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Title: Rape and Sexual Abuse on College Campuses
Introduced by: Robert Levine, MD, for the Oakland County Delegation
Original Author: Robert Levine, MD
Referred to: Reference Committee E
House Action: **APPROVED AS AMENDED**

Whereas, as physicians, parents, and grandparents we are concerned about the ongoing issues of rapes, sexual abuse, and physical abuse on college campuses, and

Whereas, the sequelae of rape, sexual abuse, and/or physical abuse can include physical and psychological problems, and

Whereas, rape, sexual abuse, and/or physical abuse may be associated with the inappropriate use of alcoholic beverages; therefore be it

RESOLVED: That MSMS go on record as being extremely troubled and concerned about rape, sexual abuse, and physical abuse on college campuses; and be it further

RESOLVED: That the MSMS Board of Directors evaluate the potential role and actions of MSMS in helping colleges address and resolve issues of rape, sexual abuse, physical abuse, with a report back at the 2019 MSMS House of Delegates meeting; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to evaluate the issues of rape, sexual abuse, and physical abuse on college campuses and the role state medical societies and the AMA can play in helping to address and resolve these; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to strongly express concerns about the problems of rape, sexual abuse, and physical abuse on college campuses.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy: None

Relevant AMA Policy:

Addressing Sexual Assault on College Campuses H-515.956

Our AMA supports universities' implementation of evidence-driven sexual assault prevention programs that specifically address the needs of college students and the unique challenges of the collegiate setting.

Sexual Assault Survivor Services H-80.998

Our AMA supports the function and efficacy of sexual assault survivor services, supports state adoption of the sexual assault survivor rights established in the Survivors' Bill of Rights Act of 2016, encourages sexual assault crisis centers to continue working with local police to help sexual assault survivors, and encourages physicians to support the option of having a counselor present while the sexual assault survivor is receiving medical care.

Sexual Assault Survivors H-80.999

1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors.
2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (A) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (B) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (C) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (D) be informed of these rights and the policies governing the sexual assault evidence kit; and (E) access to emergency contraception information and treatment for pregnancy prevention.
3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.

8.10 Preventing, Identifying and Treating Violence and Abuse

All patients may be at risk for interpersonal violence and abuse, which may adversely affect their health or ability to adhere to medical recommendations. In light of their obligation to promote the well-being of patients, physicians have an ethical obligation to take appropriate action to avert the harms caused by violence and abuse.

To protect patients' well-being, physicians individually should:

- (a) Become familiar with:
 - (i) how to detect violence or abuse, including cultural variations in response to abuse;
 - (ii) community and health resources available to abused or vulnerable persons;
 - (iii) public health measures that are effective in preventing violence and abuse;
 - (iv) legal requirements for reporting violence or abuse.
 - (b) Consider abuse as a possible factor in the presentation of medical complaints.
 - (c) Routinely inquire about physical, sexual, and psychological abuse as part of the medical history.
 - (d) Not allow diagnosis or treatment to be influenced by misconceptions about abuse, including beliefs that abuse is rare, does not occur in "normal" families, is a private matter best resolved without outside interference, or is caused by victims' own actions.
 - (e) Treat the immediate symptoms and sequelae of violence and abuse and provide ongoing care for patients to address long-term consequences that may arise from being exposed to violence and abuse.
 - (f) Discuss any suspicion of abuse sensitively with the patient, whether or not reporting is legally mandated, and direct the patient to appropriate community resources.
 - (g) Report suspected violence and abuse in keeping with applicable requirements. Before doing so, physicians should:
 - (i) inform patients about requirements to report;
 - (ii) obtain the patient's informed consent when reporting is not required by law. Exceptions can be made if a physician reasonably believes that a patient's refusal to authorize reporting is coerced and therefore does not constitute a valid informed treatment decision.
 - (h) Protect patient privacy when reporting by disclosing only the minimum necessary information.
- Collectively, physicians should:
- (i) Advocate for comprehensive training in matters pertaining to violence and abuse across the continuum of professional education.
 - (j) Provide leadership in raising awareness about the need to assess and identify signs of abuse, including advocating for guidelines and policies to reduce the volume of unidentified cases and help ensure that all patients are appropriately assessed.
 - (k) Advocate for mechanisms to direct physicians to community or private resources that might be available to aid their patients.
 - (l) Support research in the prevention of violence and abuse and collaborate with public health and community organizations to reduce violence and abuse.
 - (m) Advocate for change in mandatory reporting laws if evidence indicates that such reporting is not in the best interests of patients.