Caring for Victims of Campus Sexual Assault

TIPS FOR ENSURING A 360-DEGREE STAKEHOLDER APPROACH

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Who are possible Stakeholders

• Students and their parents/family
• Faculty
• Staff, and especially resident housing advisors
• Student disciplinary board members
• Campus AND local law enforcement
• Prosecution
• Campus AND local sexual assault victim services
• Health care providers, especially Sexual Assault Medical Forensic Examiners
• Others as determined by your university community
Stakeholders Must Be Asked to “Unlearn” the Myths/Stereotypes

About what sexual assault is and how it happens
- E.g., someone known, alcohol a facilitator but not a cause, victim vulnerability exploited

About what the typical perpetrator of sexual assault does
- E.g., targets someone who is or can be made vulnerable, accessible and appear to be lacking credibility

About the neurobiological response to trauma both in terms of victim behavior and victim memory and recall (Dr. Rebecca Campbell’s session)

About the difference that bystander observation and intervention can make
Stakeholders Must Be Asked to “Unlearn” the Myths/Stereotypes

About what consent is and is not

- E.g., “no means no and a lot of other responses ALSO mean no”
- Research indicates that “in sex, as in normal conversation, people typically use and understand softened and indirect refusals.” See Mythcommunications: It’s Not That They Don’t Understand, They Just Don’t Like the Answer, Millar, T., Sexual Assault Report, Vol 15, No. 6, July/August 2012.
- Perpetrators of sexual assault ignore the refusal and press for concessions, or circle around the refusal to manipulate the potential victim into a more vulnerable situation where a direct refusal may no longer be effective or a safe option
- Consent to “X” is not consent to “Y;” consent today is not consent tomorrow
Stakeholders Must Be Asked to “Unlearn” the Myths/Stereotypes

• What training will be effective to accomplish this?

• Is it realistic to think that these stakeholders can and will shift their thinking based on a one-hour training, or an online session?

• Some stakeholders’ roles may be more involved and more significant, they may require longer and more comprehensive training
  • E.g. residence advisors (who are more likely to be first staff to whom victim discloses), members of the campus disciplinary/judicial board, investigators/law enforcement

• Initial dose plus “booster shots”

• In light of the percentage of students who are sexually assaulted during their time at college, your investment in the time and resources needed to both prevent it and improve the response to it will make a world of difference
Every Stakeholder Must Start By Believing

• What Does this Mean?
  • Take at face value that what the person is telling you is true
  • Don’t probe for indicators of deception, for inconsistencies, for ways that you could believe that this is NOT true
  • Provide empathy, support and validation

• It Does NOT Mean:
  • Rush to judgment about the person accused
  • That person assigned to investigate or gather information cannot remain open to other narratives as available information is collected

• You Can’t Start By Believing If You Haven’t Unlearned the Myths and Stereotypes
Clear Response Policies and Training On Them For All Stakeholders
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• Ensures a consistent response from the institution
• Reduces trauma to victims, who are better able to understand what process is and how to engage in that process
Clear Response Policy with Training For All Stakeholders On Both Policy and Effective Interpersonal Response

Our interpersonal responses to victims can unwittingly steer them in one direction or another, or make the process more or less hurtful to them.

• Lay out options for victim but don’t assume one option is better or worse for any particular victim
  • E.g., Some victims have found that reporting to law enforcement and working with the criminal justice system is worthwhile, while others have not

• Be clear about possible outcomes, distinguishing from probable outcomes
  • E.g., The student disciplinary proceeding could result in one or combination of many sanctions, cannot predict which one more likely than another
Clear Response Policy with Training For All Stakeholders On Both Policy and Effective Interpersonal Response

• Don’t “test” the victim to see if he or she can withstand the rigors of either the criminal justice or the student disciplinary process
• Make clear that victim can take things a step at a time, taking one step does not require that they take all successive steps
• Make clear that victim who is reluctant to take step now can change their mind and have recourse later, and let them know how long that door is open
Ensure Availability of Confidential Advocates and Counselors

• Confidentiality may result from the professional licensure of the advocate; e.g., MSW clinician, psychologist

• A slightly more limited confidentiality may result from the role as a sexual assault advocate, see MCL 600.2157a

• Confidentiality may arise from federal Violence Against Women Act provisions if program being funded with grants from US Department of Justice Office of Violence Against Women

• Not necessarily limited to professional counselors or to paid staff
  • Trained and supervised peer counselors/advocates (staff or volunteer) can be very effective
Collaborate and Coordinate with Stakeholders at the Table

• Develop internal policies and interagency policies with input from all stakeholders (internal and external)
  • This includes local community based sexual assault provider in addition to campus crisis center (if have one)
  • Important to include organizations providing linguistically and/or culturally appropriate services

• Establish a coordinated response team to build relationships, identify and correct problems with policies or practice, and consult on tough cases
  • Be mindful that confidentiality will prevent advocates from disclosing facts about individual cases, but their input still can be valuable

• If there already is a coordinated response team in community where your university is located, seek to participate

• Although the collaborative process of working through issues can be frustrating and take longer at times, experience has demonstrated time and time again that coordinated response improves practice and outcomes
Access to Trained Sexual Assault Medical Forensic Examiners (SAFEs)

• Victims seeking medical care at hospitals and who disclose sexual assault within preceding 120 hours must be offered a sexual assault medical forensic exam, MCL 333.21527

• In many communities, there are no trained practitioners available to do these exams
  • Victims may be told to travel to another county or across several counties to get exam
  • Victims may be subjected to painful, intrusive and humiliating exam by someone who doesn’t know how to do it well and, worse, doesn’t want to do it

• Work with local hospital to support providing an on-call SAFE/SANE, or explore having trained examiners on call through university’s own health care clinic
Training – Did I Mention Training? On Everything?
“THERE ARE NO PROBLEMS WE CANNOT SOLVE TOGETHER, AND VERY FEW THAT WE CAN SOLVE BY OURSELVES.”

LYNDON B. JOHNSON

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