance through the student sexual misconduct policy**

Who is a RE?

- Regents
- Executive officers
- Deans, directors, department heads/chairs
- Graduate and undergraduate chairs
- Supervisors who have hiring or firing power over at least three employees
- University faculty or staff providing oversight to, or traveling with, students on University-related travel abroad
- Any individuals, whether employees or not, who serve as advisors to or coaches of University-recognized student groups
- All individuals, including student employees (such as Resident Advisors), working in Student Life, the Division of Public Safety and Security, Intercollegiate Athletics, and OIE
- Campus Security Authorities designated by the University under the Clery Act
- Individuals serving in any of the positions described above on an acting or interim basis.

RE Obligations

Responsible employees are expected to share information with Title IX office when they learn (directly or indirectly) that a student may have experienced the following behaviors:
- sexual assault
- intimate partner violence
- stalking
- sexual or gender-based harassment
- retaliation, and
- violation of interim measures
• Requires institutions to designate certain individuals as “Campus Security Authorities” (CSAs)

• Requires those designated as CSAs to report sexual assaults occurring on or near campus to institutional authorities
  – Timely warnings
  – Annual security reporting responsibilities

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<table>
<thead>
<tr>
<th>UHS Employee Role</th>
<th>Responsible Employee/CSA?</th>
<th>Disclosure Obligations Potentially Applicable to the Sexual Assault Context</th>
<th>Required to Report Sexual Assault?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist</td>
<td>No, if “acting in...” professionally licensed treatment capacity” but other legal or professional obligations may apply</td>
<td>No, unless otherwise applicable professional obligation or legal requirement</td>
<td>No, except if in context of treatment of individual presently suffering from sexual assault</td>
</tr>
<tr>
<td>Physician</td>
<td>Yes, if “physician”</td>
<td>To police, only if in context of treatment of individual presently suffering from sexual assault</td>
<td>Yes, since “physician”</td>
</tr>
<tr>
<td>Physician's Assistant</td>
<td>No, if “acting in...” professionally licensed treatment capacity” but other legal or professional obligations may apply</td>
<td>No</td>
<td>No, except if in other applicable professional obligation or legal requirement</td>
</tr>
<tr>
<td>SANE Nurse, Nurse Practitioner, etc.</td>
<td>No, if “acting in...” professionally licensed treatment capacity” but other legal or professional obligations may apply</td>
<td>No</td>
<td>No, except if in other applicable professional obligation or legal requirement</td>
</tr>
</tbody>
</table>

This chart presumes that the sexual assault at issue occurred on or near campus, or in connection with a University program or activity. If that is not the case, UHS should contact OGC for additional guidance.

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Sharing Information

Campus Sexual Assault Response Team

- University Health Service
- SANE director
- Sexual Assault Prevention and Awareness Center Director
- University of Michigan Police Department Special Victims Unit
- Title IX officer
- Office of Student Conflict Resolution
- Office of General Counsel

Campus SART

- Review SANE protocol and update
- Campus safety - Multiple DFA, similar cases
- Improve and coordinate websites/information for students
- Community Awareness
- Campus Healing project
- Case File Review
SANE follow up survey

Characteristics of the Assault

<table>
<thead>
<tr>
<th>Time Since Assault</th>
<th>UHS</th>
<th>ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 hours</td>
<td>51.0%</td>
<td>51.0%</td>
</tr>
<tr>
<td>1-2 days</td>
<td>23.4%</td>
<td>22.6%</td>
</tr>
<tr>
<td>2-3 days</td>
<td>23.0%</td>
<td>22.5%</td>
</tr>
<tr>
<td>3-4 days</td>
<td>10.2%</td>
<td>11.0%</td>
</tr>
<tr>
<td>4-5 days</td>
<td>11.1%</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to Assailant</th>
<th>UHS</th>
<th>ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquaintance</td>
<td>51.0%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Partner/Former Partner</td>
<td>23.2%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Stranger</td>
<td>25.8%</td>
<td>25.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University Affiliation</th>
<th>UHS</th>
<th>ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>UM Student</td>
<td>14.3%</td>
<td>15.0%</td>
</tr>
<tr>
<td>No Affiliation</td>
<td>22.1%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>60.6%</td>
<td>63.9%</td>
</tr>
</tbody>
</table>

Note: Significant differences are indicated by *

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Follow-Up Service Received

<table>
<thead>
<tr>
<th>Service</th>
<th>UHS</th>
<th>ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>33.3%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Sexual Assault Advocacy Services</td>
<td>33.3%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>8%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Follow-up Healthcare Related to Sexual Assault</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Office of Institutional Equity (OIE)*</td>
<td>0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Office of Student Conflict Resolution (OSCR)*</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Title IX Office*</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Dean of Students Office*</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Indicates analysis limited to undergraduate & graduate student survivors.
SANE survey data

Conclusions

- Survivors found UHS services as satisfactory as services provided at the gold standard ED

- Incorporation of SANE exams into the UHS provides additional post-assault care options for college-aged survivors

University of Michigan