

HELPING STUDENTS IN DISTRESS



*A Faculty and Staff Guide for
Assisting Students in Distress*

Sonoma State University
Counseling and Psychological Services
Division of Student Affairs and Enrollment Management

Content liberally borrowed from University of Maryland College Park and University of Connecticut



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USEFUL CAMPUS PHONE NUMBERS AND WEBSITES

Alcohol and Drug Education Program: 707-664-2850
<http://www.sonoma.edu/saem/adep>

Center for Culture, Gender & Sexuality: 707-664-2838
<http://www.sonoma.edu/ccgs/>

Center for Student Leadership, Involvement & Services: 707-664-4323
<http://www.sonoma.edu/campuslife/>

Counseling and Psychological Services: 707-664-2153
<http://www.sonoma.edu/counselingctr/>

Disability Services for Students: 707-664-2677
<http://www.sonoma.edu/dss/>

Office of Diversity and Compliance: 707-664-4470
<http://www.sonoma.edu/ercl/discrim/>

Office of Judicial Affairs: 707-664-2838
<http://www.sonoma.edu/saem/judicial/>

Office of Student Affairs and Enrollment Management: 707-664-2838
<http://www.sonoma.edu/saem/>

Police Services: 707-664-4444
<http://www.sonoma.edu/ps/>

Student Health Center: 707-664-2921
<http://www.sonoma.edu/shc/>

RESPONDING TO STUDENT EMERGENCIES

STUDENTS IN DISTRESS OFTEN DISPLAY BEHAVIOR THAT MAY POSE A THREAT TO SELF OR OTHERS. SUCH BEHAVIOR MAY INCLUDE:

- Suicidal gestures, intentions, or attempts
- Other behavior posing a threat to the student (e.g., drug abuse)
- Threats or aggression directed toward others
- Demonstrated inability to care for oneself

If the student requires immediate medical attention or hospitalization or is dangerous (e.g., threatens to harm themselves or others, has weapons, refusing care), or if you feel directly threatened by a student or feel others are at risk, call campus police at (707) 664-4444. For consultation with a mental health clinician, call Counseling and Psychological Services (CAPS) at (707) 664-2153. CAPS is open Monday through Friday, 8:30 to 5:00. During these times, you may also walk the student to CAPS, located in Stevenson Hall 1088. During non business hours please contact Police Services to initiate this process.

Please understand that emotional distress can manifest uniquely in different individuals. Therefore, the information outlined in this booklet is intended to serve as a guideline only. If you have any questions about the signs, symptoms, or characteristics of a student in distress, please contact Counseling and Psychological Services.

WHAT YOU CAN DO

In the case of an emergency, get to a safe place until Police Services arrives.

Enlist the help of someone else so the student isn't left alone and you aren't left alone with the student.

When contacting a campus resource, have available as much information as possible, including your name; the student's name and location; a description of the circumstances and the type of assistance needed; and an accurate description of the student.

Alert the Vice President of Student Affairs and Enrollment Management or CAPS as soon as possible.

REFERRING A STUDENT FOR PROFESSIONAL HELP

WHEN TO REFER

In many cases of student distress, faculty and staff can provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, validating and normalizing concerns, conveying acceptance, giving reassurance and offering basic advice. In some cases, however, students need professional help to overcome problems and to resume effective functioning.

THE FOLLOWING SIGNS INDICATE A STUDENT MAY NEED COUNSELING:

- The student remains distressed following repeated attempts by you and others to be helpful.
- The student becomes increasingly isolated, unkempt, irritable, or disconnected.
- The student's academic or social performance deteriorates.
- The student's behavior reflects increased hopelessness or helplessness.
- You find yourself doing ongoing counseling rather than consultation or advising and feel yourself pulled in directions with which you are uncomfortable.
- The student shows significant and marked changes in behavior and mood.

HOW TO REFER

- Speak to the student in a direct, concerned and caring manner.
- Because students may initially resist the idea of counseling, be caring but firm in your judgment that counseling would be helpful. Also, be clear about the reasons that you are concerned ("I am worried about you doing okay in school and I bring this up really because I care about how you are doing.").
- Be knowledgeable in advance about the services and procedures of CAPS and other campus help-giving agencies. The best referrals are made to specific people or services (you can find out about CAPS clinicians on the CAPS website <http://www.sonoma.edu/counselingctr/>
- Suggest that the student call to make an appointment, and provide the phone number to CAPS (664-2153) as well as the location (Stevenson Hall 1088.)
- Sometimes it is useful to actively assist students in scheduling an initial counseling appointment.
- Offer the use of your phone or call the CAPS receptionist yourself while the student waits in your office. In some situations, it may be best to walk the student over to CAPS. • Offer to review the CAPS website with the student.
- If you need help in deciding whether or not it is appropriate to make a referral, call CAPS for consultation with a clinician.
- CAPS staff will also come to your department or staff meeting to speak further regarding referrals and CAPS procedures/services. Call CAPS to schedule a meeting.

A NOTE ON CONFIDENTIALITY

All clinical contact with the CAPS is privileged and confidential. While the staff is responsive to the needs and concerns of the SSU community with regard to individual students, no information regarding a student's treatment will be divulged to anyone including parents, faculty or staff without the student's written consent. However, by law, a clinician must report any knowledge of suspected child, elder or other dependent abuse, or eminent risk to an individual's physical safety. In addition, a clinician must disclose records if ordered by a court to do so. In these very unlikely situations, the clinician will only reveal information as specifically required.

AWARENESS TO CULTURAL DIFFERENCES

Race, ethnicity, expression and cultural background, sexual orientation, gender identity, and other cultural identities are important to keep in mind as you help a distressed student. Reactions to racism, sexism, homophobia, ableism, etc., can affect the way in which emotional distress is manifested and also can impact help-seeking behavior. General barriers to seeking help — e.g., denial, fear of being labeled in a negative way, lack of information about campus resources — may be even more troublesome for students from underrepresented groups, especially if counseling is not a culturally relevant choice to make when help is needed. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized.

Your sensitivity to the unique needs of International students, lesbian, gay, bisexual, transgender, queer, (LGBTQ) students, students of color, non-traditional aged college students, student with disabilities, and other underrepresented groups can be important in helping students get assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of underrepresented students is also important.

Center for Culture, Gender & Sexuality (CCGS)

The Center fosters a campus environment of mutual respect and appreciation. They provide forums for the campus and surrounding community to advance their understanding of social justice issues and their intimate complexities. CCGS is home to clubs and organizations that support the mission of the center.

Location: Student Union

Phone: 707-664-2838

Website: <http://www.sonoma.edu/ccgs/>

Disability Services for Students (DSS)

DSS provides specific services to students with disabilities to assure that they receive equitable opportunities for their college education. DSS also coordinates various workshops and events that provide information and raise awareness of disability-related topics.

Location: Salazar 1049

Phone: 707-664-2677

Website: <http://www.sonoma.edu/dss/>

International Services

Services for international students, those wishing to teach English as a second language, and students wishing to study abroad or go on National Student Exchange.

Location: Salazar 1071

Phone: 707-664-2582

Website: <http://www.sonoma.edu/sas/is/>

Office of Diversity and Compliance

University office investigates student complaints of sexual assault, harassment, and discrimination complaints.

Location: Administration & Finance, Salazar 2nd Floor

Phone: 707-664-4470

Website: <http://www.sonoma.edu/hs/erc/diversity.shtml>

Safe Zone Program

Faculty, staff and students supportive of those who identify as gay, lesbian, bisexual, transgender or questioning.

Website: <http://www.sonoma.edu/programs/safezone/>

Queer Straight Alliance (QSA)

Organizes and provides individual or group social and informational networking.

Website: <http://www.students.sonoma.edu/clubs/biglass>

Career Services - Diversity Resources

Provides career resources for women, students of color, disabled, and LGBT students.

Location: Salazar 1070

Phone: 707-664-2196

Website: <http://www.sonoma.edu/sas/crc/resource.shtml>

Center for Student Leadership, Involvement & Service (CSLIS)

CSLIS has a wide variety of student clubs including ethnic, religious and spiritual, International, and clubs pertaining to sexual orientation, diversity, disability, and gender.

Location: First Floor of Student Union

Phone: 707-664-4323

Website: <http://www.sonoma.edu/campuslife/>

THE STUDENT WHO IS ANXIOUS

FACTS ABOUT ANXIETY

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety).

SYMPTOMS OF ANXIETY INCLUDE:

- Stress
- Panic
- Avoidance
- Irrational fears (losing control, phobias, dying, falling apart)
- Excessive worry (ruminations and obsessions)
- Sleep or eating problems
- Depression

WHAT YOU CAN DO

- Talk to the student in private.
- Remain calm and take the lead in a soothing manner (“I am quite interested to hear what’s bothering you. Can you tell me about it?”).
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses their main concerns, breaking larger problems into smaller parts so they are less overwhelming to the student.
- Refer the student to CAPS.

AVOID

- Overwhelming the student with information or complicated solutions.
- Arguing with student’s irrational thoughts (“You have nothing really to worry about, your grades are good”).
- Devaluing the information presented (“It’s not as bad as you think” or “Don’t worry; you have everything going for you”).
- Assuming the student will get over the anxiety without treatment.

THE STUDENT WHO IS DEMANDING

FACTS ABOUT STUDENTS WHO ARE DEMANDING:

- Students who are demanding can be intrusive and persistent and may require much time and attention.
- Demanding traits can be associated with anxiety, panic, depression, personality problems, and/or thought disorders, mania, drug use/abuse.

CHARACTERISTICS OF STUDENTS WHO ARE DEMANDING INCLUDE:

- A sense of entitlement
- An inability to empathize
- A need for control
- Difficulty in dealing with ambiguity
- Perfectionism
- Difficulty with structure and limits
- Dependency
- Fears about handling life
- Elevated mood
- Drug use or abuse
- Inability to accept any limits

THE STUDENT WHO IS DEMANDING, continued

WHAT YOU CAN DO

- Talk to the student in a place that is safe and comfortable.
- Remain calm and take the lead (“Tell me what is bothering you and then let’s decide what solutions there might be”).
- Set clear limits up front and hold the student to the allotted time for the discussion (“I have 10 minutes today and so within that time, what can I try and help you with”).
- Emphasize behaviors that are and aren’t acceptable (“If you want me to continue with this, I will need you to be respectful of me when you are talking as you would want me to be respectful of you”).
- Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.
- Be prepared for manipulative requests and behaviors (“You came asking for my help and I have offered you several ideas, but they do not seem okay with you. What ideas do you have?”).
- First Step: Utilize your Department Chair or Dean for help identifying strategies for dealing with disruptive behaviors. Second Step: Call Student Judicial Affairs for further consultation in help with identifying strategies for dealing with disruptive behaviors.
- Refer the student to CAPS for counseling.

AVOID

- Arguing with the student (“No, you are not correct and I do not agree”).
- Giving in to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has a negative impact on you or other students.
- Feeling obligated to take care of the student or feeling guilty for not doing more.
- Allowing the student to intimidate or manipulate you to not deal with the problematic behavior.

THE STUDENT WHO IS DEPRESSED

FACTS ABOUT DEPRESSION

- Depression is a common mental health problem that varies in severity and duration.
- In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the natural healing effects of social supports, daily routines, and simple coping strategies like distraction, a structured daily schedule, and exercise.
- Severe or chronic depression requires professional help.

SYMPTOMS OF DEPRESSION CAN INCLUDE:

- Feelings of emptiness, hopelessness, helplessness, and worthlessness
- A deep sense of sadness
- An inability to experience pleasure
- Irregular eating and sleeping
- Difficulties with concentration, memory, and decision-making
- Fatigue and social withdrawal.

Sometimes depression includes irritation, anxiety, and anger (particularly with men).

In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain. Research shows that depression can be highly responsive to both psychotherapy and/or medication.

WHAT YOU CAN DO

- Talk to the student in private.
- Listen carefully and validate the student’s feelings and experiences (“It is very difficult, tiring, and distressing to feel this sad so often”).
- Be supportive and express your concern about the situation (“That you are feeling this badly concerns me greatly and I am glad you told me about it”).
- Discuss clearly and concisely an action plan such as having the student immediately call for a counseling appointment (“I know depression can’t get better as long as it is a secret and is not actively responded to. Counseling can really make a difference here”).
- Refer the student to CAPS.

THE STUDENT WHO IS DEPRESSED, What You Can do continued

- Be willing to consider or offer flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.
- Ask the student if they have thoughts of suicide. If so, do not leave the student alone. Walk the student over to CAPS. If it is after 5:00, or on the weekend, contact Police Services.
- Utilize your Department Chair or Dean for help identifying strategies for dealing with the depressed student.
- If you feel overwhelmed or unprepared to help a depressed student, call Student Affairs and Enrollment Management who will maintain your confidentiality and arrange a meeting with that student. Or, call CAPS for a consultation.

AVOID

- Downplaying the situation (“But you normally seem so happy”).
- Arguing with the student or disputing that the student is feeling depressed (“Your grades are so good, are you sure you’re really depressed”).
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention (“Sad feelings pass and maybe they will for you, too”).
- Assuming the family knows about the student’s depression.

THE STUDENT WHO HAS DISORDERED EATING

FACTS ABOUT EATING DISORDERS

Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviors and weight management, and intense anxiety about bodyweight and size. Eating disorders usually refers to Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Behavior.

Anorexia Nervosa is characterized by restricted eating, self-starvation and excessive weight loss.

Bulimia Nervosa is characterized by recurrent episodes of overeating large amounts of food in a short period of time (the binge) followed by some form of purging.

Binge Eating Behavior is characterized by recurrent episodes of binge eating that are not followed by inappropriate compensatory behaviors (purging) to prevent weight gain.

WHAT YOU CAN DO

- Select a time to talk to the student when you are not rushed and won’t be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your tentative sense that he or she might have an eating disorder as well as your conviction that the matter clearly needs to be evaluated.
- Utilize your Department Chair or Dean to identify strategies for how to assist a student with disordered eating.
- If you have any questions regarding the resources available or approaching a student, call the CAPS.

AVOID

- Avoid conflicts or a battle of the wills with your student.
- Avoid placing shame, blame, or guilt on your student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, “If you’d just stop, then everything would be fine!”
- Do not intentionally or unintentionally become the student’s therapist, savior, or victim.

FACTS ABOUT SUICIDE

- Although suicide is a rare event, it is the third leading cause of death among college students.
- Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post traumatic stress disorder, drug and alcohol abuse, and bipolar disorder.
- People who are suicidal often tell people about their thoughts or give clues to others about their feelings.

SOME FACTORS ASSOCIATED WITH SUICIDE RISK ARE:

- Suicidal thoughts
- Pessimistic view of the future
- Intense feelings of helplessness, especially when combined with anxiety
- Feelings of alienation and isolation
- viewing death as a means of escape from distress
- Previous suicide attempts
- Personal or family history of depression and/ or suicide
- Personal or family history of suicide attempts
- Substance abuse
- History of self-mutilation
- Be confident to ask directly about suicide. Asking a student if they are suicidal will not put the idea in their head if it isn't there already and will make a secret no longer secret which is the first step to a solution.

A student who is suicidal and who confides in someone is often highly ambivalent about suicide and open to discussion. Students who are at high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), a time frame in which they will kill themselves and tend to be or feel isolated.

WHAT YOU CAN DO

- Call 911 if the student is in immediate danger to him/herself.
- Talk to the student in private.
- Remain calm and take the lead.
- Take a student's disclosure as a serious plea for help ("I hear clearly that you are really considering killing yourself to just end the pain of how badly you are feeling").
- Ask the student directly about feelings and plans ("Are you thinking of killing yourself?" "How have you thought about doing it?").
- Express care and concern, and assure the student that you will help him or her reach a professional ("I believe and trust everything you are saying and that you have not gotten to this point easily. I am extremely concerned for you and want you to believe and trust me now that seeking help can make a difference even if it doesn't feel this way right now").
- If the incident occurs during business hours, escort the student to CAPS located in Stevenson Hall 1088
- Call Police Services to access emergency services 24/7.
- If you feel overwhelmed or unprepared to help a suicidal student, call Student Affairs and Enrollment Management who will maintain your confidentiality and arrange a meeting with that student. Or, call CAPS for a consultation.
- All threats must be considered potentially lethal.

AVOID

- Minimizing the situation ("It is not okay to kill yourself").
- Arguing with the student about the merits of living ("You have good grades and everyone loves you, how could you think of killing yourself").
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

THE STUDENT WHO IS SEVERELY DISORIENTED OR PSYCHOTIC

FACTS ABOUT PSYCHOTIC THINKING

- The main feature of psychotic thinking is “being disconnected from reality.”

SYMPTOMS INCLUDE:

- Speech that makes no sense
- Extremely odd or eccentric behavior. Significantly inappropriate or an utter lack of emotion bizarre behavior that indicates hallucinations strange beliefs that involve a serious misinterpretation of reality
- Social withdrawal inability to connect with or track normal interpersonal communication extreme and unwarranted suspicion. Bipolar disorder involves periods of serious depression which can be combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect a poor connection with reality. A person with bipolar disorder may appear psychotic. Psychological illnesses that involve psychotic features often have an onset between the late teens and early 30s.

WHAT YOU CAN DO

- Consult with a clinician at CAPS.
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment (“I am worried you are having trouble tracking things right now and I think it would be best for you to come with me to speak with someone about this so you can feel safe again”).
- Accompany the student to CAPS or call Police Services if the student is highly impaired.
- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.

AVOID

- Assuming the student will be able to care for himself or herself.
- Agitating the student with questions, pressure, etc. (“You have to do something about yourself as you are really upsetting others”).
- Arguing with unrealistic thoughts (“Don’t think that, it makes no sense and you know it’s not real”).
- Assuming the student understands you.
- Allowing friends to care for that student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible.
- Assuming the family knows about the student’s condition.

RESPONDING TO SUBSTANCE ABUSE

SIGNS THAT A STUDENT MAY HAVE AN ALCOHOL PROBLEM

- Failure to fulfill major work, school, or home responsibilities.
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action.
- Drinking in situations that are physically dangerous, such as driving a car.
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk.
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking.
- Mood changes such as temper flare-ups, irritability, and defensiveness.
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech.

SIGNS THAT A STUDENT MAY HAVE A DRUG PROBLEM

- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating, tremors, and anxiety).
- After reducing or stopping chronic drug use taking a drug in order to avoid withdrawal symptoms.
- Spending a lot of time getting, using, and recovering from the effects of a drug.
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing, in order to use drugs.
- Neglecting school, work, or family responsibilities.
- Taking risks while high, such as starting a fight or engaging in unprotected sex.
- Continuing to use despite physical problems (e.g., blackouts, flashbacks, infections, injuries) or psychological problems (e.g., mood swings, depression, anxiety, delusions, paranoia) the drug has caused.
- Legal troubles because of drug use, such as arrests for disorderly conduct, driving under the influence, or stealing to support drug habit.

RESPONDING TO SUBSTANCE ABUSE, continued

WHAT YOU CAN DO

- Treat the situation as serious.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting the truth.
- Utilize your Department Chair or Dean to identify strategies for helping the student.
- Refer the student to the Alcohol and Drug Education Program (ADEP) or CAPS.

RESPONDING TO VICTIMS OF VIOLENCE

Campus Resources:

Police Services

The Sonoma State Police Services is responsible for all criminal investigation and apprehensions. Regardless of whether charges are filed, the police are available to answer your questions about the legal process and your legal options regarding an incident.

1801 East Cotati Avenue

Verdot Village

Rohnert Park, CA. 94928-3609

707-664-4444

<http://www.sonoma.edu/ps/>

Counseling and Psychological Services (CAPS)

CAPS provides both crisis intervention and therapy to recent or past survivors of sexual violence. Students are seen either individually or in a group with others who have experienced similar trauma.

Stevenson Hall 1088

707-664-2153

<http://www.sonoma.edu/counselingctr/>

Office of Diversity and Compliance

University office investigates student complaints of sexual assault, harassment, and other discrimination complaints.

Administration & Finance, Salazar 2nd Floor

707- 664-2281

<http://www.sonoma.edu/hs/erc/diversity.shtml>

Judicial Affairs

The Student Conduct Administrator is responsible for investigating alleged violations of the CSU Code of Conduct and University policies.

Salazar Hall 1018

707-664-2846

<http://www.sonoma.edu/saem/judicial.shtml>

Student Affairs and Enrollment Management (SAEM)

The SAEM office assists survivors with academic and personal concerns that arise after an assault. Counseling, support and referrals are also provided to students who need various kinds of academic or personal help resulting from an assault.

Salazar Hall 1018

707-664-2838

<http://www.sonoma.edu/saem/>

RESPONDING TO VICTIMS OF VIOLENCE, continued

Local Community Resources:

YWCA of Sonoma County

Provides residential and non-residential services for those experiencing domestic violence, child abuse, or sexual assault. Services include a 24-hour hotline and therapeutic residential emergency safe house in a confidential location for women and their children who are at-risk of domestic violence or sexual assault and cannot remain at home. Also provides advocacy, legal services, temporary restraining order clinics, law enforcement liaison and advocacy, individual and group therapy, support and educational workshops.

P.O. Box 356

Santa Rosa, CA. 95407

707-546-9922

24-Hour Hotline at 707-546-1234

<http://www.ywca.org/sonomacounty>

Women's Justice Center

Provides advocacy, free of charge, for victims of rape, domestic violence, and child abuse, particularly in the Latina and other underserved communities of Sonoma County. Also provides advocacy training and community education. The website is bilingual.

250 Sebastopol Road

Santa Rosa, CA. 95407

707-575-3150

<http://www.justicewomen.com>

United Against Sexual Assault of Sonoma County

Offers a 24 hour a day 7 day a week crisis hotline, individual counseling, advocacy and accompaniment, support groups for sexual assault victims and their friends and family; and training for student interns and volunteers

835-D Piner Road

Santa Rosa, CA. 95403

24 Hour Crisis Hotline 707-542-7273

Business Line 707-542-7270

<http://www.uasasonoma.org/>

THE VICTIM/SURVIVOR OF SEXUAL ASSAULT

FACTS ABOUT SEXUAL ASSAULT

- Sexual assault is sexual contact initiated against a person without consent.

DEFINING CONSENT:

Consent must be informed, freely and actively given, and an understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity.

It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement.

The lack of a negative response is not consent.

Consent may not be given by any individual who is intoxicated or incapacitated by drugs and/or alcohol both voluntarily or involuntarily consumed. Past consent of sexual activities does not imply ongoing future consent.

EXAMPLES OF SEXUAL ASSAULT INCLUDE:

- Completed or attempted rape
- Unwanted sexual advances
- Unwanted sexual contact with force or threat of force
- Unwanted sexual contact without consent

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur. Advise without conveying judgment.

THE VICTIM/SURVIVOR OF SEXUAL ASSAULT, continued

WHAT YOU CAN DO

- Listen without conveying judgment and be aware that victims can feel shame and anger.
- Police Services, Counseling and Psychological Services, and the local rape crisis center and domestic violence programs off campus provide advocacy to assist survivors with negotiating post-assault decisions and resources. Information about these and other resources are available in this guide, see pages 17-19.
- If the student needs immediate medical attention, refer to The Student Health Center for appropriate medical care and referral services. After hours, contact Police Services for assistance with immediate medical care.
- Refer the student to CAPS for assessment and counseling options.
- If the student wants to report it to the police, the student can go to the hospital so evidence can be collected.
- Encourage the student to report the sexual assault to the Office of Diversity and Compliance (ODC). ODC can also assist if the student needs help dealing with academic issues as a result of the sexual assault.

AVOID

- Expressing judgment even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved.
- Pressuring the student to file a police report.

RESPONDING TO STUDENTS INVOLVED IN AN ABUSIVE RELATIONSHIP

FACTS ABOUT ABUSIVE RELATIONSHIPS

Abusive relationships are marked by strategies used by one person to maintain power and control over the other. Because of the cycle of abuse, power and control, victims may feel trapped and fearful of their partner's anger, violence and/or abandonment, and thus may be reticent to disclose information about their relationship, even when abuse is suspected.

Abuse can be physical, emotional or verbal.

INDICATORS OF ABUSIVE RELATIONSHIPS CAN INCLUDE:

Intimidation: Use of looks, actions, or gestures, such as smashing things, destroying property, abusing pets or displaying weapons so as to cause fear.

Emotional Abuse: Use of put-downs, name-calling, "mind-games," humiliation or guilt in an effort to erode self-esteem of partner.

Isolation: Controlling social interaction, movement, and involvements with friends and activities. Use of jealousy to justify actions.

Minimizing, Denying and Blaming: Making light of the abuse or not taking it seriously. Shifting blame for the abuse onto the victim – saying the victim "caused the abuse"

Violation of Privacy: Abusive partners may read notes, emails or text messages from others. May go through personal belongings.

Using Privilege: For women who are abused by men: Partners may use male privilege to make decisions on behalf of the other person. Those may include attempts to control aspects of academic life, requiring permission for big decisions, etc.

Coercion and Threats: Making or carrying out threats to do something to hurt partner, including leaving, threatening suicide, reporting partner to authorities regarding some behavioral or academic violation, making partner engage in illegal activity.

WHAT YOU CAN DO

- See the student in private.
- Recognize that the student may be fearful and vulnerable.
- Remember that abusive relationships involve complex dynamics, including high levels of controlling behavior on the part of the perpetrator and/or denial or fear on the part of the survivor. Therefore the situation may be difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Encourage the student to connect with family and friends.

STUDENTS INVOLVED IN AN ABUSIVE RELATIONSHIP, continued

AVOID

- Downplaying the situation.
- Lecturing the student about poor judgment.
- Expecting the student to make quick or any changes.
- Pressuring students to follow any particular course of action.

THE VICTIM OF STALKING

FACTS ABOUT STALKING

- Stalking is repeated following or harassment of an individual that is designed to instill a sense of fear or danger.
- Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation.
- Stalking behavior includes tailing the victim; harassment via phone, email, FAX, and letters; unwanted gifts; and unwanted attentiveness.
- Stalkers can be male or female and targets can be of the same or opposite sex.

WHAT YOU CAN DO

- Encourage the victimized student to trust their instincts.
- Advise the student to contact Police Services.
- Advise the student to document unwanted contacts and maintain evidence of harassment.
- Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules, and making use of campus escorts when possible.
- If you feel overwhelmed or unprepared to help a victim of stalking, call the VP of Student Affairs and Enrollment Management Office who will maintain your confidentiality and arrange a meeting with that student.

AVOID

- Ignoring or minimizing the situation.
- Suggesting that the victim is responsible for the unwanted attention.
- Taking responsibility for protecting the student.
- Failing to alert the proper authorities.

THE VICTIM OF A HATE INCIDENT

FACTS ABOUT HATE INCIDENTS

- A hate crime is a criminal act against a person or her/his property because of that person's actual or perceived race, perceived ethnicity, color, religion, nationality, disability, gender, gender identity, gender expression, or sexual orientation.
- A hate incident is an act that, while not meeting the legal definition of a crime, involves the same types of behavior and targeting of underrepresented groups. Hate incidents are more common on college campuses than hate crimes.

WHAT YOU CAN DO

- Talk to the victimized student in private ("Something terrible has happened and I am very concerned. Please tell me what happened").
- Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear and denial ("I can only imagine that this might be embarrassing and humiliating. And it is important to share it with someone so that it does not become your problem only").
- Refer the student to Judicial Affairs and the Office of Diversity and Compliance.
- Explain the importance of notifying Police Services ("Think about the option of telling the police so they can be helpful to you, too").
- Refer the student to the CAPS for assessment and counseling.

THE VICTIM OF A HATE INCIDENT, continued

AVOID

- Downplaying the situation (“I am sure nothing was meant by it and you have to pick your battles”).
- Expressing personal biases (“Well, what did you expect? You have to be careful about yourself”).
- Getting caught up in the technicalities or legalities of the situation. (“This technically is a crime and is a violation of the student code of conduct and so you have to do something about reporting it”).

THE VICTIM OF HAZING

FACTS ABOUT HAZING

- Hazing in any form is prohibited at Sonoma State University
- Hazing is defined as any action taken or situation created on or off campus, which recklessly or intentionally produces mental or physical discomfort, embarrassment, harassment or ridicule.
- Hazing is sometimes used as a rite of passage or initiation into a campus organization.
- Hazing can be psychologically damaging and present serious physical risks (including death) to students.
- A student may or may not know that hazing will be a part of an initiation process.
- A student may or may not know how extreme hazing might become during an initiation process.
- Hazing is illegal in the State of California

WHAT YOU CAN DO

- Talk to the victimized student in private.
- Recognize that the student may be feeling vulnerable and experiencing a range of emotions.
- Advise the student to report the incident to Police Services.
- Refer the student to the office that oversees the organization in question. Below are contacts for offices that work with many student organizations.

Center for Student Leadership, Involvement & Service (CSLIS)
CSLIS oversees Greek Life, Student Clubs and Organizations (707-664-4323)
Judicial Affairs (707-664-2846)

Refer the student for follow-up counseling at CAPS (707-664-2153), if appropriate.

Refer the student to the SSU Hazing Policy at <http://www.sonoma.edu/saem/hazing.shtml>

Refer to resources at <http://www.hazingprevention.org/> or <http://www.stophazing.org/index.html>

AVOID

- Minimizing the situation.
- Agreeing to maintain confidentiality

RESPONDING TO STUDENTS WITH DISABILITIES IN DISTRESS

FACTS ABOUT DISABILITY

- Students with documentation of a physical, learning or psychiatric disability are eligible to access accommodations through Disability Services for Students (DSS).
- Students with physical disabilities present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- Students with medical disorders may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.

STUDENTS WITH DISABILITIES IN DISTRESS, continued

- Students with learning disabilities have neurological impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organization.
- Students with psychiatric disabilities have a chronic and debilitating psychological condition that interferes with their ability to participate in the routine educational program. Examples of conditions that fall under this classification include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post Traumatic Stress Disorder.
- Students with Attention Deficit/Hyperactivity Disorder (AD/HD) may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may compromise an individual's social, vocational and academic performance.
- Students with disabilities may not realize that they have a particular problem and that treatment and or accommodations are available.

WHAT YOU CAN DO

- Speak to the student in private about your concerns.
- Treat each student with sensitivity and respect.
- Acknowledge the difficulties that the student is having.
- Refer the student to Disability Services for Students (DSS).
- Be open to follow-up consultation with DSS regarding accommodations for the student.
- Remember that any student requesting accommodations must have valid documentation on file with DSS and present verification of approved accommodations.

AVOID

- Using patronizing language with the student.
- Underestimating or questioning the stated disability.
- Assuming the student understands the academic limitations imposed by the disability.
- Assuming the student qualifies for accommodations without DSS verification.

RESPONDING TO STUDENTS WITH TRANSITION ISSUES

FACTS ABOUT TRANSITIONS

- Transitions are times of change that usually involve both loss and opportunity.
- Entering college is one of life's most demanding transitions; arguably the most significant transition since the start of kindergarten.
- College students face many challenging transitions including graduating and entering the work force.
- The changes inherent in a transition can produce stress and challenge a student's coping resources.
- Students can experience a decline in functioning (academic, social, emotional) during transitions.
- Transition stress can be compounded by counterproductive coping mechanisms such as avoidance of stress-producing situations and people, excessive partying, denial of academic workload and alcohol abuse.
- Transitions can pose greater problems to students who have existing psychological problems or difficult life circumstances.
- Students going through a transition can benefit from counseling to enhance their coping efforts and prevent the onset of serious problems.

SIGNS THAT A STUDENT IS HAVING TRANSITION PROBLEMS INCLUDE:

- Anxiety symptoms such as nervousness, irritability, tearfulness, and sleep problems.
- Depressed mood.
- Difficulty managing responsibilities or relationships.
- Homesickness that goes on for a significant period of time.

STUDENTS WITH TRANSITION ISSUES, continued

WHAT YOU CAN DO

Convey to the student that • transition stress is normal and often brings a temporary decline in performance (“Making the transition to college can be difficult and so what you are experiencing can simply be a normal reaction, but let’s watch it to make sure it doesn’t last too long”).

- Encourage that student to use positive coping strategies to manage transition stress including: regular exercise, use of social support, a reasonable eating and sleeping regimen, and scheduling pleasurable activities (“Tell me what you have done in the past that worked when things have been tough”).
- Refer the student to CAPS if performance problems persist beyond a reasonable amount of time, or if the symptoms are acute, or if the student feels they could benefit by talking with someone about it.

AVOID

- Assuming that the student understands the impact of transitions and is aware of the source of stress.
- Minimizing or trivializing the student’s feelings and reactions (“This is perfectly okay and will pass. I wouldn’t worry about”).
- Discounting or overlooking factors that put the student at risk of more serious problems (“Everyone goes through this and I am sure it is nothing to worry about”)

DIVISION OF STUDENT AFFAIRS AND ENROLLMENT MANAGEMENT RESOURCES

Advising, Career, EOP and Testing Services	664-2427
Alcohol and Drug Education Program	664-2850
Associated Students	664-2815
Campus Recreation	664-4386
Center for Student Leadership, Involvement & Service	664-4323
Children’s School	664-2230
Counseling and Psychological Services	664-2153
Disability Services for Students	664-2677
Enrollment Services	664-2778
International Services	664-2582
Judicial Affairs	664-2846
Student Health Center	664-2921
Residential Life	664-4033
Support and Preparation Services	664-2428