

Helping Students Who Have Experienced a Sexual Assault
A Guide for Faculty and Staff



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The 2005 American College Health Association Campus Violence White Paper reports that “approximately 20-25% of college women are projected to be victims of attempted or completed rape during their college careers.” Additionally, in the Spring 2007 ACHA-National College Health Assessment, “3.9% of college women reported attempted or actual sexual penetration against their will within the last academic year, 10.6% reported sexual touching against their will, and 1.9% reported a sexually abusive relationship. College men reported 1.4%, 4.4% and 1.3% on the same variables respectively.”

These numbers indicate there is a high likelihood that students in your classrooms will be affected by the reality of sexual assault. Some students may bring with them a history of sexual trauma that can exacerbate the usual pressures of adjusting to university life. Others will experience a sexual assault as a student at Indiana University. **We know that freshmen women are the most vulnerable student group to be targeted for sexual assault.**

Sexual assault is a traumatic experience that often brings with it elements of secrecy and shame. It is not an experience that students often feel comfortable sharing with faculty at the outset, particularly if there has been no prior established relationship. Those who have experienced a sexual assault often are afraid of what others may think about them or fear they will not be believed or will be judged.

Due to your position and visibility on campus and in the classroom, a change in a student's attendance and/or academic performance might be noticed at first by you. How you respond in these situations can make a difference in that student's ability to cope constructively with the trauma.

This brochure, written as a partnership effort between SACS and OWA offers guidelines faculty and staff can use to recognize, intervene, and refer students who may be experiencing trauma.

Trauma experienced as a result of a sexual assault can take many forms and may, in fact, resemble other conditions. The following is a list of typical behaviors and symptoms that are often a response to sexual assault. This same pattern of behavior might be indicative of some other mental health issue that is not a result of sexual assault.

Survivors of sexual assault often experience a disruption in their normal activities. Sleep patterns are disrupted; a person may begin to have nightmares or insomnia. Eating patterns are also disrupted; a person may begin to eat excessively to fill the void they are feeling from the sexual assault or the person may restrict food due to a loss of appetite. Intrusive thoughts of the actual trauma are very common. This can be very disruptive to a student's ability to concentrate and perform daily tasks, such as reading and coursework.

Other cognitive symptoms that are consistent with trauma are memory impairment, slowed thought processes, and limited attention span. Behaviorally, withdrawal is often a reaction which might cause a student to isolate themselves in a residence and not attend classes at all. This may be in order to avoid future contact with the perpetrator or a reaction to being overwhelmed by the trauma itself.

Emotionally, recent victims of sexual assault report a flood of emotions: anxiety, fear, anger, confusion, guilt, hopelessness, and helplessness. Feeling numb, in shock, and overwhelmed are also common responses.

Physically, sexual assault victims report fatigue that sleep does not alleviate, flare-ups of old medical problems, headaches, muscle and/or joint discomfort, and digestive problems.

Students who are coping with significant trauma such as a sexual assault are often too emotionally preoccupied to attend to their responsibilities as students. Some try to attend class and go on as though nothing happened, but will report later that they were not able to focus attention on the material presented in class or were not able to do the required reading and homework with the same degree of attention as they could prior to the assault. Others may stop participating in school either temporarily or permanently.

What Can You Do?

You can choose to approach the student or the student may seek your help. The following guidelines can be helpful:

Arrange to talk with the student when both of you have sufficient time and are in a private place, free from disturbance or scrutiny from others.

Be matter-of-fact. When you remain calm, it helps the student to do the same.

Express your concern for the student in specific, direct, behavioral, non-judgmental terms (e.g. “I’ve noticed that you’ve been absent from class lately and I’m concerned” rather than “Why haven’t you been in class?”).

Listen to the student first, and then decide what kind of flexibility might be possible related to due dates, test taking, and completion of overall course work. You are the professor and that decision is yours to make. The Office for Women’s Affairs (OWA) can be helpful in providing advice to faculty members about being flexible with students, and it can provide advice to students about how to effectively manage course work while attending to their personal healing processes. Knowing the mitigating circumstances that may be preventing a well-intentioned student from completing their course work on time can make a difference.

How to Make a Referral to the Sexual Assault Crisis Service (SACS)

You can refer a student to the **Sexual Assault Crisis Service (SACS)** at the IU Health Center. **All services at SACS are free and confidential.** Once you have decided to refer a student, you can proceed in any of the following ways:

- Suggest the student call **SACS** for an appointment during office hours (**Monday-Friday, 8 AM-4:30 PM at 855-5711**) or call the **crisis line (855-8900)** 24 hours a day, 7 days a week.
- Suggest that the student use your telephone to arrange for an appointment while the student is still in your office. When the call is made from your office, you know that an appointment has been made. Students who make the call themselves are more likely to follow through and keep the appointment. In addition, your willingness to let them handle this part of the process allows them to feel empowered and affirms their positive coping skills.
- Call SACS yourself, while the student is in your office, and discuss your concerns with a counselor in front of the student.
- In an emergency, you may decide to accompany the student to SACS so that s/he can be seen immediately by a counselor (Monday-Friday, 8 AM-4:30 PM). It is helpful if you call ahead (855-5711) to let the staff know you are on your way. Additionally, do not hesitate to contact University Police (855-4111) for emergency assistance.
- SACS counselors can also arrange for a medical evaluation, if needed, for a student who may have experienced a recent sexual assault. In addition to offering medical exams, the IU Health Center also provides forensic evaluations to collect evidence if a student is interested in pursuing prosecution. **It is important to note that many sexual assault victims do not want to report the assault or prosecute their perpetrators.** This is NOT an indication that they have not been sexually assaulted. It is often a reflection of their inability to cope with any additional obligations and a desire to protect themselves from any further contact with the perpetrator.

- If an emergency situation occurs while the Health Center is closed, you may call the **SACS Crisis Line (855-8900)** or **University Police (855-4111)** who can assist in transportation to the Bloomington Hospital Emergency Department for a medical examination or mental health assessment. You may be asked to accompany the officer and the student.

What Happens When a Student Goes to the Sexual Assault Crisis Service?

Whenever possible, students should be encouraged to make their own appointments with SACS by calling 855-5711 or stopping by the Health Center, 4th floor, during office hours. **IN EMERGENCY SITUATIONS, THE STUDENT WILL BE SEEN IMMEDIATELY.**

At the student's first appointment, s/he will fill out confidential information forms before meeting a counselor. During this appointment, the counselor will assess the student's needs and decide the best way to assist the student. SACS counselors meet with students individually who have experienced a sexual assault and provide support by listening to their concerns, offering options, and helping them regain the confidence and strength to resume their academic and personal responsibilities. **ALL SERVICES AT SACS ARE FREE AND CONFIDENTIAL.**

In addition to providing counseling, SACS assists survivors of recent sexual assault by making referrals for:

- medical examination
- reporting to authorities
- contact with other offices on campus that can assist them

Students are ALWAYS allowed to choose what services are best for them.

SACS also offers group counseling to help students learn how other survivors have learned to cope.

All information about a student's treatment at SACS is confidential. SACS counselors cannot discuss a student, his or her situation, or even whether or not the student has come for an appointment without the student's written permission. The only exceptions to this are situations which involve risk or harm to self or others, suspected child or elder abuse, or when limited disclosure may be necessary to protect the safety of the student or others.

How to Follow-Up after a Referral

Once you refer a student to SACS, it is reasonable for you to consider following up with the student to see if they have attended counseling. Depending on the nature of your relationship with the student, you may also find yourself wondering how he or she is doing. If this is done in a non-intrusive way, such a request may be well received. The student's right to privacy, however, should always be respected.

If you wish to give additional information about a student you referred, you may do so. Please remember, however, that the counselor-client relationship is confidential. We cannot confirm that the student has attended counseling or release any information about a student without written permission from the student. It is best to ask the student directly about counseling or ask the student to sign a release of information so that you can better assist the student with their needs.

Especially in cases of sexual assault, students may experience symptoms that interfere with their ability to perform in the classroom. Difficulty with concentration, difficulty with sleeping and eating, anxiety, depression, physical ailments, and other symptoms can last weeks, even months, after a sexual assault. It is important for faculty to investigate every student's situation and do their best to weigh academic integrity with compassion.