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Introduction

Universities have long been considered ivory towers where students learn their subjects and prepare for their adult lives in the safety and security of the college campus. While there is no doubt that universities are principally places of learning, research over the past 20 years has uncovered an alarming truth: sexual assault happens on campus. It happens on all campuses across the United States and it happens at rates most of us would find surprisingly high.

The sexual assault response protocol described in this booklet details the many ways the University of Minnesota is supportive of victims/survivors of sexual violence who come forward to ask for help and/or to seek consequences for the person who hurt them. Our response to a victim/survivor is focused on support for the individual and concern for the safety of the public. The University of Minnesota offers a confidential place for victims/survivors to receive support and advocacy because research and experience tell us that while many victims/survivors wish to keep their assault a private matter, they need the help of professionals to fully recover. The Aurora Center provides this free and confidential support and also informs victims/survivors of their options so that they can make informed decisions about what to do next. The Aurora Center was founded more than 20 years ago and has served more than 3,500 students, staff, and faculty members.

Because reporting is the only way to hold perpetrators accountable, the University of Minnesota encourages the reporting of sex offenses to the police, and to the Office for Student Conduct and Academic Integrity if the alleged perpetrator is a student. It is through these systems of investigation and adjudication that fairness of process for the alleged perpetrator is guaranteed. This protocol makes clear the professional and thoughtful response of both of these units.
In addition to the primary responders mentioned above, this booklet includes information on the roles of secondary responders and support offices. Taking on the challenge of sexual assault requires a campus-wide effort, and the collaborative work at the University of Minnesota has been recognized as a model program by other universities across the country as well as the U.S. Department of Justice. While we are proud of our efforts, we are not resting on our accolades. We continue to develop and improve our response, and have focused much energy recently on increasing the cultural competence of our services as well as developing a primary prevention strategy. Serving the increasingly diverse University community and giving thought to how to stop the violence before it occurs are goals well worth their effort.

If you have questions or suggestions regarding the information in this booklet, please contact the Aurora Center at 612-626-2929. We appreciate and depend upon your support to help make this a safe and nurturing campus community for all.

Jerry Rinehart
Vice Provost for Student Affairs
Policy and Law

University of Minnesota Policy

Policy Statement
As a university and as a community we strive to assure the safety and to respect the dignity of each student, staff and faculty member. Sexual assault, relationship violence and stalking are prohibited at the University of Minnesota. Sexual assault and relationship violence, including threats of sexual assault and related relationship violence, are attacks not only on a person’s body, but also on the person’s dignity, and are not tolerated. To foster a community free from sexual assault and relationship violence, the University provides reporting options for responding, including the police department; victim/survivor assistance; internal mechanisms for discipline and dispute resolution; prevention training; and other related services.

Sexual Assault
Sexual assault is actual, attempted or threatened sexual contact with another person without that person’s consent. Sexual assault often is a criminal act that can be prosecuted under Minnesota state law, as well as under the Student Conduct Code and employee discipline procedures.

Consent
Consent is informed, freely and actively given, and mutually understood. If physical force, coercion, intimidation, and/or threats are used, there is no consent. If the victim/survivor is mentally or physically incapacitated or impaired so that the victim/survivor cannot understand the fact, nature or extent of the sexual situation, and the condition was or would be known to a reasonable person, there is no consent. This includes conditions due to alcohol or drug consumption, or being asleep or unconscious.
State Law: Minnesota Statutes

The Minnesota Statutes include five levels of criminal sexual conduct (CSC). The first through fourth degrees are felonies and fifth degree is a misdemeanor. First degree and third degree require unwanted penetration and second degree and fourth degree require unwanted sexual contact. The level of CSC with which an accused person is charged depends upon the nature and details of the crime, the age difference between the victim and the perpetrator, and the relationship between the victim and the perpetrator. Minnesota Statutes chapter 609 includes the following:

• “Consent” means words or overt actions by a person indicating a freely given present agreement to perform a particular sexual act with the actor. Consent does not mean the existence of a prior or current social relationship between the actor and the complainant or that the complainant failed to resist a particular sexual act.
• A person who is mentally incapacitated or physically helpless as defined by this section cannot consent to a sexual act.
• Corroboration of the victim’s testimony is not required to show lack of consent.
Federal Law

**Student Right to Know and Campus Security Act**, passed in 1990, requires schools to disclose information about crime on and around campus on an annual basis. This act was amended and renamed the **Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act** in 1998. The law is commonly referred to as “The Clery Act.” Provisions in the Clery Act include certain rights of sexual assault victims:

- Survivors shall be informed of their options to notify law enforcement.
- Survivors shall be notified of counseling services.
- Survivors shall be notified of options for changing academic and living situations.
- Survivors have the right to have an advocate present during any campus proceeding related to the sexual assault.
- Survivors must be informed of the outcome of any disciplinary proceeding involving the accused perpetrator.

**The Campus Sexual Assault Victims’ Bill of Rights**, adopted in 1992, requires that universities inform victims of counseling resources available, options for academic and housing arrangements, and disciplinary and criminal justice options.

The 1994 **Violence Against Women Act** mandated the study of campus victimization, including the addition of new questions about student victimization to the National Crime Victimization Survey.

**The Campus Sex Crimes Prevention Act**, which requires the collection and disclosure of information about students and employees who are registered sex offenders, was passed in 2002.

**Title IX** is most often regarded as the law that mandates equal access to participation in athletics for girls and women; however, its equal protection clause also includes the right to pursue education without harassment (including assault) based on gender.
Primary Responder: Advocacy Protocol  
(The Aurora Center)

The role of the Aurora Center is to provide support, information, and short-term counseling to the victim/survivor of sexual assault. The following checklist is only a guide. Trained advocates provide services that are based on the victim/survivor’s self-defined needs. All contact with an advocate is strictly confidential, abiding by the limits to confidentiality established under Minnesota law.

Victims/survivors of sexual assault may reach an advocate through a 24-hour help line (612-626-9111), by walking into the office during business hours, or through a referral from another responder or community member.

Advocate Protocol

When a victim/survivor calls or arrives in person to the Aurora Center’s advocacy office, the following occurs:
- The advocate determines the reason for the call and immediately addresses safety and health issues.
- The advocate attends to the emotional state and counseling needs of the victim/survivor.
- The advocate identifies the immediate concerns of the victim/survivor:
  - living situation
  - proximity of perpetrator
  - professional work
  - confidentiality
  - financial issues
  - consequences for perpetrator
  - especially for students:
    - parents
    - school work
    - financial aid
    - shared social groups
    - support system
Options for the Victim/Survivor

The advocate explains options to the victim/survivor, who then can choose which to pursue. Some of the options include the following:

• **The victim/survivor can choose to make a police report.**
  - Advocate will inform the victim/survivor what types of information the police will need and aid the victim/survivor in understanding the basic criteria for prosecution of cases.
  - Advocate may be present during police interview if victim/survivor so chooses. University of Minnesota Police Department (UMPD) officers respond to the Aurora Center and take the report in the advocacy office at the request of the victim/survivor.
  - Advocates provide ongoing support and information throughout any investigation and are present at any hearing or trial connected to the case at the request of the victim/survivor.

• **The victim/survivor can request crime victim compensation.**
  If a police report is filed, the advocate provides and assists with the paperwork for crime victim compensation at the request of the victim/survivor.

• **The victim/survivor can choose to have a medical exam.**
  - The advocate will accompany the victim/survivor to the emergency room (ER) or will meet her/him there.
  - The advocate offers support and validation, explains the exam process, and addresses the victim/survivor’s concerns. The advocate attends to the victim/survivor’s comfort.
  - The advocate may be present during the exam if the victim/survivor chooses, and will stand at the head of the exam table.
  - The advocate will also meet with any concerned person who is with the victim/survivor in the ER.
  - No police report is required for an exam to occur. The exam is paid for by the county as per Minnesota Statute 609.35.

• **The victim/survivor can choose to report the assault to University officials.**
  - If the accused perpetrator is a student—the assault should be reported to the Office for Student Conduct and Academic Integrity (OSCAI). The advocate can be present for interviews and possible hearing.
If the accused perpetrator is a staff or faculty member—the assault should be reported to the Office of Equal Opportunity and Affirmative Action (EOAA). The advocate can be present for interview at the victim/survivor’s request.

- **The victim/survivor can request housing advocacy.**
  - If the student lives on campus and wants relocation, the advocate works with Housing & Residential Life to secure new living quarters.
  - If victim/survivor lives off campus, address safety concerns related to housing and work for relocation if possible.

- **A victim/survivor who is a student can request academic advocacy.** Advocate contacts course instructors on behalf of the victim/survivor to request any needed academic accommodations. The victim/survivor approves all contact initiated by the advocate.

- **The victim/survivor can request a restraining order.** Advocate explains the criteria for and purpose of a restraining order and offers a meeting with a legal advocate to write such an order. The legal advocate writes and files order and accompanies victim/survivor to hearing.

- **The victim/survivor can request counseling.** The advocate provides short-term counseling. Any long-term counseling needs are provided on campus by University Counseling and Consulting Services or Boynton Mental Health (for students) or the Employee Assistance Program (for faculty or staff). Off-campus counseling options are also made available.

- **The victim/survivor can participate in a support group.** The advocate will offer an on-campus support group for victims/survivors who are students or an off-campus support group for those who are faculty or staff.

**Ongoing Advocacy and Confidentiality**

The advocate supports all decisions made by the victim/survivor:

- offering ongoing support and referral services needed to aid the victim/survivor’s recovery; and
- maintaining strict confidentiality, except in situations that may require notification to HRL professional staff, a supervisor, EOAA staff, or UMPD in order to safeguard the University community; or as required by the Clery Act or other laws (child abuse or sexual exploitation by a medical professional, psychologist, or psychiatrist).
Primary Responder: Law Enforcement Protocol
(University of Minnesota Police Department)

Mission Statement
The goal of University of Minnesota Police Department (UMPD) is to ensure that all members of the University community are treated with respect while balancing the needs of the victim/survivor with law enforcement requirements.

Patrol Officer Protocol
- Attempt to calm and reassure the victim/survivor that they are safe. Make the victim/survivor as comfortable as possible. Explain to the victim/survivor the process she/he will be undergoing and explain the need to ask questions that may be sensitive in nature and uncomfortable.
- Determine if the victim/survivor needs immediate medical attention.
- Check for the existence of physical evidence. Determine where that evidence is located and take necessary measures to collect and preserve it.
- Inform the victim/survivor that an Aurora Center advocate can be present for the interview and for the Sexual Assault Nurse Examination and the Sexual Assault Forensic Examination (SANE/SAFE). Contact the Aurora Center.
- Explain to the victim/survivor the importance of collecting clothing and/or bed linens.
- Explain to the victim/survivor the importance of waiting to wash/shower or change clothes.
- If appropriate, the victim/survivor should undergo a SANE/SAFE examination to collect physical evidence for the crime. A SANE/SAFE should be conducted if the report is made within 120 hours of the crime. Examinations for physical evidence can be conducted after the 120 hour window if extenuating circumstances exist (victim/survivor was held at a crime scene for
an extended period of time). The victim/survivor should be taken to the most logical medical facility for the examination.
• Provide transportation as necessary.
• Broadcast suspect information to other squad cars and law enforcement agencies if necessary.
• Ensure the integrity of the SANE/SAFE Examination Kit and report its status to the investigative unit.
• Explain to the victim/survivor that an investigator will be following up.
• Provide the victim/survivor with a case number and a Victim’s Rights Card (Blue Card).

Investigator Protocol
• Once notified, the investigator assigned to the case should make contact with the victim/survivor as soon as possible for a follow-up interview.
• The victim/survivor may choose to have an advocate present during any interviews.
• Explain to the victim/survivor that the interview is for clarification purposes and some questions may be repeated in order to gather more evidence for the prosecutor.
• Explain to the victim/survivor the process and the need to ask questions that may be sensitive in nature and uncomfortable.
• Provide an interpreter during interview if applicable.
• Obtain SANE/SAFE reports.
• Collect elimination samples from the victim/survivor and biological samples from the suspect for comparison.
• Obtain subpoenas and search warrants when necessary.
• Obtain copy of 911 phone calls from the communications center, if applicable.
• Obtain surveillance camera footage from area of crime scene or surrounding area of sexual assault.
• Explain the charging process to the victim/survivor and provide investigator’s work phone number(s); encourage the victim/survivor to call if questions arise.
• Remind the victim/survivor about the services available to them that are listed in the Victim’s Rights Card (Blue Card).
• Make an arrest when and where appropriate.
• Notify the victim/survivor if and when the suspect(s) have been arrested and charged. Inform the victim/survivor when the investigative phase is complete and when the prosecution phase begins.
• Inform the victim/survivor that if the case has been declined by the prosecutor’s office, a victim/survivor’s advocate from the charging prosecutor’s office will notify them. If the victim/survivor has further questions, provide the victim/survivor with contact information for the prosecutor’s office.
• Remain available to the prosecutor’s office and the trial attorney for follow-up investigation.
• Collect lab reports and analyze information.
• Utilize additional law enforcement agencies and support services (i.e., FBI, Bureau of Criminal Apprehension (BCA), city chemist, expert witnesses, IT services).
Primary Responder: Medical Protocol
(The University of Minnesota Medical Center)

The implementation of the Sexual Assault Nurse Examination and the Sexual Assault Forensic Examination (SANE/SAFE) ensures that a specially trained nurse who is sensitive to the victim/survivor’s needs will treat the victim/survivor. It also ensures the proper collection of forensic evidence and protects the chain of custody of that evidence should a case be brought to trial.

The SANE/SAFE examinations are paid for by the county per Minnesota Statute 609.35.

When a victim/survivor of sexual assault presents to University of Minnesota Medical Center or Fairview Riverside Emergency Department (ED):

• The triage nurse assesses if victim/survivor fits SANE/SAFE criteria and determines if culturally specific services are necessary.
• The triage nurse calls a SANE nurse and an Aurora Center advocate.
• The triage nurse places the victim/survivor in a private room.
• ED staff completes initial assessment for medical history and injuries.
• If the victim/survivor so desires, ED staff or the SANE/SAFE nurse calls law enforcement.
• Advocate arrives and provides victim/survivor with information and support. Advocate also assists any concerned persons who may be with the victim/survivor in the ER.
• SANE/SAFE nurse arrives and explains the exam to victim/survivor. Appropriate consent is obtained.
• SANE/SAFE nurse takes forensic history and conducts interview with victim/survivor. Advocate may be present during interview with victim/survivor’s consent.
• SANE/SAFE nurse provides medication indicated as needed by interview and exam, such as prophylactic treatment for STIs.
• SANE/SAFE nurse completes physical exam. Evidence collected is determined by interview. Photographic evidence is taken as needed.
• SANE/SAFE nurse seals Bureau of Criminal Apprehension (BCA) kit. Chain of custody is followed per hospital protocol.
• Clothing is collected as evidence per hospital protocol. Chain of custody is followed per hospital protocol.
• Patient is discharged or admitted to support treatment plan. The Aurora Center advocate makes a plan for a follow-up meeting with victim/survivor’s consent.
• A copy of the sexual assault report and the lab report are made available to law enforcement.
Secondary Responder: Housing & Residential Life (HRL) Protocol

Community Adviser and Assistant/Residence Director Protocol

Initial Contact with Victim/Survivor:

- Ask, “How can I help you?”
- Ask “Are you comfortable speaking to me about this or would you prefer a different staff member?” (i.e. female staff or professional staff member).
- Call residence director on duty.
  - Residence director on duty goes to site.
  - Residence director on duty calls the Aurora Center. The Aurora Center advocate meets with the victim/survivor in a neutral room.
- Gather information about what happened.
  - Identify whether victim/survivor feels safe in hall/apartment.
  - Determine if victim/survivor knows perpetrator; if so, ask if victim/survivor knows where the perpetrator may be/live.
  - Assure victim/survivor that victim/survivor is not to blame.
  - Support decisions the victim/survivor makes.
- Suggest victim/survivor call family/loved ones for support.
- Assist victim/survivor in finding a safe place to go.
- Help victim/survivor identify their options. The residence director on duty and advocate will discuss these options with the victim/survivor. They include:
  - Requesting the University to formally investigate the assault and attempt to adjudicate the case, or to simply file the report for information purposes only.
  - Relocating the victim/survivor or perpetrator if they are housing residents.
  - Calling the UMPD to file a report to charge perpetrator or to file an anonymous report.
  - Going to the hospital for an exam.
• Advise victim/survivor that time is of the essence for medical services and retrieval of evidence.
• Advise victim/survivor against inadvertently destroying evidence by showering or changing clothes. If there’s any chance that the victim/survivor wants to report the assault to the police now or in the future, explain that victim/survivor:
  ▪ should not shower or douche.
  ▪ should save the clothes worn at the time of the assault in a paper bag.
  ▪ should save sheets, blankets, or anything else that may be, or contain, evidence in a paper bag. Do not throw anything away or try to clean up.
  ▪ should go the emergency room where victim/survivor can receive a sexual assault exam (performed by specially-trained female nurses). Explain that such an exam can be performed up to 120 hours after an assault, but that it is most successful within the first 24 hours.
• Help the victim/survivor find a change of clothes to take to the hospital.

Follow-up Contact with Victim/Survivor:
• Initiate steps to document incident in Housing & Residential Life (HRL) student conduct database.
• Inform victim/survivor that the Aurora Center can provide support and help manage academic demands and assist with obtaining a restraining order if appropriate.
• Inform victim/survivor that HRL can help relocate victim/survivor or perpetrator (if they are housing resident) if necessary or desired.
• Encourage victim/survivor to seek counseling through University Counseling and Consulting Services or Boynton Mental Health Clinic.
• Inform victim/survivor that HRL will file a report with the Office for Student Conduct and Academic Integrity (OSCAI) and explain what this means. Explain that the coordinator of Student Conduct may follow up with victim/survivor.
• Collect as much information as possible to assist UMPD and OSCAI.
• Maintain strict confidentiality, except in situations that may require notification to the HRL professional staff, a supervisor, EOAA staff, or UMPD in order to safeguard the University community; or as required by the Clery Act or other laws (child abuse or sexual exploitation by a medical professional, psychiatrist, or psychologist).
• Work with the coordinator of student conduct to coordinate triage for any community members/others affected (i.e. residents, staff, parents, etc.).

HRL Student Conduct Protocol

Administrative Action by HRL Coordinator of Student Conduct:
• Refer all information collected by HRL to OSCAI.
• Assist UMPD and OSCAI in any investigation as requested.
• Assist victim/survivor in finding relocation in housing or contract release if necessary or desired.
• Assist victim/survivor with the enforcement of any restraining/court orders.
• Assist Aurora Center staff as requested.
• If perpetrator is a housing resident, determine in consultation with Office of General Counsel if they need to be Interim Suspended, Administratively Defer Remove, Contract Terminated, and/or Trespassed from Housing property.
• Follow up with victim/survivor to revisit options and inform victim/survivor that if OSCAI adjudicates case, they will follow up with the victim/survivor.
• Inform victim/survivor of any updates regarding the adjudication of the perpetrator.
• Answer any phone calls from parents/guardians with permission from victim/survivor (obtained through a release form).
• Help coordinate triage for any community members/stakeholders impacted (i.e. residents, staff, parents, etc.).
Secondary Responder: Office for Student Conduct and Academic Integrity (OSCAI)

If a student, faculty, staff, or guest at the University of Minnesota observes or is the victim of sexual assault or misconduct by a University student, they are encouraged to report the matter to the Office for Student Conduct and Academic Integrity (OSCAI). While prompt reporting is helpful, there is no time limit for submitting a report of misconduct within the University student disciplinary system. Sometimes a student who has experienced an incident involving sexual misconduct may take a while to sort out what has happened before being ready to report it. However, the more promptly a situation is reported, the easier it is to recall details, the easier it is to contact witnesses, and the more accurate information tends to be. Also, the more time that passes, the closer the accused student may be to graduation or leaving the University. Circumstances may permit an initial discussion of the situation over the phone; however, ideally it is best to meet with the victim/survivor in person.

During an initial meeting, an OSCAI staff person will provide the victim/survivor with information about the adjudication process, answer questions, and provide information about campus resources and victim’s rights. In some instances the victim/survivor may be asked to return for a follow-up meeting to answer additional questions after the OSCAI staff member meets with the accused student and witnesses.

For any meeting with OSCAI, a support person or advocate may attend the meeting with the victim/survivor. However, it is best if the support person is not a witness for the victim/survivor.

Sometimes a situation may have been initially reported to another person at the University, such as a staff or faculty member, or police. If this is the case, an OSCAI staff person will follow up with the victim/survivor to share information about disciplinary procedures and find out whether the victim/survivor wants to meet to discuss the matter.
In certain cases, action may be taken without the participation of the victim/survivor.

**Investigation and Charging**
After OSCAI has gathered statements, reports, and other information on the matter, a letter is sent to the accused student charging him/her with possible violation of the University of Minnesota Student Conduct Code (SCC). The accused student is required to make an appointment with an OSCAI staff person within five business days. The accused student may also have a support person or advocate present at this meeting. If the accused student obtains a lawyer, then the OSCAI will also have a lawyer present at the meeting.

**Informal Resolution of Charges**
In the informal process, an OSCAI staff member will provide the accused student with a letter of notification including information about the University’s disciplinary policies and practices. If possible, the matter will be resolved informally. If the accused student accepts responsibility for violating the SCC, an informal resolution can facilitate growth and insights for the accused student. An informal resolution also helps to minimize the stress for the victim/survivor.

In the informal meeting, the accused student is given an opportunity to provide a response to the charges in the presence of an OSCAI staff person who has heard the complaint. After hearing from the accused student (and from witnesses, and possibly the victim/survivor again), the OSCAI staff member makes a decision about whether the accused student is more likely than not responsible for a violation of the SCC. At times the OSCAI staff member may decide to forward the case to a hearing panel rather than offer an informal resolution.

When an informal decision and resolution is sent to the accused student, the accused student is given five business days to accept the resolution, or send OSCAI a written rejection of the informal resolution and a request for a formal hearing before the Campus Committee on Student Behavior (CCSB).

If the accused student accepts the informal resolution, the matter is considered resolved. Informal resolutions are made on a case-by-case
basis reflecting the needs of the accused student and the impact of the accused student’s behavior on the victim/survivor and the community. Whenever possible, the preferences of the victim/survivor regarding an outcome will be taken into consideration. OSCAI will inform the victim/survivor of any portion of the outcome that may have a direct impact on the victim/survivor.

**Formal Resolution of Charges**

If the accused student rejects the informal resolution (or if, for other reasons, the matter is not resolved informally), the matter is forwarded to the CCSB. The procedures can be found at [http://www.umn.edu/usenate/ccsb/ccsbprocedures.pdf](http://www.umn.edu/usenate/ccsb/ccsbprocedures.pdf).

The University presenter will be the primary contact for the victim/survivor and will make every attempt to prepare a presentation on the victim/survivor’s behalf. If the accused student retains a lawyer, then the University will also retain a lawyer in place of the University presenter.

During the CCSB hearing, the victim/survivor has the right to be present throughout the entire hearing process, but not during the deliberative session. Many options are available to the victim/survivor regarding whether to be physically present during the hearing. For example, the victim/survivor will be given the option to present testimony by videoconference, teleconference, or from behind a screen in the hearing room. Every consideration is made to eliminate barriers to testifying.

The CCSB panel will decide the outcome for the case and inform both parties, usually within one week of the hearing. OSCAI will inform the victim/survivor of the outcome of the hearing (which is allowed under the Family Educational Rights and Privacy Act).

**Confidentiality**

The Family Educational Rights and Privacy Act (FERPA) protects students’ educational records. With very few exceptions, OSCAI will not inform any third party of any student’s involvement in a disciplinary matter. Unless specifically authorized by the student
concerned, this privacy protection extends not only to protection from inquiry by the media, but also to protection from inquiry by individuals outside the University, or by any University employees lacking a legitimate need to know.

This document has been adapted from: University of Michigan Office of Student Conflict Resolution, *The Complaining Witness. Questions and Answers.* (2001)
Secondary Responder: Fraternity and Sorority Life (FSL) Protocol

In most instances, Fraternity and Sorority Life (FSL) is a secondary responder when the victim/survivor already has made initial contact with another primary responder. If a victim/survivor makes initial contact with FSL, the FSL office would adhere to the Initial Contact protocol below. If victim/survivor has made initial contact with another responder, FSL would adhere to the Secondary Contact protocol.

Initial Contact with Victim/Survivor

- Ask, “How can I help you?”
- Ask, “Are you comfortable speaking to me about this or would you prefer speaking with my supervisor or another person on our staff?”
- Call the director of the Office for Fraternity and Sorority Life, who will contact the chief of staff, Office for Student Affairs.
- Inform victim/survivor that the Aurora Center can provide support and help manage academic demands and assist with obtaining a restraining order if appropriate.
- Call the Aurora Center for the victim/survivor if it is requested.
- Encourage victim/survivor to seek counseling services through University Counseling and Consulting Services or Boynton Mental Health.
- Gather information about what happened.
  - Determine if victim/survivor feels safe in chapter house/apartment/hall.
  - Determine if victim/survivor knows perpetrator, if so ask if victim/survivor knows where the perpetrator may be/live.
  - Assure victim/survivor that victim/survivor is not to blame.
  - Support decisions the victim/survivor makes.
- Suggest that victim/survivor call family/loved ones for support.
- Assist victim/survivor in finding a safe place to go.
• Help victim/survivor identify options. These can include:
  ▪ Contacting the Aurora Center for free and confidential help and support if this has not been done yet.
  ▪ Requesting the University to formally investigate the assault and attempt to adjudicate the case, or to simply file the report for information purposes only. Departments involved in University investigation and intervention may include the Office for Student Conduct and Academic Integrity (OSCAI), Student Unions and Activities, and inter/national fraternity or sorority offices.
  ▪ Relocation of victim/survivor or perpetrator. FSL will determine if this option is available.
  ▪ Calling the UMPD to file a report to charge perpetrator or file an anonymous report.
  ▪ Encouraging victim/survivor to go to hospital for an exam.
• Advise victim/survivor time is of the essence for medical services and retrieval of evidence.
• Advise victim/survivor against inadvertently destroying evidence by showering or changing clothes. If there is any chance the victim/survivor wants to report the assault to the police now or in the future, explain that victim/survivor:
  ▪ should not shower or douche.
  ▪ should save the clothes worn at the time of the assault in a paper bag.
  ▪ should save sheets, blankets, or anything else that may be, or contain, evidence in a paper bag. Do not throw anything away or try to clean up.
  ▪ should go the emergency room where victim/survivor can receive a sexual assault exam (performed by specially-trained female nurses). Explain that such an exam can be performed up to 120 hours after an assault, but that it is most successful within the first 24 hours.
• Help the victim/survivor find a change of clothing to take to the hospital.
Secondary Contact with Victim/Survivor
(This protocol is to be used when the victim/survivor has made initial contact with another responder.)

- Inform victim/survivor that the Aurora Center can provide support, help manage academic demands, and assist with obtaining a restraining order if appropriate.
- Encourage victim/survivor to seek counseling services through University Counseling and Consulting Services or Boynton Mental Health.
- Collect as much information as possible to assist UMPD and OSCAI.
- Maintain strict confidentiality, except in situations that may require notification of the FSL/Office for Student Affairs professional staff and/or UMPD in order to safeguard the University community; or as required by the Clery Act or other laws.
- Refer all information collected by FSL to OSCAI.
- Assist UMPD and OSCAI in any investigation as requested.
- Assist Aurora Center staff as requested.
- Follow up with victim/survivor to revisit options and inform the victim/survivor that if OSCAI adjudicates the case, an OSCAI staff member will follow up with the victim/survivor.
- Help coordinate triage for any community members/stakeholders affected (i.e. residents, staff, parents, etc.).
Support Roles

In addition to the actions of primary responders, the University of Minnesota supports students who experience sexual assault through many other services. The offices listed below can help students in their recovery and through specific struggles they may face. Many of these offices also work on violence prevention, often partnering with the Aurora Center to get the message to students about recognizing and preventing sexual violence.

University Counseling and Consulting Services

University Counseling and Consulting Services (UCCS) seeks to provide caring, compassionate services to victims of sexual assault, whether the assault was recent or sometime in the past. With locations on both the Minneapolis and St. Paul campuses, UCCS offers both convenience and the highest quality of care.

When scheduling an appointment, incoming clients are not required to reveal why they are seeking services; this allows them to protect their privacy as much as they wish. They may also request a therapist who best fits their needs (e.g., a female therapist) when scheduling their first appointment.

In the initial session, UCCS staff assesses the client’s level of distress; the incident’s impact on daily living; whether the client is experiencing symptoms of depression, anxiety, or other diagnostic criteria; and inquires whether the client has thoughts of hurting self or others.

The staff’s primary focus is safety. This may include physical safety if the client is at risk for additional harm, and in such cases, referrals to UMPD or the Aurora Center are given. UCCS staff may also focus on the client’s emotional safety, and work to create a warm, empathic environment in which healing can occur. Emphasis is placed on assuring the client that what happened was not their fault. In such cases it is especially important for treatment choice and goal setting to be collaborative efforts so that the client may regain a feeling of control over their life. Allowing clients to tell their stories in their own way and in their own time, helping them foster trust in their own decisions, encouraging them to remember and mourn what they have
lost, and supporting them as they discover the “new normal” are often facets of therapy. Goals often include promoting agency, hope, and resilience. UCCS therapists are trained to be comfortable dealing with strong client emotions such as anger and grief.

With any sexual assault victim, UCCS staff discusses the client’s option of meeting with the Aurora Center if they have not already done so, and provides the Center’s 24-hour help line number as well as mentions their support group. With the permission of the client, UCCS staff also works with Boynton Health Service, Disability Services, faculty, and advisers as needed to ensure that the client is receiving all the support possible to help them manage the trauma of the assault and reduce possible long-term academic consequences. Working together, UCCS assists the client in moving from being a sexual assault victim to becoming a survivor.

Boynton Health Service
Boynton Health Service’s Mental Health Clinic (MHC) provides therapy and psychiatric services for individuals who have experienced sexual assault either recently or in the past. Depression, anxiety, flashbacks, avoidance, relationship difficulties, chemical use, poor concentration, and sleep disturbances are some of the possible short-term and/or long-term consequences of being a victim/survivor of sexual assault. Boynton Health Service has a staff of master’s and doctoral level therapists and psychiatrists, as well as a chemical health counselor available to assist with psychological and physical manifestations of assault. Both therapy and medication are offered as treatments. Therapy at BHS uses a short-term model. A medical social worker is also available to assist with arranging for longer term therapy or specialized services in the community as necessary. With the client’s permission, the MHC works closely with the Aurora Center and University Counseling and Consulting Services to coordinate care.

Boynton Health Service’s Women’s Clinic provides follow-up care for survivors of sexual assault who have ongoing health care needs related to their assault. The clinic can also provide health care for students who elect not to have a sexual assault examination but who want their immediate health care concerns attended to (such as the possibility of sexually transmitted infections).
The Parent Program
The Parent Program occasionally receives calls from parents to report that their student, or their student’s friend or roommate, has been assaulted. When this occurs, parents are informed about the resources on campus, including the Aurora Center, and are encouraged to pass the information along to their students.

Often, the parent also needs support information. Parents and friends of victims/survivors frequently struggle with understanding how to deal with their own emotions while supporting their child or friend. Parents are typically referred to the director of the Aurora Center, who can talk with them about the situation and how to provide the most appropriate support.

Department of Intercollegiate Athletics
The Athletics Department is committed to providing a safe and healthy environment for all of its student-athletes, staff, and stakeholders (loved ones, fans, boosters, campus community, etc.).

Students and staff in the department are encouraged to report any incident of sexual assault, relationship violence, and/or stalking to their coach, athletic trainer, sport administrator, supervisor, the athletics director or anyone else in the department with whom they feel comfortable.

Upon learning of an assault, athletics department staff should refer students and/or staff to the Aurora Center and encourage them to make contact. If a student is more comfortable having an athletics department representative make that contact, the department will facilitate that outreach. In addition to the Aurora Center, athletics will also assist with outreach to the Boynton Mental Health Clinic and legal support, including the UMPD and/or Office of the General Counsel as appropriate.

The department strongly encourages student-athletes to talk with their coaches, loved ones, and athletics trainers for support. All parties involved should respect the confidentiality of those victimized. For a victim/survivor’s ongoing care, the athletic medicine staff can be a great resource and is trained to keep an eye open for any signs of
physical or emotional distress that student-athletes might display as a result of an assault.

This information is relayed to student-athletes at the beginning of each new academic year and is also reviewed with head coaches, the sports medicine unit, and with staff in general.

**International Student and Scholar Services (ISSS)**

International Student and Scholar Services (ISSS) provides counseling, advising, and referrals to international students, staff, and their family members on a variety of personal, academic, and career issues including sexual assault, stalking, and sexual harassment. At the University, “international” student or staff means that the person is in the United States on a non-immigrant (non-permanent) visa. The most common visa types for this group are F-1 student, F-2 spouse, J-1 exchange visitor, J-2 spouse, H-1B employee, and H-4 spouse. ISSS generally does not work directly with U.S. citizens, permanent residents, refugees, or asylees, though ISSS is very willing to consult with University staff and faculty about victims/survivors in these permanent or long-term status categories.

ISSS counselors are trained in personal and academic counseling and in immigration advising. They have cross-cultural experience and sensitivity. They will listen; provide support; help international students, staff, and/or family members understand their options; discuss questions about the victim/survivor’s immigration status; and make referrals as needed. ISSS staff will accompany the victim/survivor to appointments at the victim/survivor’s request. ISSS counselors work closely with other University offices that support sexual assault victims/survivors, such as the Aurora Center, University Counseling and Consulting Services, Boynton Health Service, and Student Legal Service.

University staff and faculty who work with a victim/survivor who is an international student or staff member should let the victim/survivor know that they should contact an ISSS counselor if they have any questions about their immigration status and/or if students are considering dropping classes.
Office of Equal Opportunity and Affirmative Action

The Office of Equal Opportunity and Affirmative Action (EOAA) is available to all University employees, students, and participants in University-related activities who wish to discuss issues or concerns regarding University policies or practices involving possible discrimination and harassment in their employment, education, or other experience at the University. EOAA consultants are available to advise, problem-solve, and investigate allegations of discrimination and harassment that may violate University policy. The process may involve consultation with supervisors, administrators, human resource professionals, and others. The prevention and resolution of discrimination and harassment complaints is a University-wide obligation.

If a faculty or staff member, student, or visitor reports a sexual assault, the EOAA Office will:
- Contact the Aurora Center and assist the victim/survivor in obtaining medical care if needed.
- Assist in making a police report if requested by the victim/survivor. EOAA staff may be obligated to report to the police the fact that an assault was reported, but the name of the victim/survivor will only be provided with her/his consent, except in extenuating circumstances.
- Allow the victim/survivor and the person accused to have a non-participating support person present for any interviews.
- If the person accused is a student, the incident will be reported to the Office for Student Conduct and Academic Integrity (OSCAI), which is responsible for administering the Student Conduct Code.
- If the person accused is an employee, EOAA will investigate the situation, and make recommendations for action as appropriate. (In many cases, the police may conduct the investigation.)

Disability Services

Disability Services (DS) works directly with students to identify, facilitate and provide reasonable accommodations for students with a wide variety of disabilities, including mental health challenges,
learning disabilities, attention deficit disorder, deafness and hearing disorders, blindness and low vision, and mobility impairments.

DS Student Services specialists are master’s level staff members who provide confidential, one-on-one assistance to students. If a student discloses that she/he has been a victim of sexual assault/abuse, DS specialists are trained to ask whether the student is working with the Aurora Center. DS specialists then provide information about the Aurora Center, highlighting the availability of the support group and 24-hour help line. If a student is in distress, DS specialists are available to accompany the student to the Aurora Center, Boynton Mental Health Clinic, or University Counseling and Consulting Services. With a student’s permission, DS specialists will work collaboratively with the Aurora Center and mental health providers in coordinating the services needed by the student.

Students/staff may contact the DS main desk (located in Room 180 McNamara Center) at 612-626-1333 or by email at ds@umn.edu to request an appointment with a specialist. In addition, there is a specialist assigned to be available for walk-in consultations during office hours for students or staff members who have questions about referring someone to the DS office.

Disability Services also provides direct services such as sign language interpreters for people who are deaf or hearing impaired and Braille for people who are blind. To learn more about the services offered, accommodations provided, common disability types, and other resources regarding disability, visit the DS website at www.ds.umn.edu.

**GLBT Programs Office**

The Gay, Lesbian, Bisexual, Transgender, Ally (GLBTA) Programs Office is dedicated to improving campus climate for all University of Minnesota students, staff, faculty, alumni, and visitors by developing and supporting more inclusive understandings of gender and sexuality. The office recognizes the intersections of gender and sexuality with race, ethnicity, class, ability, age, culture, and all social systems; and is committed to holding itself and others accountable for working against all forms of oppression.
As part of honoring and advocating on behalf of all identities and experiences, the GLBTA Programs Office is committed to working with and supporting victims/survivors of sexual assault. The office, in collaboration with the Transgender Commission, has launched a Trans Advocacy Team that is capable of responding to advocacy situations that people of all genders and sexualities may encounter, including many forms of sexual and gender violence.

The GLBTA Programs Office is open to and welcomes all members of the University of Minnesota and broader communities. The GLBTA Programs Office provides an affirming, confidential, safer space for discussions about sensitive issues. The Programs Office strives to provide necessary services, resources and referrals so that victims/survivors of sexual assault receive the advocacy and support needed.

The Women’s Center
The Women’s Center serves as a catalyst for achieving equity for University women across identities. Toward that end, the Women’s Center increases connections for women’s success, cultivates socially responsible leaders, and advocates for organizational culture change toward excellence for all. A unit of the Office for Equity and Diversity, the Women’s Center primarily supports University women who are students, staff, and faculty members, as well as alumni and community members.

While not a provider of direct service and counseling to women on campus, the Women’s Center staff is available on a walk-in or by-appointment basis for individual or group advocacy and information referral. The staff members are a source of listening and support for women and their allies at the University, and will assist people in understanding their options and directing them to the appropriate resources. Regarding incidences of sexual assault or relationship violence, the Women’s Center will refer to and work with the Aurora Center, University Counseling and Consulting Services, and the UMPD.

Students, staff, and faculty may contact the Women’s Center via phone at 612-625-9837, by email at women@umn.edu, or in person at its main office, located at 64 Appleby Hall.
To learn more about Women’s Center programs and initiatives, or other resources for women on campus, visit the Women’s Center website at www.umn.edu/women.

Multicultural Center for Academic Excellence
The Multicultural Center for Academic Excellence (MCAE) provides culturally sensitive advice, referrals, and programs to individuals and groups on academic, financial, personal, and career concerns. The benchmark of its success is the continuous development of a culture of achievement that values equity, excellence, and human diversity while promoting social justice. MCAE seeks to provide services and programs that create powerful, caring, human connections.

MCAE provides one-on-one confidential assistance to students. MCAE staff members are trained in personal and academic counseling and in immigration advising. They will listen, provide support, and help students, staff, and/or family members understand their options and make referrals as needed. MCAE staff will accompany a victim/survivor to appointments at the victim/survivor’s request. MCAE staff members work closely with other University offices that support sexual assault victims, such as the Aurora Center, University Counseling and Consulting Services, Boynton Health Service, and University Student Legal Service.

Students and staff may contact the MCAE main desk (located in Room 140 Appleby Hall) at 612-624-6386 or by email at mcae@umn.edu.
How to Respond: A Primer for Faculty, Staff, and Students

Most victims/survivors do not use terms like “rape” or “sexual assault.” Rather, they may say, “something happened,” or describe a situation where consent was not present and express confusion. The Aurora Center can help these students sort out their feelings and options. If a student wishes to make a police report, the University police can be contacted by calling 911 from any campus phone.

The Aurora Center’s 24-hour help line is 612-626-9111. The Aurora Center advocate will explain all of the options available to the victim/survivor and then allow the person to make their own choices. The center works with victims/survivors of recent sexual assaults as well as with those who experienced sexual assault or abuse before coming to the University. The Aurora Center can connect victims/survivors with the police, if they wish, and support the victim/survivor while a police report is being taken.

What to say to a victim/survivor

• “I believe you.”
• “It’s not your fault. No one deserves to be treated like that.”
• “I’m glad you told me.”
• “I’d like to help—Can I call the Aurora Center for you?”

Faculty and University staff

• Believe a student when she or he discloses any kind of violence to you.
• Do not press for details. It is not your job to investigate.
• Never make choices for the student. It is the student’s decision whether or not to make a police report, tell parents, or go to a clinic for care. Only the student can decide what is best.
• Check your department’s policy and the University’s Administrative Policy on Sexual Assault, Stalking, and Relationship Violence (available at the University’s online Policy
Library, [www.policy.umn.edu](http://www.policy.umn.edu). Some faculty and staff members have an obligation to report a sexual assault:

- to the Office on Student Conduct and Academic Integrity if the alleged perpetrator is a student; or
- to the Office of Equal Opportunity and Affirmative Action if the alleged perpetrator is a faculty or staff member.

In any circumstance, faculty and staff members should be sure to respect the victim/survivor’s choices and need for confidentiality.

**University students**

- Believe your friend if your friend discloses a sexual assault.
- Let your friend know that you want to help and that you will be there.
- Do not question your friend or press for details about the assault.
- Do not say anything that might imply that your friend’s decision-making led to their assault.
- Let your friend choose what to do next. Do not tell your friend what they “should” do.
- Let your friend know that the Aurora Center is a confidential resource for assistance and support.
- Tell your friend that they can make a police report if they want to.
- Take care of yourself. Caring for a friend who has been hurt can be hard on you as well. The Aurora Center offers support and information for people who are concerned about a friend.

**Graduate assistants/student staff members**

Graduate assistants and student staff members have overlapping roles. If you receive a disclosure while you are fulfilling your employee duties, follow the faculty and staff protocol. If you receive a disclosure from a friend when you are NOT fulfilling employee duties, follow the student protocol.
Cultural Competence

The following are things to keep in mind when working with victims/survivors of sexual assault who are members of underrepresented communities. The University of Minnesota acknowledges the differences in service that may be required for various communities, but it also understands that membership in a distinct community does not define the service response. Further, cultural issues around different racial and ethnic identities can oftentimes be compounded by sexual orientation and gender identity. It is imperative that service providers and other responders educate themselves and have up-to-date, relevant, and safe resources readily available for victims.

The lists below are by no means complete, but are a place to start in crafting a culturally appropriate response on an individual basis.

Common themes for victims/survivors from non-dominant communities

There are many common themes and challenges related to surviving a sexual assault that are faced by people who belong to non-dominant communities, including:

• Victim/survivors may be uncomfortable speaking with representatives of a system who are not of their racial background, due to a history of discrimination and possible previous interactions with the criminal justice system.
• A victim/survivor may fear handing over men of their own community to a “white system.” Victims/survivors may feel they are betraying their race by handing the perpetrator over to the oppressor.
• A victim/survivor may believe nothing will happen to the perpetrator if the perpetrator is white.
• Victims/survivors may fear the police more than they fear the perpetrator as a result of past experiences.
• Explain that the police serve in a helping role and that the victim/survivor is not in any trouble. It may be helpful to assure them that anyone else that you refer them to is there to help and support them.
• Victims/survivors know that people of color are rarely greeted in an emergency room, doctor’s office, or rape crisis center by a woman of their own race, or by someone trained to be sensitive to their unique needs.

• Victims/survivors may have faced racism in the legal or medical system. Be understanding about how reluctant they may be to go to these places, and provide an advocate to assist them in that process.

• Victims/survivors may fear disclosing what has happened to them to their family/community. Victim/survivors may fear being ostracized, or family retaliation.

• Be aware that sexual assault and/or domestic violence may not be viewed in all communities as a crime. Explain how sexual assault or domestic violence is defined in the American system. This will help the victim/survivor understand that she/he has the right to make a report to the proper authorities, and to be seen and treated at the hospital.

• Victims/survivors may not understand the justice system. It might help to explain to the victim/survivor that if the perpetrator is ever brought up on charges, it would be the state, not the victim/survivor, who would fight the case.

• Consider that a person’s spirituality and custom may influence their decision about whom they want to tell and who should be involved in a helping role. Some victims/survivors may choose to have a spiritual leader present as a support person.

• Understand the importance of family. It is extremely important to let the victim/survivor decide if she/he wants to inform her/his family members. Ask the victim/survivor if they would like someone from their family to be present at questioning, medical examinations, etc.

• Questions related to sexuality are a delicate topic and often fiercely private, and should be asked either by a person of the same gender or in the presence of a person the victim/survivor trusts.

• Some victims/survivors may feel a need to protect family honor. If women are already feeling guilty and thinking that a sexual assault was their fault, they may not want to subject their “family” to further humiliation.
• A victim/survivor who normally uses a family member as an interpreter may be reluctant to disclose an assault through that person. Always use certified interpreters if the victim/survivor wishes to use their native language. Never ask children or family members to interpret.

• Perpetrators may have a better command of English than the victim/survivor. Do not let such a power difference affect who is more likely to be believed.

• A victim/survivor may be blamed for the assault or “tainted” by the assault.

In addition to above list of common themes that apply to many victims/survivors from diverse cultures, there are also added challenges that exist within specific communities.¹ While considering each of the following, it is important to recognize that none of the following communities is a monolithic group.

¹ Much of the text for racial group concerns in this section is based on Ramsey County’s Sexual Assault Response Protocol.

Hmong victims/survivors

• The tone of your voice may influence how the victim/survivor will interact with you. Some Hmong women tend to prefer a person who is soft-spoken and speaks slowly; traits she may attribute to patience and understanding.

• Questions that are related to a Hmong woman’s sexuality can be a sensitive issue; it would be wise to have a woman present to speak with her.

• The Hmong language uses terms that are much more graphic to refer to body parts. If interpreters are used, have them use the undertone language for body parts (i.e. soft body parts) rather than slang terms.

• During the forensic exam, make sure the victim/survivor understands that the antibodies don’t cure all diseases. In addition, there is no word in the Hmong language for STI. A victim/survivor may fear that it is a deadly disease and may need further explanation and reassurance.
Latino victims/survivors

- Latinos may be documented or undocumented immigrants from different countries with different cultural traditions. They can belong to families that have lived in the United States for many generations. Some may claim English as their native language, while others may claim Spanish as their native language; still others may be native speakers of a variety of indigenous languages.
- In some Latin American countries, sexual assault and/or domestic violence are not viewed as crimes. In others, sexual assault victims/survivors regularly appear alongside the perpetrator in the local media. Explain to the victim/survivor how sexual assault and domestic violence are addressed in the U.S. legal system. Let them know they have the rights. This will help the victim/survivor understand the importance of making a report to the proper authorities or to be seen at the hospital.
- Even if the victim/survivor appears to speak English, ask if the victim/survivor would prefer to have an interpreter. Hire only certified interpreters. Do not use family members, particularly children to interpret. When using an interpreter, face the victim/survivor, not the interpreter.

African American victims/survivors

- Given the history of slavery and racism and the current over-representation of black males in prison, victims/survivors may be especially reticent to “turn in one of their own.”
- Victim/survivors may fear male response (e.g., partner, brother, father, etc.) to the perpetrator.
- African American women may be likely to protect African American males to the point of sacrificing themselves.
- A female victim/survivor may feel that she should be able to handle things on her own, and that she has the “strong African American woman” image to live up to.

Native American victims/survivors

- Victims/survivors may fear retaliation by the perpetrator or perpetrator’s family. This fear is greater if the perpetrator has relatives who hold key positions on the police force, tribal
council/governing body, tribal courts, etc. There are increased reports of sexual assault by Indian spiritual leaders/medicine men across Indian country.

- Victim/survivors may fear gossip. Indian communities are small and everyone tends to know everyone. Many communities still believe myths about sexual assault because in most Indian communities there are no rape crisis programs; therefore, very little education is available.
- Don’t assume that a stoic affect means that the victim/survivor is ignorant or that the victim/survivor is fabricating the story of an assault. This demeanor may be a sign of fear, respect, intimidation, or distrust.
- Unless there is a life-threatening situation or the presence of date rape drugs is suspected, service providers should never ask a victim/survivor if they’ve ingested alcohol or drugs in gathering information about the sexual assault. Native people are very perceptive of racist, biased professionals, and are aware of the stereotyping of Native people as “chronic alcoholics.”

Somali/East African victims/survivors

- Loyalty and family honor are strong moral principles for most Somalis.
- The family is more important than the individual. Somali victims/survivors who are hurt by a family or clan member may be reticent to report an assault to the police.
- Women and men do not routinely touch one another in Somali culture. Do not initiate a handshake with, or touch in any way, a member of the opposite sex unless such an action is invited.
- Somali culture values relationships and interdependence. Victims/survivors may prefer to have another person from their culture present for support in any interaction.
Victims/survivors who are deaf/hearing impaired
(See Appendix A for protocols for obtaining an interpreter and communicating via telephone.)

- People who are deaf or hearing impaired use many methods to communicate, including lip-reading and sign language. Others may write or use a combination of methods.
- Always use a certified interpreter instead of someone who “just knows some sign language.” Do not use family members or children as interpreters.
- If you absolutely cannot get an interpreter, try writing back and forth on a computer or with pen and paper. Remember, English is a second language for many deaf people, so keep written sentences short, using simple words. Instead of asking, “Did he assault you?” ask, “Did he hurt you?”
- Some deaf/hearing-impaired people lip-read well, but in stressful situations, even the best lip-readers may be unable to follow along. Do not add to the stress by continuing to expect the victim/survivor to lip-read; instead, use paper and pen or a computer for communication instead.
- Talk with a person in a quiet, well-lit environment with few visual and auditory distractions. Background noise will greatly impact the ability for a victim/survivor to understand the speaker. Avoid standing in front of bright lights, such as a squad car’s flashing lights.
- Make sure your face and mouth are clearly visible.
- Introduce one idea or fact at a time and make sure only one person talks at a time if you are in a group situation. Rephrase your message if the person does not understand you.
- Do not assume someone who is wearing a hearing aid can understand what you are saying. A profoundly deaf person may be only able to hear very loud sounds, such as alarms, etc., with the hearing aid.
- Perpetrators often speak more clearly than deaf or hearing-impaired victims/survivors. As a result, victims/survivors may assume that the word of the perpetrator will be taken over their own. The deaf community is small. Victims/survivors may fear ostracism and retaliation.
Victims/survivors with a disability

- People with disabilities experience a higher rate of sexual and other violence than do people without disabilities.
- A person with a disability may be identified by a nondisabled perpetrator as a “target”—someone easy to hurt, unlikely to understand the reporting process, and not likely to be believed.
- Victims/survivors may fear they will not be believed if their perpetrator is nondisabled and thus seen as more credible.
- Disabled victims/survivors are most often hurt by someone they know. They may be dependent on the perpetrator for personal care or other assistance.
- People with disabilities are often viewed as asexual. Such a belief can both increase their vulnerability to sexual assault and decrease the likelihood that they will report it.
- Not all disabilities can be seen. Stay open to the idea that any victim/survivor may have a disability, even if it is not apparent.

GLBT victims/survivors

- Victims/survivors who are gay, lesbian, bisexual, and/or transgender may fear a hostile response from service providers, the police, and the courts due to homophobia, transphobia, and anti-GLBT bias.
- Do not make any gender identity assumptions.
- Do not assume that a male or someone who expresses more masculine qualities is automatically the perpetrator.
- Check personal biases and assumptions. No one is deserving of any kind of violence because of their sexual preference or gender presentation.
- A victim/survivor’s experience should never be minimized because they do not fall into the “mainstream” culture and society.
- GLBT victims/survivors of sexual assault may fear having to educate their service provider and/or law enforcement. Understanding about the GLBT community is essential.
- Victims/survivors may be concerned about being forced to “come out” if they tell their families, seek help from a service provider, or report an assault to the police.
• Victims/survivors may fear retribution by their attackers for “outing” them.
• GLBT victims/survivors may be reluctant to report because they feel they are exposing their attackers to a homophobic/transphobic legal system. It is not unusual for victims/survivors to have some compassion for their perpetrators if a prior relationship exists.
• GLBT victims/survivors may feel they are betraying their community, which is already vulnerable in a heteronormative society. Some victims/survivors may fear bringing negative attention on their community.
• Be sensitive to the rigidity or exclusive language on forms, use of pronouns, lines of questioning, the nature of services provided, etc.

**International and immigrant students, staff, and faculty: cultural, legal and practical considerations**

• At the beginning of a meeting with an international student or staff member, explain what will happen during the appointment so they know what to expect.
• International or immigrant victims/survivors need to hear about the protections and limits of confidentiality. These may be new concepts or interpreted differently in their home country.
• Understand that sexual assault and/or domestic violence may not be viewed in all communities as a crime. Explain how sexual assault or domestic violence is defined in the American system. This will help the victim/survivor understand why she can make the report to the proper authorities or be seen at the hospital.
• International victims/survivors may have concerns about how their immigration status, and/or that of the perpetrator, might be affected if they report or file criminal or University conduct charges. They often distrust the legal system and may not know how to ask for help because of their fears. This can add to their reluctance to report.
• Victims/survivors of marital sexual assault (or other domestic abuse) should be counseled that reporting the abuse to police will not jeopardize their immigration status. The Violence Against Women Act (VAWA) provides protection and even the
possibility of receiving work permission after reporting domestic violence. Even if the victim/survivor’s status depends upon the abuser’s immigration status (e.g., if the victim/survivor is on a dependent visa) it does not jeopardize the victim/survivor’s status to report domestic abuse to the authorities.

• It would likely be helpful for the victim/survivor to know that other students and staff, from both the United States and abroad, have been sexually assaulted. They need to know that they are not the only one and that they are not alone.

• Reassure them that they don’t have to be in crisis to ask for help and support. For example, someone dealing with past abuse could need the same services as someone recently victimized.

Be aware of possible cultural implications, such as the following:

• Sexual assault may be a taboo subject to discuss with family and friends from home, so it is difficult to get needed support.

• The victim/survivor may fear gossip among their country group on campus.

• There could be repercussions in their home country for either the victim/survivor or perpetrator. In addition to affecting the victim/survivor’s feelings about what happened and about recovery, this could also affect how the victim/survivor views her/his options.

• Religion is strongly tied to culture in many parts of the world and may play a large role in the victim/survivor’s life. This may affect the victim/survivor’s reactions, perceptions, and concerns about what happened.
Dynamics of Sexual Assault on a College Campus

Because our culture sends confusing messages about sex and sexual assault, it is important to understand how sexual assault often plays out on a university campus. Understanding these dynamics can help to make sense of a victim/survivor’s response to violence.

The campus environment and interpersonal violence

University students who are victims/survivors of sexual assault have the same responses as non-students who are victimized: they feel confused, hurt, and angry. They fear their perpetrator and have trouble trusting others. They can suffer from nightmares, insomnia, an inability to concentrate, and Post-Traumatic Stress Disorder. They sometimes blame themselves. They experience physical or emotional repercussions that can include sexually transmitted diseases, pregnancy, depression, and difficulty having a “normal” sex life or intimate relationship. For college students, the effects of violence may cause them to be unable to study, fall behind in or fail courses, or even drop out of school.

These reactions are common, but their severity and how they combine to affect each individual is different from person to person. On a college campus, there exist multiple unique variables that can affect a victim/survivor’s response, including shared social groups, shared living situations, financial dependence on parents, the pervasive presence of alcohol, and institutional factors.

Shared social group

In a campus environment, the victim/survivor and perpetrator will often share the same group of friends. Additionally, many students on campus who experience interpersonal violence share a co-curricular activity in a student group (such as band, dance, athletics, or Pan-Hellenic membership) with their perpetrator. This common network of friends and support people complicates a victim/survivor’s decision to report the crime to police or even to tell any of her/his friends about the experience. Victims/survivors fear that they will not be believed
and that they will be “dropped” by their group of friends if they accuse someone within that social group of hurting them. Attending college away from their hometown and traditional support network can exacerbate this problem even further.

If a victim/survivor previously had a close relationship with the perpetrator, the victim/survivor is often concerned that she/he will “ruin the perpetrator’s life” if they tell anyone, especially the police. Many victims/survivors do not want to force their friends to take sides, and they fear that this is what may happen if their experience becomes public. When victims/survivors share a co-curricular activity with their perpetrator, they are often forced to face that perpetrator every day as they pursue their interest in that group/activity. This can impact a victim/survivor’s ability to classify the assault as “violence” because someone with whom the victim/survivor (and many of her/his friends) has interacted on a regular basis committed the offensive act. A shared social group is one of the many reasons why victims/survivors of interpersonal violence on campus have an astonishingly low rate of reporting crimes against them to the police.

**Shared living quarters**

Some victims/survivors of sexual assault share a residence hall or other living quarters with the perpetrator. This fact can increase their danger, fear, and confusion about the violence. Additionally, the victim/survivor may have concerns about seeing the perpetrator in the dining hall, the stairway, or the lounge area. Shared living quarters can increase a feeling of vulnerability and can have real safety implications for victims/survivors of campus violence.

**Financial dependence on parents/loved ones**

Most, though certainly not all, undergraduate students are financially dependent on their parents/loved ones. For many students, this requires subscribing to someone else’s health insurance. If students need to access medical care due to a sexual assault, they may have concerns about a parent/loved one finding out about what happened. They may view their victimization as a failure on their own part and are concerned that they may anger, disappoint, or be blamed by their parents/loved ones. For this reason, some victims/survivors of sexual
assault choose not to have an evidentiary exam performed (even though, in reality, the exam is paid for by the state). Again, the unique circumstances of campus violence negatively affect the likelihood of reporting and prosecution of interpersonal violence.

The pervasive presence of alcohol
Excessive alcohol consumption is generally considered a risk factor for perpetrating sexual assault and relationship violence. It can also be a risk factor for becoming a victim/survivor of sexual assault. Perpetrators often use alcohol to: 1) render their victims/survivors more vulnerable through intoxication, and 2) excuse their own behavior. Although many college students do not drink, and of those who do, most do not abuse alcohol, it remains true that alcohol is a complicating factor in a significant portion of campus violence incidents.
Prevention

In addition to its commitment to provide a safe, supportive, and fair response to incidents of sexual assault, the University of Minnesota is committed to the primary prevention of sexual assault. Primary prevention focuses on stopping violence before it starts. It requires acknowledgement of the environmental and cultural contributors to sexual assault and demands that people become involved in ending sexual violence across the spectrum of its many manifestations, from jokes or degrading sexual banter to full-fledged sexual assault. It encourages a person to intervene in a direct or indirect way if faced with the situation of witnessing a potential assault or targeting behavior. It is also just as important to take action in less severe, but much more common circumstances, such as when a person overhears a joke about rape or degrading sexual banter. As such, primary prevention is different than risk reduction. Prevention is a multifaceted concept and prevention efforts are supported at various levels and venues across the University.

Strengthening individual knowledge and skills and promoting community education

The University raises awareness about sexual assault by including information about it in First Year Orientation. Nearly 6,000 new students each year participate in “Pieces of Puzzle,” a theater-based presentation that includes information about many issues students may face on campus, including sexual assault. Additionally, the University’s Aurora Center reaches approximately 3,000 students, staff, and faculty each year with educational programs that focus on primary prevention and encourage bystander behavior as a tool to reduce violence. University athletics require that all athletes attend training on sexual violence and its prevention each year, and Housing & Residential Life employees receive specialized training in how to respond to an assault.
Educating providers, ensuring positive organizational practices, and committing to fair policies

The doctors, nurses, and other staff at Boynton Health Service receive Continuing Medical Education related to the issue of sexual assault, and many colleges and departments participate in faculty and staff training on the issue. The University funds anti-violence work through its support of the Aurora Center and the Men’s Leadership Group. Strong collaborations exist between many units and departments that regularly pool their resources to finance awareness-raising or prevention events. In addition to the policy on sexual assault found in this protocol, the University has a strong policy on sexual harassment and progressive non-discriminatory hiring practices (see the online Policy Library at www.policy.umn.edu). Additionally, Boynton Health Service includes questions about the experience of sexual assault in its Student Health and Safety Surveys. Knowledge gained from these surveys reflects up-to-date information about what is happening on our campus.

All of the above policies, practices, and procedures work in tandem with the coordinated community response that is detailed in this protocol toward the goal of creating an environment that is free from sexual violence and, until that goal is reached, to create an environment where survivors of violence can come forward without fear of revictimization.
Resources

General On-Campus Resources for Students, Staff, and Faculty

The Aurora Center
Support and advocacy for sexual assault, relationship violence, stalking, 24-hour help line
Website: www.umn.edu/aurora
407 Boynton Health Service
612-626-9111 (24-hour help line)
612-626-2929 (business)

Boynton Women’s Clinic
Gynecology; birth control, pregnancy, and treatment for sexually transmitted infections and diseases
Website: www.bhs.umn.edu/services/womensclinic.htm
Boynton Health Service, 2nd floor
Business: 612-625-4607

Campus Police (University of Minnesota Police Department)/911
Campus law enforcement
Website: www1.umn.edu/police
100 Transportation and Safety Building
Emergencies: 911
Non Emergency: 612-624-COPS (2677)

Disability Services
Support/advocacy
Website: ds.umn.edu
180 McNamara Alumni Center
Business: 612-626-1333 (V/TTY)

GLBTA Programs Office
Equity/support
Website: www.glbta.umn.edu
46 Appleby Hall
Business: 612-625-0537

Multicultural Center for Academic Excellence
Support and inclusivity/multicultural resources
Website: www.mcae.umn.edu
46 Appleby Hall
Business: 612-624-6386

**Office for Student Conduct and Academic Integrity**

*Student Conduct Code violations*

**Website:** [www.umn.edu/oscai](http://www.umn.edu/oscai)

211 Appleby Hall
Business: 612-624-6073

**Program in Human Sexuality, Clinic for Sexual Health**

*Sexual health*

**Website:** [www.med.umn.edu/fm/phs/policy/home.html](http://www.med.umn.edu/fm/phs/policy/home.html)

1300 South Second St., Suite 180, Minneapolis
Business: 612-625-1500

**University Escort Service**

*Safe escorting*

**Website:** [www.escort.umn.edu](http://www.escort.umn.edu)

B2 Coffman Memorial Union
Business: 612-624-WALK (9255)

**The Women’s Center**

*Women’s equality and advancement*

**Website:** [www.umn.edu/women](http://www.umn.edu/women)

Business: 612-625-9837
64 Appleby Hall

**Boynton Mental Health Clinic**

*Counseling/therapy*

**Website:** [www.bhs.umn.edu/services/mentalhealth.htm](http://www.bhs.umn.edu/services/mentalhealth.htm)

Boynton Health Service, 4th floor
Business: 612-625-8475

**University Counseling and Consulting Services**

*Counseling/academic*

**Website:** [www.ucs.umn.edu](http://www.ucs.umn.edu)

340 Appleby Hall and 199 Coffey Hall
Business: 612-624-3323

**University Student Legal Service**

*Legal*
Staff- and Faculty-specific Resources

Employee Assistance Program
Professional consultation/mental health
Website: [www.umn.edu/ohr/wellness/eap](http://www.umn.edu/ohr/wellness/eap)
200 Donhowe Building
Business: 612-625-2820 (Civil Service)

Equal Opportunity and Affirmative Action
Harassment/discrimination
Website: [www.eoaffact.umn.edu](http://www.eoaffact.umn.edu)
274 McNamara Alumni Center
Business: 612-624-9547

Off-Campus/Local Resources

Rape and Sexual Abuse Center
Website: [www.neighborhoodinvolve.org](http://www.neighborhoodinvolve.org)
Minneapolis
Crisis: 612-825-4357
Business: 612-374-9077

Tubman
Relationship violence/legal/safe housing/counseling/youth and family services
Website: [www.tubman.org](http://www.tubman.org)
Minneapolis
Crisis: 612-825-0000
Business: 612-825-3333

Sexual Violence Center
Website: [www.sexualviolencecenter.org](http://www.sexualviolencecenter.org)
Minneapolis
Crisis: 612-871-5111
Business: 612-871-5100
Phyllis Wheatley Community Center
(African American community specific) relationship violence/family and youth programs
Website: www.pwccenter.org
Minneapolis
Business: 612-374-4342

Sexual Assault Services of Ramsey County
Website: www.co.ramsey.mn.us/ph/yas/sos.htm
Minneapolis
Crisis: 651-643-3006
Business: 651-643-3022

MNCASA (Minnesota Coalition Against Sexual Assault)
Assists local programs in providing state of the art advocacy and prevention programming and to affect public perception and policy in relation to sexual assault
Website: www.mncasa.org
St. Paul
Business: 651-209-9993

Outfront Minnesota
(GLBT community specific) sexual assault/relationship violence/advocacy
Website: www.outfront.org
Minneapolis
Business: 612-822-0127

Family and Children’s Services
Family violence/GLBT programs/counseling
Website: www.everyfamilymatters.org
Several metro locations

Jewish Family and Children’s Services of Minneapolis
Wide range of services to Jewish families and community
Website: www.jfcsmpls.org
Minnetonka
Business: 952-546-0616

Division of Indian Work
(American Indian community specific) family violence/youth/family needs
Website: www.gmcc.org
Minneapolis
Business: 612-722-8722

Domestic Abuse Project
Relationship violence/legal/treatment for men
Website: [www.domesticabuseproject.org](http://www.domesticabuseproject.org)
Minneapolis
Business: 612-874-7063

Crisis Connection/Men’s Line
Help for men
Website: [www.crisis.org](http://www.crisis.org)
Richfield
Crisis: 612-379-6363

Deaf and Hard of Hearing Domestic Violence Program
Relationship violence
Website: [new.vawnet.org](http://new.vawnet.org)
St. Paul
Crisis: 612-619-2323 TTY
Business: 651-297-6700 V, 651-487-8867

Confederation of Somali Community of Minnesota
(East African community specific) general/women’s program
Website: [www.cscmn.org](http://www.cscmn.org)
Minneapolis
Business: 612-338-5282

Note: Resources are listed only for your information. The University of Minnesota does not endorse any off-campus programs.
Appendix A: Communicating with Deaf and Hearing-Impaired Students

Requesting an interpreter at the University of Minnesota
Between the hours of 7 a.m. and 6 p.m., Monday–Thursday, and 7 a.m. and 4:30 p.m., Fridays, page staff by sending an email to ICURequests@oma.umn.edu. If there is no reply within 15 minutes, please call the Disability Services Front Desk at 612-626-1333 and ask them to find someone from the Interpreting Captioning Unit.

If an interpreter is needed for an emergency situation outside that time frame, including weekends, call 651-224-6548.

When requesting an interpreter, be prepared to provide the following information:
• Name of deaf/hearing-impaired person if known; otherwise mention it is an emergency
• Type of situation
• Communication mode, i.e. American Sign Language, oral, tactile for deaf/blind person
• Address/location where interpreter is needed
• Telephone number of a contact person for confirmation
• Estimated length of session

Telephone calls
Video Relay Service (VRS) allows persons who are deaf or hearing impaired to communicate with hearing persons through the telephone system. The VRS caller, using a television or a computer with a video camera device and a high speed Internet connection, contacts a VRS Interpreter. The VRS interpreter then places a telephone call to the party the VRS user wishes to call. The interpreter relays the conversation back and forth between the parties in sign language with the VRS user and by voice with the hearing party. A voice telephone user can also initiate a VRS call by calling a VRS center, usually through a toll-free number.
Features of VRS:
• Used for communication between signing and non-signing party via the telephone
• Service provided for two parties in separate locations
• Subsidized program funded by FCC; free for all callers
• Only the signing party is visible to the VRS interpreter
• Interpreter is in a location separate from both parties.

There are approximately ten video relay services around the nation. The most commonly used are CSDVRS, HandsOnVRS/go-america/Purple, and Sorenson VRS.

Deaf and hearing-impaired individuals can choose which VRS they use to place calls.

Instructions for hearing callers:
1. Using a standard telephone, simply call the toll-free number
   • Communication Service for the Deaf: 1-800-538-9881
   • HandsOn VRS: 1-877-467-4877
   • Sorenson VRS: 1-866-327-8877

2. Have the contact information of the deaf or hearing-impaired individual ready.
   • Name of the person
   • Videophone number or IP address (some numbers might be just one number which directly connect you to VRS that easily connect to deaf/hearing-impaired person).

3. You must remain on hold until the next available interpreter answers the call.