PREVENTING SEXUAL VIOLENCE IN HIGHER EDUCATION
Resilience

Resilience is an independent, not-for-profit organization dedicated to the healing and empowerment of sexual assault survivors through non-judgmental crisis intervention counseling, individual and group counseling, and medical and legal advocacy in the greater Chicago metropolitan area. Resilience provides public education and institutional advocacy in order to improve the treatment of sexual assault survivors and to effect positive change in policies and public attitudes toward sexual assault.
Resilience

Founded 1974 by Dr. Natalie Stevens

- Volunteer-based

Programs & Services

- Counseling
- Medical & Legal Advocacy
- Education & Training
- Victims’ Rights & Legal Support
- Servicios en Español

Thanks to more than 200 volunteer medical advocates, we are able to ensure that victims who receive emergency treatment at our 14 partner hospitals are never alone.
Content Warning
Supporting Student Survivors:

Neurobiology of Trauma, Consent Under the Influence, and Responding to Disclosure

Lauren Milburn, LPC, R-DMT
Trauma Therapist and Dance/Movement Therapist
Understanding the Impact of Trauma
Neurobiology of Trauma

Amygdala

Hippocampus

HPA Axis

(Prefrontal cortex functions are not prioritized)
Polgyvagal Theory (Porges)

Sympathetic Nervous System

Parasympathetic Nervous System

Dorsal Vagal

Ventral Vagal
The nervous system with a neuroception of threat:

**FREEZE**
- Collapse • Immobility
- Conservation of Energy
- Shame
- Shut-Down
- Hopelessness
- Preparation for death
- Trapped

**DORSAL VAGAL**
- (LIFE THREAT)
- Hypoarousal

**FIGHT**
- movement towards
- Rage
- Anger
- Irritation
- Frustration

**FLIGHT**
- movement away
- Panic
- Fear
- Anxiety
- Worry & Concern

**SYMPATHETIC**
- (DANGER)
- Hyperarousal

**DEACTIVATION**

The nervous system with a neuroception of safety:

**SOCIAL ENGAGEMENT**
- Calmness in connection
- Settled
- Groundedness
- Curiosity/Openness
- Compassionate
- Mindful / in the present

**VENTRAL VAGAL**
- (SAFETY)

VVC is the beginning and end of stress response.
When VVC is dominant, SNS and DVC are in transient blends which promote healthy physiological functioning.
FREEZE: Tonic Immobility

“Rape-induced paralysis”

12-15% of survivors experience tonic immobility during assault

~More common in survivors with a prior sexual trauma history
Case example:

What happened to Samantha?
All responses to trauma/danger are neurobiologically programmed survival mechanisms.
Impact of rape culture....

How do you think Willa’s response has impacted Samantha?
Impaired memory

- Increased stress hormones
- Flooded hippocampal functioning
- Memories fragmented
Implications for first responders

(Physiological/Emotional responses + Fragmented and nonlinear memory) x Rape culture context = “They aren’t making sense” or are not believed = Secondary victimization from the helper/system
Survivors need time and patience for recall of events
...and decision making processes
Triggers

A trigger is any stimulus that reminds a trauma survivor of their traumatic experience in such a way that it can reactivate the involuntary amygdala response.
Responses when triggered:

- Emotional charge
- Anxiety
- Panic attack
- Dissociation
- Nightmares
- Intrusive thoughts
- Flashbacks
- Bodily memories
Survivors in the Classroom...

What is it like for Samantha?
Consent under the influence
CONSENT IS:

CLEAR
Consent is active.
It's expressed through words or actions that create mutually understandable permission.
Consent is never implied, and the absence of a no is not a yes.
Silence is NOT consent.
“I’m not sure,” “I don’t know;” “Maybe” and similar phrases are NOT consent.

COHERENT
People incapacitated by drugs or alcohol cannot consent.
Someone who cannot make rational, reasonable decisions because she or he lacks the capacity to understand the “who, what, when, where, why or how” of the situation cannot consent.
People who are asleep or in another vulnerable position cannot consent.

WILLING
Consent is never given under pressure.
Consent is not obtained through psychological or emotional manipulation.
Consent cannot be obtained through physical violence or threat.
Someone in an unbalanced power situation (i.e. someone under your authority) cannot consent.

ONGOING
Consent must be granted every time.
Consent must be obtained at each step of physical intimacy. If someone consents to one sexual activity, she or he may or may not be willing to go further.
Drug-facilitated rape

&

Incapacitated rape
Drugs on Campus

What have you heard about college students and alcohol/drug consumption?

How does your campus educate students about alcohol/drug use? Is it zero-tolerance?

How does this support rape culture?
Alcohol

Perpetrators:

• May use alcohol for liquid courage

• Coercive tool to incapacitate victim

• Means to justify/normalize their behavior and diminish level of responsibility

Impact:

• Most commonly used substance in DFSA

• Incapable of giving or withholding consent

• Increased physical vulnerability and less ability to resist
Other substances

Rohypnol and GHB

Odorless, colorless, tasteless

Work synergistically with alcohol
Exhibit 25. Drugs or Alcohol Involved During Rape -- DAFR/IR (N=175 cases) and Forcible Rape (N=618 Cases): General Population Sample

- Alcohol Only: 71 (DAFR/IR) and 5 (Forcible)
- Drugs Only: 2 (DAFR/IR) and 1 (Forcible)
- Both: 27 (DAFR/IR) and 1 (Forcible)
- Neither: 93 (Forcible)
Case example:

“she didn’t say no...”

“Lack of verbal or physical resistance or submission by the victim ....shall not constitute consent.”

(Source: P.A. 96-1551, eff. 7-1-11.)
Responding to disclosures
Barriers to hearing a disclosure

- Inconsistent, non-linear, or confusing narrative
- Self-blaming/minimizing/denying from the survivor
- Biases or stereotypes held by listener
Believe and Reassure

Believe the survivor

Reassure the survivor that the violence was *not their fault*
Establish Safety and Build Trust

Address immediate concerns around safety
Be clear about limits of confidentiality
Be aware of potential triggers
Validate emotions & Identify supports
Listen with Compassion

Using attending skills
Be comfortable in silence
Ask and listen to how survivors want to be supported
Do not interrogate
Respect and Empower

Respect survivor as expert of experience

Attend to survivor’s concerns and priorities

Restore survivor’s power and agency by educating options

Respect survivor’s decision making ability
Signs to be aware of:

- Acting nervous, disconnected, overwhelmed (trigger responses)
- 60% of survivors didn’t acknowledge they had been raped
- May not have “typical” description for what happened/is happening
Impact of first responders....

Posttraumatic growth
Resilience Resources

Resilience

Phone: 312.443.9603
Website: www.ourresilience.org
Email: Info@ourresilience.org
Chicago Rape Crisis Hotline: 1-888-293-2080
Find your local crisis center
www.icasa.org
IIT Resources

Office of Student Affairs
  Katherine Stetz, Vice Provost for Student Affairs & Dean of Students
  Email: dos@iit.edu
  312.567.3080

Office of Community Standards
  Raul Fernandez, Assistant Director
  Email: rfernandez1@iit.edu
  312.567.5172

Office of Title IX Compliance
  Virginia Foster, Title IX Coordinator
  Email: foster@iit.edu
  312.567.5725

Student Health & Wellness Center
  student.health@iit.edu
  312.567.7550