

## **Sexual Misconduct Policy Task Force**

**2/21/18**

### **Meeting Minutes Summary**

Group reviewed recommendations the Commission on Women and Gender Equity in Academia made on EEOC report. Policies their group reviewed are in regards to faculty senate and faculty governance. Task Force did not have any feedback for the commission on their recommendations.

Thoughts that came up while reviewing the commission's recommendations-

Idea to create one intimate relationships policy that is for everyone in the UR community that includes a section about sexual misconduct- use this as the base document for all of UR, then sections can be added in to cover individual issues that relate to specific schools, positions (faculty, staff, students, etc.).

Thought that as Task Force we can recommend to administration that there should be one policy that fits for all UR members in regards to intimate relationships.

Dee Krebs, SANE Nurse, came to speak to group:

Dee is the director of SANE at the Medical Center (UR Medicine's Sexual Assault Nurse Examiner (SANE) program). Nurses in program see patients who are sexual assaulted. They have a MOU (Memorandum of Understanding) with UR/ the college and also with other area colleges. NY State passed Enough is Enough Law that mandates colleges have agreements with practitioners who can serve patients of sexual violence.

SANE program runs on-call to collect evidence when patients present at ER. Majority of patients are female. Saw 177 patients last year, 130 the year prior, and 111 two years before that- huge increase. Nurses see adult and pediatric patients. Give medical forensic exam with or without law enforcement present. Hospitals mandated to keep evidence for 30 days. Patients have the option to press charges if they want to. Many people come in to make sure they aren't pregnant and don't have any STDs. Patients don't always think they were assaulted. If nurses have high suspicion of sexual assault, then they can hold urine and conduct other tests to use the evidence in case it is needed later. Most times they get direct patient consent to collect evidence, and patients can decline exam if they don't want it. Nurses collect oral swabs, checks hair, swab for DNA around bites, cuts if needed, scrape fingernails, swab internally and externally, collect hair samples and blood samples. They conduct a head to toe exam and collection.

Usually perpetrators are known to the victim. Far fewer cases are of strangers attacking people. SANE works closely with Restore/ Rape Crisis. Many patients are walk-ins to the ER. Sometimes they'll call Restore and they tell people they can go to ER. On average, people come 48 hours after incident to be checked out. Also, work with Child Advocacy Center on cases where children are sexually abused- conduct interviews with kids and conduct medical exams, but do not collect forensic evidence. SANE nurses try to get to victims right away since wait at Strong can be up to 8 hours. Dee conducts trainings for new Strong staff and nurses. NY State pays for the forensic exams so it does not go on a person's insurance- this protects college aged adults who don't want their parents/ parents insurance to know. Funds covered by Office of Victim Services in Albany (for ER appointments only). If person goes for future services (STD prevention follow up, counseling, etc.) then there is a fund through Office for Victim Services that reimburses patients for those additional services.

Some patients come in on drugs or have a high level of alcohol in their system. Dee's staff can still take evidence if they suspect sexual assault even if the person cannot articulate at the time, which can be used later if needed. Some people had been drugged. If someone is drugged it carries a higher crime weight. NY State offers HIV prophylactics/ meds to prevent people from contracting HIV so that is given to patients in ER. They also give emergency contraception, shots and medicine for other things, STDs, etc.

#### Task force asked Dee questions:

Wonder if nurses give victims advice on what to do legally. SANE staff encourage them to connect with and use Restore's services. Sometimes Dee will have cop who doesn't believe the person was assaulted and refuses to take a report, but Dee and her staff still take forensic evidence in case it's needed. Her staff gets called by the courts to testify generally about a year after an incident.

One member wonders what the relationship between SANE Program and area colleges is- they do outreach to colleges who they offer services to and have an MOU with to tell them how they can help their students, what services they offer, make them aware that they can provide services because their school has a MOU set up with SANE to do so.

Dee has never been asked to be at a hearing at UR to provide testimony on a case.

Dee and the other nurses find some students prefer to go to ER instead of use UHS for exam since they live here on campus.

Dee says each college has different policies on how they handle sexual assaults. Doesn't feel one handles cases better than another. Dee thinks if colleges want to offer their own sexual assault/ evidence collection for victims who report to an on campus medical office, that they would need to have a staff person on call who could provide the types of services her staff does.

SANE nurses do not call the police or campus security if someone is underage and was drinking or if they took drugs.

Program has policies that they follow for their services that are in line with national and hospital policies.

#### Discussion of Dee's presentation of the SANE Program and thoughts on UR sexual misconduct policies:

In Standards of Student Conduct policy, appendix C, fifth to last bullet point- group feels it is missing information. It would be good to include there that for medical purposes SANE is an option- this needs to be made clear in the section. Also, Office of Victim Services in Albany is not listed to say that there are funds that pay for a student's initial ER exam and also grant reimbursements for any needed follow up appointments/ services, counseling as Dee told us- it would be good to make clear the types of costs that are covered/ can be covered and what medical costs they would need to pay out of pocket for or submit to their insurance. Dean Runner thinks this information is listed in a different policy, but group thinks it would be good to add it to this document/ section as well.

Other documents that could also be improved/ expanded in the same ways: UR Healthy Relationships and Reporting Rights brochures, and the supportive resources letter sent to students from Morgan Levy after she is made aware of an incident.

A presentation of the SANE Program would be good for RAs to hear so they can be trained and know about services to better help students if someone comes to them to report or ask for help. Group feels there is not an in-depth training about sexual misconduct for RAs, D'Lions, and Freshman Fellows. D'Lions and Freshman Fellows are told to tell floor RAs (who are mandated reporters) if any sexual misconduct occurs. People have close relationships/ mentorships with their D'Lions and Freshman fellows so it would be good for them to have training in areas of sexual misconduct in addition to RAs in case they have students who come to them. Some RAs do not feel they have enough training to deal with sexual misconduct situations. One group member was told Residential Life didn't want Freshman Fellows to take on this role as they didn't want to blur lines and wanted to keep it so Freshman Fellows are viewed as an academic advisor, and not responsible for sexual misconduct also. One member noted there isn't enough room on the floors to add on one person who would solely be responsible to help with sexual misconduct issues. Group feels there is a need for a sexual advocate on each floor, but know there is lack of funds to hire new positions and space to put them in. Currently RAs are partnering up with UHS to help RAs with students on floors that need help with sexual health and misconduct.