

**2009-2010**

*Sexual Misconduct  
Resource Guide*

**WASHINGTON AND LEE UNIVERSITY**

Sponsored by

**Office of the Dean of Students**

**Office of Health Promotion**

**University Counseling Center**

**CAIR**

*(Confidential and Impartial Resolution Resources)*

[cair.wlu.edu](http://cair.wlu.edu)



**SPEAK**

Division of Student Affairs

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# Definitions

- **SEXUAL MISCONDUCT** involves physical or verbal conduct of a sexual nature which occurs without consent. Behaviors can include sexual contact ranging from unwanted kissing/touching to unwanted or forced sexual intercourse (oral, anal or vaginal sex).
- **SEXUAL HARASSMENT** includes unwelcome touching and hugging, sexist and insulting jokes, cartoons, and graffiti, often denigrating women, objectification of body parts and inappropriate reference to sexual situations. Sexual harassment may include behaviors that unreasonably interfere with a person's academic performance or work, participation in University activities, or create an environment that a person finds threatening or intimidating.
- **STALKING** is persistent behavior directed at a specific individual that is unwelcome, intrusive or induces fear. Behaviors include unwanted visits to a person's home, class or work, unwanted letters, e-mails, instant messaging, telephone calls or gifts.
- **RAPE** is when a person compels an individual to have sexual intercourse against his/her will. Rape can occur male on male, female on male, male on female, or female on female.
  - In Virginia, the legal definition of rape is sexual intercourse against a person's will by force, threat, or intimidation, or through the use of the victim's mental incapacity or physical helplessness.
  - Mental Incapacitation: The victim does not have the cognitive ability to understand the situation and therefore cannot provide consent.
- **ACQUAINTANCE RAPE** is forced, manipulated, coerced, or unwanted sexual intercourse by someone known to the individual.
- **RELATIONSHIP OR DATING VIOLENCE** includes physical, verbal and/or psychological maltreatment which can include demeaning comments, controlling behavior (telling someone what to do, wear, whom to see, etc...), threats of/actual physical harm. These abusive behaviors are used to assert power or control over another person. The effect is to make the person feel degraded, ashamed or scared.

# Acquaintance Sexual Assault

Acquaintance assault is often *not* considered a “true” sexual assault. Society tends to perceive acquaintance assaults as complaints by a vindictive woman who is dissatisfied with “rough sex” or is trying to blame the man for her own interest in sex. Regardless of whether an assault is perpetrated by an acquaintance or a stranger, these violent acts are motivated by a desire for power and control. Understanding this motivation can help us to get past the stereotype of the “sex crazed” maniac hiding in the bushes, and allow us to see the most common type of perpetrator—an ordinary, regular person who has a need to exert power and control over another person.

After an acquaintance sexual assault, the victim may feel:

- **Stupid** for not realizing that the assailant was dangerous.
- **Ashamed or guilty**, especially if the victim agreed to be with the assailant in some way, such as on a date, or accepting a ride. When a victim knows their attacker, they may assume more responsibility for the assault than if they were attacked by a stranger.
- **That their own behavior led the rapist on or caused the assault.** The victim may internalize social stereotypes and myths about women’s dress and men’s inability to control their sexual urges once aroused. The assailant may have told the victim they were responsible for the assault and deserved it.
- **Betrayed** and doubtful of their ability to judge who is safe.
- **That others won’t believe or support them**, especially family and friends. Prosecution is often declined for lack of evidence; others may label what happened as regretted “sex” and not assault, may minimize the seriousness of the incident, or may say the victim “should have known better.” Many victims doubt themselves and have a difficult time acknowledging that it was a rape.
- **Isolated**
- **Confused**, especially because they knew their assailant, and emotional or verbal force may have been used instead of physical force. Many people do not define a situation as rape unless weapons are used, the victim’s life is threatened, or a physical struggle occurs, resulting in obvious injuries.

- **Torn between wanting to warn others about the assailant and wanting to hide what happened** to protect themselves from others' judgments.
- **Fear of facing the assailant in everyday life**, especially if the assailant is someone the victim goes to school with, works with, or lives near.
- **Vulnerable**, or worried about further attacks, or that the assailant will tell mutual acquaintances.

*Adapted from the VAASA Volunteer Manual, Second Edition*

### ***Common Characteristics of Sexual Assault Offenders:***

Sexual assault offenders can not be recognized by their appearance; however, they do tend to share certain characteristics. People who harass or assault are often manipulative, coercive, and have a desire for power and control.

- Not listening to what the person says; responding to limits set by someone by saying, "You don't mean that, you really love it."
- Not stopping sexual foreplay when told or asked to stop.
- Talking about a date's body or looking at their body in a way that makes them feel uncomfortable.
- Seeming to enjoy the victim's discomfort.
- Acting as though the relationship is more intimate than it really is.
- Calling the victim names which make them feel uncomfortable.
- Blocking the victim's path or following them as a means of intimidation.
- Touching the victim in intimate places "by accident."
- Becoming hostile when the victim does not agree or give them their way.
- Trying to get a the victim intoxicated or using drugs to create an "easier" target.

*Adapted from the VAASA Volunteer Manual, Second Edition*

# Common Reactions to Sexual Violence:

## *(May Be Immediate or Delayed)*

### *Feelings*

- **Emotional shock:** “I feel so numb.” “Why am I so calm?” “Why can’t I cry?” “Why don’t I feel anything?”
- **Disbelief:** “I can’t believe this happened to me.”
- **Shame:** “I feel so dirty.”
- **Guilt:** “Did I do something to make this happen?” “Could I have done something to stop it?” “If only I had...”
- **Powerlessness:** “Will I ever feel in control again?”
- **Denial:** “I wasn’t really raped.” “Nothing happened.”
- **Anger:** “I want to kill that person!”
- **Fear:** “What if I am pregnant or have an STI? These thoughts keep going through my head. I’m afraid to close my eyes.”
- **Depression:** “I’m so tired.” “I feel so helpless.” “Maybe I’d be better off dead.”
- **Triggers:** “I keep having flashbacks.”
- **Anxiety:** “I feel so confused.” “Am I going crazy?”
- **Helplessness:** Loss of self-reliance. “Will I ever be able to function on my own?”

### *Behaviors*

- **Expressive:** Crying, yelling, shaking, being angry, swearing, etc. Anger may be directed at self, friends, family, etc.
- **Calm:** May behave extremely composed, controlled, or unaffected.
- **Withdrawn:** May shrink inside themselves, provide one word answers or none at all, or offer no information without being prodded.
- **Nightmares:** Survivor may have difficulty sleeping or have nightmares of being chased or attacked.
- **Flashbacks:** These may occur while the survivor is fully awake. The memories will seem intensely real to the survivor because the assault seems to be happening all over again.

- **Changing eating habits**
- **Lack of concentration or energy**
- **Rape Trauma Syndrome or Post-traumatic Stress Disorder**
- **Promiscuity**
- **Abuse of alcohol**
- **Disordered Eating**

*Note: Not all victims will demonstrate all of these behaviors. Everyone reacts differently. However an individual reacts, is normal for him or her.*

# Common Stages of an Acquaintance Sexual Assault

Typically, there are stages during which a perpetrator attempts to “prime” a situation for an assault, and they can occur in one evening or over an extended period of time. Many of these behaviors can seem to be normal dating rituals and may not necessarily lead to an assault. However, having an understanding of the strategies often used by perpetrators can be helpful.

## ***Stage One: Intrusion***

Intrusion is the strategy a rapist uses to “test” the victim, to see what behaviors will “pass.” During this stage, the rapist will try to cross the victim’s boundaries in various ways—by sitting or standing too close, touching the victim in ways which make them feel uncomfortable (and ignoring the discomfort), or saying things that are inappropriate.

## ***Stage Two: Desensitization***

Desensitization is the tactic used by the rapist to get the victim “accustomed” to sexually coercive behavior. The intent is to wear down the victim’s defenses by gradually pushing the victim’s boundaries using the intrusive behaviors. During this stage the offender tries to make the victim feel less sensitive to the intrusion by minimizing their reaction to the offensive behavior. A person may begin to question their feelings, or to feel that they may be overreacting.

## ***Stage Three: Isolation***

Having successfully intruded upon and desensitized the victim, the next stage is isolation: removing the victim physically from sources of safety and support, or convincing them that no one cares or will believe them. The intended victim is often manipulated to the point where a quick and assertive response may be difficult or impossible.

Recognizing these tactics for what they are may or may not help the intended victim to avoid being assaulted; in any case, it may help to see that the fault does not lie with the victim not being assertive enough or communicating clearly enough; these tactics clearly demonstrate an intentional strategy of manipulation.

# Potential Long Term Effects of Sexual Assault

## *Emotional Recovery*

- Trying to forget the attack, withdrawing from people, pretending to be alright, minimizing the attack, not caring, or being angry are normal reactions.
- Fear of death, fear of situations that are reminders of the assault, or fears of seeing the assailant again are common.
- Sleeping and eating patterns may change, and may include sleeping disorders, nightmares, or eating disorders such as anorexia and bulimia.
- Survivors may think about hurting themselves or others, or turn to alcohol or drugs to block out the problem.
- Survivors may experience dramatic mood swings, crying spells, panic attacks, become irritable and short-tempered, have difficulty making decisions, or develop Posttraumatic Stress Disorder.
- A counselor who specializes in sexual assault can help survivors work through the above issues. The recovery process may help survivors develop confidence, strength, insights, and regain self-esteem.
- Family and friends may also want to seek counseling to help them cope with the effects of the assault on their own lives and help them to be understanding and supportive of the survivor.

## *Flashbacks and Nightmares*

It is not uncommon for survivors to experience flashbacks or nightmares after an assault. Here are some things that may help afterwards:

- Remind yourself that the feelings and sensations are memories of the past; that you survived the trauma; and that you are safe now.
- Take deep breaths. Breathing helps re-orient you to the present and lessens panic. Focus on your senses and ask yourself what you are seeing, hearing, and feeling right then.
- Take time to recover and reach out for support as you need it.
- Identify ways in which you feel vulnerable and make a plan that will keep you safe.

## *Sexuality After Sexual Assault*

### **Survivors**

- Some sexual assault survivors will have a period of promiscuity as they attempt to assert control following an assault.
- Some survivors do not feel comfortable with any physical intimacy.
- Sex may stir up frightening feelings associated with the assault—this is normal.
- Talk to your partner about your feelings and intimacy comfort level.
- You have the right to choose whether or not to tell potential partners about your assault.
- Remember that even though some things may change between you and your partner for some time, most survivors recover from the trauma and have healthy, loving relationships.

### **Partners**

- Honor your partner's wishes regarding sexual activity and physical intimacy levels.
- If your partner has not brought up the subject, gently ask them about it.
- Your partner's needs should be of primary concern and should guide your actions.
- See a counselor to discuss your feelings regarding the assault and its impact on your life.
- Remember that even though some things may change between you and your partner for some time, most survivors recover from the trauma and have healthy, loving relationships.

# If You are a Victim of Sexual Misconduct or Rape...

## *Get Help*

- Go to a safe place
- Tell someone you trust—a friend or CAIR Resource can help support you.
- Get medical/psychological care. There is a counselor and a physician available 24-hours a day to help you explore your options, get necessary care, and stay safe. Contact the Student Health Center at (540) 458-8401.
- A University counselor or Project Horizon can assist you to determine what's best for you and be with you throughout the decision making process with the goal of helping you to regain control and make decisions you are comfortable with.

## *Explore Options*

- **CAIR Resources**, counselors, and physicians will all protect your privacy and help you learn and understand your options (e.g. legal or on-campus judicial recourse).
- **Save evidence** in case you select the option of legal action. Evidence is best collected **within the first 72 hours** of the assault. It is important that you do not shower, eat, drink or change your clothes before evidence is collected. Doing so may destroy important physical evidence that could be used if you decide to prosecute the assailant.
- Get medical attention at the Student Health Center or hospital emergency room right away. Even if you don't want to report the assault to the police, you may have injuries that need to be treated.
- Medical care can also help you to take precautions to treat sexually transmitted infections or to prevent pregnancy, if indicated. Also, physical evidence may exist up to 72 hours after the assault (24 hours for oral or anal penetration).

- Request that the hospital take a urine sample for drug toxicology testing to be done by your law enforcement agency's crime lab if you suspect you may have been drugged. A special test must be conducted to detect rohypnol or other "date rape" drugs in a urine sample.

## ***The Time Period After A Sexual Assault Can Be Very Confusing***

- You do not have to deal with this alone.
- There are no right or wrong answers.
- Remember...it is not your fault.
- As soon as you have a quiet moment where you feel safe, try to write down everything that you remember happening, with as much detail as possible. This will help in the healing process, identifying the assailant, and in any legal action that may be taken.
- All decisions about how to proceed belong to you—you have many resources to help you.

# Reporting Options—CAIR Resources

## *Confidential and Impartial Resolution Resources*

CAIR Resources are trained and ready to...

- **ASSIST YOU in UNDERSTANDING** the University Policy concerning Discrimination, Harassment, Retaliation and Sexual Misconduct.
- **EXPLORE and FACILITATE YOUR OPTIONS** for **informal or formal resolution**, which may include:
  - *Local support services* (counseling, health care...)
  - *Facilitated communication* between those who feel they have been subjected to harassing or discriminatory conduct, and those accused of that conduct. CAIR resources can...
    - take an oral or written statement
    - assist with informal resolution
    - contact the other person, and either take that person’s oral or written statement, or refer that person to another CAIR Resource
  - *Shuttle diplomacy* between two people
  - Explore other means to achieve your desired resolution
  - *Confidential dispute resolution service* for those who jointly seek an alternative to formal disciplinary investigation and proceedings, or assistance in initiating professional mediation
  - *Formal proceedings*, including
    - assistance in initiating a hearing via the SFHB
    - assistance in filing charges with local law enforcement authorities

### **CAIR RESOURCES:**

*Info Line 458-5800 or <http://cair.wlu.edu>*

Tammy Futrell, Head .....	x8766	Lori Olan .....	x8534
Ellie Boylan.....	x8618	Brian Richardson.....	x8430
Tyler Dickovick.....	x8174	Amy Richwine.....	x8144
Kami Gardner .....	x8481	Jason Rodocker .....	x8753
Sarah Hughes .....	x8063	Joel Shinofield.....	x8693
Mandy King.....	x8202	Matt Stavish .....	x8058
Gene McCabe .....	x8678	Scott Sunby.....	x8016
David Novack .....	x8792		

# Judicial Options

On- and off-campus judicial options are available for students who choose to formally report an incident of sexual misconduct, sexual assault, harassment or stalking.

## ***On Campus—Student Faculty Hearing Board (SFHB)***

- Enforces University Policy (<http://www.wlu.edu/x10182.xml>).
- The SFHB may find culpability and impose sanctions when it finds reasonable evidence of a violation of W&L policy.
- Sanctions can include, but are not limited to: counseling, probation, educational programming, suspension or dismissal.
- Note that Virginia law is not enforced by the SFHB, nor are decisions made by the SFHB binding in a Virginia court or vice versa. Different standards are used for evaluating cases by the SFHB vs. courts of law.

## ***How to File a Complaint with the SFHB:***

- To initiate the process for a SFHB hearing, a student should file a written complaint with a CAIR Resource.
- The Associate Dean of Students receives the complaint from the CAIR Resource.
- The Director of Public Safety (or designee) conducts an investigation. Public Safety talks to both parties and other relevant witnesses.
- The investigator's report is presented to SFHB and a hearing is scheduled. To the extent possible, all investigations and hearings are kept confidential.
- A law student advocate is appointed for each person to help advise about procedures.

## ***Off-Campus—Virginia Legal Action:***

You may decide to file a civil or criminal case. The standard of proof in a VA court of law is often more stringent than that used by W&L, and if a student is found innocent of a crime or civilly not responsible, that student may still be subject to discipline by the SFHB.

A CAIR resource can direct you to the Lexington City Police or Rockbridge County Sheriff's Office, or the Commonwealth Attorney's Office. Project Horizon's Legal Advocate is also available at 463-2594.

# P.E.R.K. Kit

## (Physical Evidence Recovery Kit)

### *What is it?*

- This exam is designed to assist the examining physician or nurse in the collection of evidence for analysis by the Virginia Division of Forensic Science. If the assault took place within 72 hours of the time of the medical exam, this kit can be used.
- Physical evidence to check for semen from oral and/or anal penetration can be collected only within 24 hours of the assault. If the sexual assault occurred more than the 24 to 72 hours prior to the medical exam, evidence still may be collected without using the kit.
- A PERK exam can be performed after a sexual assault. The evidence collected can be held until a decision is made about pursuing legal action. It is recommended that if you pursue this option you consult with a University counselor or Project Horizon about how to obtain this exam.
- Before the medical exam, the nurse or doctor will ask for details about the assault. Even though these questions will be very difficult to answer, the information given may be helpful in identifying the assailant, in providing the survivor with optimum care, and in documenting the assault.
- Information is needed regarding the type of assault or penetration, such as oral, vaginal, or anal. The student will be asked where the assault occurred, such as in a car, on grass or carpet, etc.
- The medical staff will need information about the survivor's medical history regarding past and present health conditions, including the date of her last period, contraceptive history, and the date of their most recent voluntary sexual contact.

- **Survivors have the right to refuse the PERK exam.**
- All procedures should be explained to the survivor so that they understand why they are being done. If not, it's OK to ask the nurse or doctor to explain what they are doing. This may help the survivor maintain some feeling of control during the medical procedures.
- Sometimes it may be difficult to talk to Emergency Room staff. **A member of University Counseling will accompany the student if they desire. Contact Dr. Jennifer Sayre (8750) or Student Health (8401) after hours. Or if a student prefers, a Project Horizon staff member can be called at 463-2594.**

*(Information taken from VAASA manual, 1989 and PCAR brochure entitled, "Rape: Seeking Medical Care," VCU's Sexual Assault Survivor's Handbook)*

# Guidelines for Helping Sexual Violence Survivors

- **Believe** the student. The greatest fear of a sexual assault survivor is that they will not be believed; accept what you are hearing.
- **Validate** the significance of the event. Do not minimize the trauma they experienced. Recognizing the impact of the assault on their life may be helpful in the healing process.
- **Listen** and be patient. Let her/him tell her/his story at their own pace.
- **Reinforce** that the sexual assault was not the student's fault. Whatever they did to survive the assault succeeded. Avoid questions that seem to blame them for their actions such as, "Why didn't you scream? Why did you go to his room?"
- Remind them that the **perpetrator caused the attack**, not the victim.
- **Allow** the student to share their feelings, especially those of anger, self-blame, or grief.
- **Accept** the survivor's reactions, whatever they might be. State that these feelings are normal and the recovery process takes time.
- **Avoid** comparing their experience to others' experiences. Everyone experiences trauma differently.
- Ask how you can help. **Be available.** Reassure the survivor that someone is available to them 24 hours a day.
- Let the survivor take **control** of the situation. Remember the survivor has been robbed of all sense of control, so letting them make decisions will be empowering. Support all of the survivor's decisions, even if you disagree with them.
- Offer to **accompany** the survivor in seeking medical attention, counseling, or contacting the police.
- Help identify a **support system** for the survivor—it can be a friend, family member, or counselor.
- Suggest they call a professionally trained sexual assault **advocate** who can help her/him in all aspects of this crisis. This includes a CAIR resource, a member of University Counseling, or a Project Horizon staff member.
- Help them organize their thoughts on how to proceed, but let them make their **own decisions** in order to regain the feeling of being in **control**.

- Be **patient** and let the survivor recover at their own rate. It may take weeks, months, or years. Survivors may never completely “forget” the attack.
- Provide protection by giving the survivor a **safe place** to go. Offer them companionship or suggest a friend return home with them.
- Encourage the survivor to **preserve evidence**. The sooner an assault is reported, the better the likelihood of charges being filed and the accused convicted. Caution the victim not to shower, eat, wash their clothes or brush their teeth. If they do go to the hospital, tell them to bring a change of clothes. The **PERK** exam requires all clothing to be examined at a police lab for evidence. Assure them that they will remain in control of decision making about judicial options.
- **Touch** or hug the victim only if you’re sure that they are comfortable with physical contact. If you are unsure, ask.
- **Do not** tell anyone else about the assault without the survivor’s permission.
- BE **AVAILABLE** in the weeks and months following the assault. Recovery from sexual assault is a long, difficult process. Know when to ask for outside support to process your own feelings.
- **Confront** your own fears and prejudices about sexual assault. **Educate** yourself about the common myths and misconceptions. **Learn** about Rape Trauma Syndrome to know what to expect from the survivor.

### ***Seven Things Not to Say to a Survivor:***

1. “Only crazy people need therapy.”
2. “I’ll kill the person who did this to you.”
3. “It’s better not to talk about it.”
4. “What are you afraid of me for? I didn’t do it.”
5. “It was my fault.”
6. “Going to the police or testifying in court will just make things worse.”
7. “Why can’t you just forget about it?”

# Why People Don't Report Sexual Misconduct

- Embarrassment
- Belief that the behavior will end if ignored
- Fear of losing one's status, social options, rank or job
- Fear of retaliation
- Fear of being blamed for inviting the misconduct
- Concern about not being believed
- Concern about being labeled a troublemaker
- Fear of harmful rumors
- Fear of the loss of privacy
- Conviction that nothing will be done about the problem
- Fear that the complaint process could be worse than the misconduct
- Fear of ostracism by other people, both male and female
- Fear of losing friends
- Fear of being called weak, cold, uptight, or prudish

*List adapted from "The Educator's Guide to Controlling Sexual Harassment,"  
Thompson Publishing Group*

# Pregnancy Following Sexual Assault

## *Counseling Issues*

- The victim decides what is best for her.
- The victim has numerous options to consider, listed below.
- Recognize that the decision needs to be made in a short span of time.
- Recognize that the decision is often one that a victim will not be able to change her mind about.
- Recognize the sexual assault counselor's role is to support her in her decision, knowing she has explored her options. The sexual assault counselor's beliefs should never enter into the victim's decision process. If the sexual assault counselor is unable to set aside her/his own beliefs and approach this issue in a non-judgmental manner, then that counselor has an obligation to arrange with staff for another rape crisis counselor to assist the victim.

## *Exploring Options*

- You have three options: continue the pregnancy and raise the child, continue the pregnancy and place the child up for adoption, or have an abortion.
- It is important for you to consider all of your options since continuing or ending a pregnancy is a decision that you will not be able to change.
  - Some victims may immediately identify that one or more of the above options are not right for them and quickly, with little discussion, decide on an option. If it is clear that the victim has strong feelings about one or more of the options, accept her position and move on to further explore resources for the option she has chosen.
  - Some victims may be unsure of which option is best for them. Explore all options. If you hear hesitation, you can ask:
    - "Do you want to continue this pregnancy?"
    - "Is there someone else you would like to talk to about this decision?"
    - "Did you feel this way about [having children or an abortion] before the assault?"

## *Emergency Contraception*

- Plan B is an emergency contraceptive that is available at the W&L Student Health Center (458-8401), or from a local pharmacy by signing for it as a controlled, over-the-counter medication. Plan B consists of a single dose of levonorgestrel, a synthetic progestin hormone that is used in birth control pills, that reduces the chance of pregnancy after unprotected intercourse. It works like a birth control pill to prevent pregnancy by temporarily stopping the release of an egg from a woman's ovary. It may also prevent fertilization, or prevent a fertilized egg from attaching to the uterus. Plan B will not do anything if you are already pregnant.
- Plan B is most effective when taken as soon as possible, so don't delay if you think you might need emergency contraception. If it is taken within 72 hours, it significantly reduces the risk of pregnancy—7 out of every 8 women who would have gotten pregnant will not become pregnant. Plan B works even better than this if taken within the first 24 hours. It may be effective when taken up to 5 days after unprotected intercourse.
- More detailed information about Plan B is available by talking to the nurse at the Student Health Center, or the pharmacist at a local pharmacy.



# Project Horizon

Project Horizon is a local agency dedicated to reducing domestic, dating and sexual violence in Rockbridge County.

Project Horizon's services are free and confidential to victims of sexual violence, as well as to their family and friends. Services include:

- 24-hour hotline 1-540-463-3789
- If you feel uncomfortable speaking with a volunteer who might be a W&L student, please ask to speak with a staff member and they will honor your request.
- Counseling Services
- Legal Advocacy:  
Assist Victims with Legal Procedures  
Accompany victims to Commonwealth's Attorney's office  
Answer questions and provide appropriate resources
- Hospital Advocacy:  
A Project Horizon staff member is available to offer support, answer questions, provide options, and accompany you at the hospital during a rape examination (PERK exam).

# Sexual Harassment— What Someone Can Do

There is not a single RIGHT way to respond to sexual harassment. Every situation is different and only the person being harassed can decide which is the best option for him or her.

- Remember that if you are being harassed you have the right to take action.
- Document exactly what happened including time, place, date, who else was there. If complaints are made of the harassing behavior, also document these and the response to the complaints.
- Tell someone and keep telling until the allegation is taken seriously. Sexual harassment is a form of sexual violence and can cause the same stress reactions and feelings. It may help to have someone to talk to about it.
- Sometimes it may help to confront the harasser, but keep in mind that there is a risk of retaliation. It may be helpful to have someone come along as support.
- Become familiar with W&L's CAIR Resources and the SFHB (*Student Faculty Hearing Board*).
- Utilize the Counseling Center as a support and resource.

# Resources—Where Can I Get Help?

There are many resources on campus and in the community to help individuals who believe they have been sexually assaulted or have been accused of sexually assaulting an individual . . . Start somewhere . . . It doesn't matter where . . . You choose . . . But if there is physical or emotional trauma the first stop should be either Student Health, University Counseling Center, or Project Horizon.

**CAIR Info Line (cair.wlu.edu)** ..... 458-5800

**DEAN OF STUDENTS**..... 458-8751

**STUDENT HEALTH CENTER** (Basement of Davis Hall) ..... 458-8401  
*Open 24/7 with a nurse on duty and physician on call*

**COUNSELING CENTER** (Early-Fielding Building) ..... 458-8590  
*Walk-in daily at 11 a.m.*  
*After hours call the Student Health Center at 458-8401*  
*A counselor is on call 24/7*

**PUBLIC SAFETY (24/7)** ..... 458-8999

## **DPA DISCRIMINATION POLICY ADVISORS**

For information concerning procedures and dispute resolution options for complaints against faculty, staff or other non-students.

**SFHB** (Student Faculty Hearing Board) ..... 458-4254  
[www.wlu/x10182.xml](http://www.wlu/x10182.xml)

## **COMMUNITY RESOURCES**

Emergency ..... 911  
Project Horizon ..... 463-2594  
*(24 hour emergency service to all women and men in Rockbridge county)*  
Lexington Police Department ..... 463-2112 or 462-3705  
Rockbridge County Sheriff's Office ..... 463-7328  
*(Sexual Assault Investigation)*  
Carilion Stonewall Jackson Hospital ..... 458-3300  
*(A University Counselor, or Project Horizon staff member, and/or a friend may accompany you.)*

## **IF YOU WOULD PREFER TO TALK TO A STUDENT:**

Resident Adviser First-Year (RA-FY) on call ..... 460-3055  
Resident Advisor on call ..... 460-3054  
Peer Counselor ..... See posters for names & contact info

## **EDUCATIONAL PROGRAMMING**

Office of Health Promotion ..... 458-4501  
One in Four ..... 458-4501  
SPEAK..... 458-8750  
LIFE Peer Health Educators ..... 458-4501  
Project Horizon ..... 463-2594