

Oct. 2, 2019 SART Meeting

Opening: We opened the meeting with introductions as there were a few new members. New to the team, we have Marissa Baily with WellWVU, Jessica Johnston-York with WVU's Carruth Center, and Jill Gibson, Associate Director of WVU Student Conduct.

Hospital Updates: Meredith Linger provided the hospital updates for year-to-date and the month of September:

- 81 SANE exams since January 1, 2019
- 12 SANE exams for the month of September, 4 of which were for children under the age of 11. No WVU students reported to the hospital for the month of September

Red Zone and Channel 5 News Article: I provided an article to discuss from WDTV that reported WVU's "sexual assault cases have decreased by half." The report goes on to report that there were a total of eight "forcible sexual offenses" reported in 2018. Thanks to the monthly updates provided by Ruby Memorial, our SART knows that there are far more students that have reported being sexually assaulted in the year of 2018; Cindy Scott, however, was able to provide clarification on the numbers reported in this article.

The numbers in the article come from the annual Campus Security and Fire Safety Report, which is mandated by the Clery Act. This report only includes assaults that would have been reported to campus police—meaning it took place on-campus (such as in dorms or other campus facility). Furthermore, the wording of the report is specific to "forcible sexual offenses;" this does not include assaults of individuals who is physically helpless or incapacitated, which excludes alcohol or other drug-facilitated sexual assaults.

With this in mind, reports for this year during Red Zone are lower than usual, which Cindy and other members of the SART believe can be attributed in part to increased public awareness and support for sexual assault survivors, as well as the improved training provided to RA's. Furthermore, Title IX has taken steps to ensure that all incoming freshman are educated before they begin classes, rather than including this training as part of freshman orientation class.

Updated protocol for SAFE kits: As discussed in our SART meeting this past February, Monongalia county has been chosen to pilot a project where the hospital will send the sexual assault forensic exams directly from the hospital to the state crime lab in an effort to reduce the number of lost or untested kits. At the time of the February SART meeting, there were still some unresolved details (such as funding and who would ship the kits); as of this month, the project is officially moving forward, with Ruby Memorial now sending these kits directly to the state crime lab in Charleston!

Case reviews and Varying Levels of Confidentiality: Something that seems to be coming up is an interest in doing case reviews, so I wanted to explore the possibility of doing this in our SART meetings. I printed off "A Comparison of Three Approaches to Case Conversation" from the NSVRC SART toolkit to compare options; the options compared are System Consultation, Case Review, and Active Case Management. Before diving into these options, however, it is first important to clarify levels of confidentiality, which I have asked to members to be prepared to discuss at the next SART meeting.

I provided a copy of the Violence Against Women Act (VAWA) confidentiality requirements and briefly went over some of the main points:

- As an advocate under VAWA funding, I can not disclose, reveal, or release any personally identifying information or individual information collected with services requested, utilized, or denied. This means I can neither confirm nor deny that an individual is or ever has been a client without a written release of information (I can obtain verbal consent if it is a time-sensitive issue, however if this is done, I must obtain the release in writing asap). The exception to this confidentiality would be a mandatory report to CPS or APS.
- All releases of information must be informed, specific, and time-limited. This means that the client must know exactly who will be receiving information, decides exactly what information will be shared, and the release is valid only as long as the client wishes—not to exceed 30 days. After 30 days, another release of information would be required, and a client may give a release of information only long enough for a single phone call.
- Personally identifying information may include names, addresses, contact information, social security number or other form of identification, or any other information such as racial or ethnic background, birth date, religious affiliation. A breach of confidentiality could also be any combination of 2 or more details that could lead to identifying an individual.

Meredith Linger also provided a brief overview of HIPAA confidentiality requirements. She stated that HIPAA has very similar confidentiality guidelines. The general rule is that any information shared must be within the facility for the purpose of improving quality of care for the patient, with the exception of mandatory reports. She did clarify that the SAFE kits are not medical records, they are forensic exams, but they do have a consent section that require a signature of consent before the kits can be given to the police. Meredith noted that if, during a SAFE exam, the patient discloses that a lethal weapon was used against them, the exam automatically become a mandatory report to law enforcement.

During the discussions of the Forensic exam kits, Kelly Ayers brought up the new “MeToo kit,” an in-home, do-it-yourself forensic evidence collection kit. Several members expressed concern about such kits being inadmissible in court, and Meredith emphasized that this could also potentially destroy any evidence that could have been obtained during the SANE exam.