

Macalester College



Concerned Persons Sexual Assault Response Guide

For Macalester College faculty, staff, students & significant others
who are supporting a survivor of sexual assault

Office of Student Affairs
119 Weyerhaeuser Hall
651-696-6220

Last revised 6-30-11

Dear Concerned Macalester Community Member,

Attached you will find resources to assist you in responding to a student's report of sexual assault. Unfortunately, sexual assault is an issue that many college students struggle with, and Macalester College students are no exception. Sometimes, without warning, students turn to significant others, friends, faculty, and staff to support them in times of personal crisis, irrespective of our prior training or specific responsibilities. In the event that a student is disclosing his/her experience of sexual assault with you, please know that you are not alone in supporting this student. Trained faculty and staff are available to respond to students who have experienced sexual assault and we encourage you to contact the Office of Student Affairs for more information or seek out a member of the Macalester [Sexual Assault Response Team](#). You are in a special position to act as a resource, giving both support and referral information, and we can help you do that or refer you to someone who can. This packet has been provided so that you will be able to act initially as a helpful resource in a student's time of need.

This packet includes:

- Conversational tools for talking with someone who has been sexually assaulted
- A guide to help you in the response and referral process
- Information about the student's rights and options in getting medical care, academic support, ongoing emotional support, and ensuring on-campus safety
- A list of contact information for relevant campus and community departments and resources
- An incident report form

If a student reports a sexual assault to you, it is important to contact the Office of Student Affairs even if the student does not want to move forward with legal or judicial processes. You can keep the name of the student confidential. Tracking assaults that take place on campus is required by Federal law and knowing when assaults occur assists us in developing better strategies to respond to incidents that interfere with maintaining an environment free from harassment, intimidation, and violence. The student can also file an anonymous report online on the Sexual Assault Prevention, Support and Resources [website](#).

Also available on the website is a *Sexual Assault Resource Guide* to give to a student who comes to talk about an instance of sexual assault that he/she has experienced. This guide is provided as part of this packet.

As a Macalester community member, you have the support of the Office of Student Affairs to assist you with any personal and/or student concerns. We appreciate the important role you take in helping to make Macalester College a comfortable and safe place where our students can live to their fullest potential.

Sincerely,

Laurie Hamre
Vice President for Student Affairs

Jim Hoppe
Dean of Students

Lisa Landreman
Associate Dean of Students

Defining Sexual Assault

Sexual assault is any sexual activity involving a person who does not or cannot consent. Consent must be informed, freely, actively given, and mutually understood. Sexual assault takes many forms, some of which do not involve penetration. It can be:

- Rape
- Sexual contact (touching, grabbing, fondling)
- Non-contact offenses (obscene phone calls, exposing)
- Incest
- Sexual harassment
- Sexual exploitation

Sexual assault is violence, although it may not always include a weapon, overt threat or physical force. It can be more subtle, as when authority, size, age, or status is used to scare, or manipulate the victim.

Consent is clear, unambiguous, affirmative, and mutually understood permission and agreement for each level of increased intimacy, from holding hands to intercourse. 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 they cannot understand the sexual situation, there is no consent. This includes impairment due to alcohol or drug consumption and being asleep or unconscious.

Same-sex sexual assault is when a sexual assault occurs and the victim and the perpetrator are the same sex. This does not necessarily mean that the victim or the perpetrator identify as lesbian, gay, or bisexual. It also involves any unwanted sexual contact without consent and/or obtained through the use of force, threat of force, intimidation, or coercion.

Sexual assault can happen to anyone. Females, males, and transgender people; people of all ages, ethnicities, economic backgrounds, religions, and sexual orientation can be victims. It can happen on a date, or between friends, acquaintances, partners, or strangers.

If someone you know has been assaulted, the first thing to do is get them SOMEWHERE SAFE. If they feel in danger, call campus security at 651-696-6555 or local police at 911.

If it is a recent assault, encouraging the victim to receive Medical Care is important because:

- a. Not all injuries are immediately evident, so it is important to seek medical attention
- b. It is possible that the assault may have resulted in a pregnancy
- c. It is possible that the assault may have resulted in a sexually transmitted infection or disease
- d. If at any point the survivor wants to pursue legal action, forensic evidence needs to be collected within 72 hours.

The victim should not change clothes, bathe, shower, or douche before seeking medical attention. Doing so may destroy important medical evidence in the case that the victim chooses to pursue legal action. If the victim has changed clothes, she/he should bring the soiled clothing for evidence collection.

The recommended hospital for sexual assault survivors in the vicinity is:

Regions Hospital

640 Jackson Street

St. Paul, MN 55101

(651) 254-3456

Sexual Offense Services of Ramsey County is available 24 hours a day and can provide a trained advocate to accompany the survivor to the hospital. Campus security can provide a cab voucher to pay for the round trip cab ride to the hospital. The fee is charged to the student's account.

Sexual Offense Services of Ramsey County

1619 Dayton Avenue, Suite 201

St. Paul, MN, 55104

Business Phone: 651.643.3022

24 hr. Crisis Phone: 651.643.3006

www.co.ramsey.mn.us/ph/yas/sos.htm

The campus **Health and Wellness Center** is not able to conduct examinations in order to collect evidence necessary for criminal or civil action against an assailant. For such an exam, victims must visit a hospital emergency room.

You may get treatment for injuries or testing for STDS from:

Health and Wellness Center

651-696-6275

Open Monday-Friday 8 am -5 pm

or a medical professional of your choice

Concerned Person's Sexual Assault Response Guidelines

Faculty/staff/students/significant others acting in a first-point-of-contact capacity to a sexual assault survivor play a valuable role in supporting students in a time of crisis. It is important, however, to recognize that unless you are a trained counselor, you are responding in a non-professional role and so need to ensure you are referring the victim to professionals trained to handle these incidents as appropriate.

The following points are not designed to be used as a checklist but as a general guide of the type of questions you could ask to ascertain if the victim is in immediate danger or needs medical attention, and options for the next appropriate place for referral. If the victim is in immediate danger calling the local police or campus security should be encouraged.

Responding to the Student [*key first responses*]

- Affirm the victim for making the decision to reach out to someone
- Reassure the victim that there are many resources available
- Identify the victim's primary area of concern (e.g., confidentiality, others' disbelief, health)
- Provide the victim with the *Sexual Assault Resource Guide* and review it together

Information Gathering [*to assess immediate danger or appropriate next steps*]

- Is the student in immediate danger or in need of immediate medical attention? (if yes, call 911) Does he/she feel safe?
- Is he/she fearful she/he might see this person again? Are there any concerns about possible repercussions of disclosure?
- Explain that you can keep the details of the incident (including her/his name) confidential but that you have an obligation to make an anonymous report to campus security if the incident happened on campus
- When and where did the assault occur?
- Was the assailant an acquaintance or unknown? If an acquaintance, was he/she a student or other member of the Macalester community?
- Who else has the student told?

Enlist an Ally/Support Person

- Is there anyone the victim would like to be with him/her now?
- Inquire about identifying a supportive friend to accompany her/him to subsequent appointments
- Educate the resistant victim about the importance of seeking support from others, but respect his/her choice
- Educate the victim about common feelings of self-blame, fear of being disbelieved, feelings of shame—the validation/support of a friend can be helpful in countering these feelings
- Share the list of possible Macalester support people and assist in connecting them if they choose (information listed at the back of this document and online at www.macalester.edu/sexualassault)

Determine Appropriate Medical Referral

- Was the assault within the past 72 hours? If it was, the student has the option to obtain a medical exam for the purpose of evidence collection. The student does not have to decide about legal action at this time
- If the student does not wish to have evidence collected, follow-up care can be pursued at the Health and Wellness Center
- Review options and determine student's preferences for medical follow-up, contacting the St. Paul Police department, and/or changing residence (contact the Office of Student Affairs)

Consultation with the Office of Student Affairs/Campus Security

- The Office of Student Affairs and Campus Security should be made aware that a sexual assault occurred, even if the student does not want her/his name shared or to file a report—complete an incident report form on the sexual assault website at <https://secure.macalester.edu/forms/studentaffairs/sexual-violence-incident-form.cfm> or contact the Office of Student Affairs or Campus Security.

Supporting a Student Who Has Been Sexually Assaulted: Things to Keep in Mind

She/he may be worried about being disbelieved. It is important to reassure her/him that you do believe her/his disclosure of sexual assault. This can be difficult for survivors of sexual assault because they tend to respond with disbelief to lessen their own feelings of vulnerability to assault. Also, keep in mind that sexual assault can occur regardless of gender or sexual orientation.

Whether or not to hug the victim is a significant question. Since sexual assault victims often feel a loss of control, an unsolicited hug may feel like a further violation. Other people may welcome a hug from a trusted friend. An easy way to resolve this is to ask, "Would you like a hug?", and wait for the answer.

She/he may be worried that the assault was her/his fault and that she/he is to be blamed. Try to help the student explain why she/he believes it is her/his fault; you may need to respond with understanding that she/he wishes there was something she/he could have done to prevent the assault. She/he may also be reassured to hear that no one ever deserves to be assaulted; however, she/he may take little comfort in that if she/he is using self-blame to regain feelings of control over personal safety.

The reported assailant may be someone you know. Eighty to ninety percent of sexual assaults on a college campus are committed by acquaintances. If you know the person, you may struggle with your own feelings of disbelief that she/he could be capable of such behavior. However, false reports of sexual assault are very rare. It is important that you do not contact the perpetrator, even if you know him/her. Threatening the perpetrator may create problems for you and can add an unnecessary burden on the victim by complicating the situation.

She/he may benefit from a friend or advocate accompanying him/her to appointments. This may entail an Emergency Room visit or a next day appointment at the Health and Wellness Center. Ask if a friend can be helpful by accompanying her/him. Sexual Offense Services of Ramsey County provides advocates to accompany survivors as well.

Individual's coping strategies can vary. Some find talking about the assault helpful and others do not. You may want to let the student know that you are available to her/him at anytime she/he may want to talk about the experience, but only if you are comfortable with this. Even if she/he chooses not to discuss it is helpful to check in with her/him. It is important to acknowledge that this is a stressful time for her/him. If you are not comfortable continuing to speak with the student about this incident, recommend the people she/he could talk to (e.g., Office of Student Affairs, Sexual Offense Services Advocate, Sexual Assault Support Team, Health and Wellness Staff, off-campus counseling).

There are psychological and medical risks that may follow untreated sexual assault. Many students attempt to minimize or deny their experience. This approach may make them unwilling to get necessary medical and emotional care. If the student is unwilling to follow-up with medical evaluation and counseling, be as persuasive as possible and try to help her/him keep her/his appointments.

You may have your own questions and concerns. Please feel free to contact the Office of Student Affairs at 651-696-6220 to discuss your specific questions.

What to Say to a Traumatized Person

First, prepare a comfortable environment that is:

- **Safe**—away from people who resemble the perpetrator, with companion if desired, physical comfort is addressed (offer water, comfortable chair, tissues), exit path is clear
- **Quiet**—turn off radio, TV, office machines
- **Private**—shut the door (or leave slightly ajar), talk to the student alone (BUT don't separate her/him from support: "I'd like just the two of us to talk briefly. Is it ok if your friend waits in the hall for a few minutes?" When alone ask if they would prefer to have the friend be present).

Things you could try:

- "Thanks for coming in (or telling me or calling)."
- "Take your time."
- "Tell me about it." or "What happened?"
- "You are safe here."
- "It's not your fault."
- "Thank you for trusting me with this information."
- "When something painful happens, it often helps if you don't try to carry it alone."
- "You have a right to all of your feelings."
- "Maybe you made some choices you wish you hadn't. That's for you to decide. But you didn't ask to be violated."
- "Whatever you did to get through it was the right thing to do."
- "You have already survived."
- "What else is would you like me to know?"
- "I'm glad you told me."
- "There is no 'right' way to respond to this."

Things to do:

- Open your posture: uncross arms, put hands in lap, uncross knees, keep legs close together, make eye contact without staring. Avoid talking across a desk.
- Give options, not advice. Explain advantages and disadvantages of each option.
- Focus on choices that must be made first. It can be overwhelming to consider the implications all at once: police intervention, medical care, whom to tell, work and school arrangements, counseling support, effects on personal relationships, support groups, changing living arrangements, determining where the perpetrator is now, what he or she might do next, etc. Some things can wait. **Immediate threats to health and safety come first.**
- Give written information and referrals. The person may be too much in shock to remember the

conversation.

- Take care of yourself: meditate, exercise, journal, talk confidentially with a member of the Office of Student Affairs

Things not to do:

- Do not suggest that the student have any future contact with the perpetrator. If possible, strategize about how to minimize contact. (If the student files a formal report, removing the alleged perpetrator from shared courses and other activities would happen while case is pending.)
- Avoid saying anything judgmental, such as “Why didn’t you call me to give you a ride home? Or “how could you let him get away with that?” Such statements tend to intensify self-doubt and self-blame.
- Don’t press for details of what happened. Let our friend initiate the topic or ask, “Would you like to talk about what happened?” and listen carefully to the answer.
- Do not contact parents. If the student wants parents contacted this is something the Office of Student Affairs would do. If the student does not want the Office of Student Affairs involved, you are encouraged to consult with the Office of Student Affairs about this request.
- Do not insist that the student utilize any particular option, such as police notification, no matter how strongly you think it would be the right thing to do.
- Do not threaten violence or other retaliation or consequences against the perpetrator.
- Do not touch the student without her/his permission, not even to give him/her a hug or reassuring pat.
- Don’t let the conversation go on indefinitely. Work patiently toward determining the next steps.
- Do not offer shower, fresh clothes, or food (in case of oral assault or possible need for surgery) if the student is going to have a medical examination within the next few hours.
- Do not provide health care, even Advil or a Band-Aid, unless you are a medical professional.
- Do not disclose your own history of being victimized. There is a time and place to speak out, but right now the focus is on the person you are assisting. When a person is in crisis, she or he often tries to take care of others, which deflects attention from the immediate problem.
- Do not make decisions that the student can make for herself/himself.

Common Reactions to Trauma

Immediately following the trauma

- Guilt, often presented as ethical self-criticism (“I should have left with everyone else; I shouldn’t have had that much to drink”); rather than as feeling (“I feel betrayed, embarrassed that I drank that much”).
- Dazed, shut- down look; staring at objects or body, lack of eye contact
- “Inward” posture (hold arms & legs close to body)
- Fluctuations in physical presentation such as posture, facial expression, eye contact
- Difficulty recalling events, changes in the story of the incident
- Displaced feelings (angry at friend, submissive toward health care provider)
- Protecting perpetrator (“I don’t want to get my friend in trouble.” “I was beating on his chest and saying ‘no,’ but I guess he didn’t hear me.”)
- Denial of impact of the event (“I’m fine”, “It wasn’t that bad”)
- Jumpy, easily startled
- Confusion about what happened, what to do or a feeling like he or she can’t make any decisions

Sample of Common Post-Assault responses. symptoms vary throughout the recovery process

Physical	Emotional	Cognitive	Social
<ul style="list-style-type: none"> - changes in eating patterns - changes in sleeping patterns - eating disorders - fatigue - gastrointestinal irritability (nausea, vomiting) - headaches - HIV/AIDS - muscular tension - nightmares - physical injuries cuts, bruises, broken bones, etc.) - pregnancy - sexually transmitted diseases - substance abuse - soreness - stress related depression - immune system Responses (less ability to resist colds, flu, etc.) 	<ul style="list-style-type: none"> - anger (both at self and others) - anxiety - denial - depression, sadness - despair - embarrassment, feeling exposed, humiliated - fear - helplessness - hopelessness - irritability - loss of control - low self-esteem - mood swings - numbness - obsession/compulsions - phobias - sense of disbelief - sense of unreality - shame, guilt, self-blame - shock - vulnerability 	<ul style="list-style-type: none"> - am I damaged goods? - am I dirty? - bad things happen to bad people, good things happen to good people; therefore I must be bad - confusion - difficulty concentrating - flashbacks - I deserved it because... - if I forget about it, it will go away... - what if I hadn't done...? - what will people think? - why me? - will others reject me? - will they blame me? 	<ul style="list-style-type: none"> - changes in lifestyle - difficulty getting things accomplished - difficulty/apprehension around men or apprehension around persons having similar attributes to the perpetrator's - discomfort around other people - disruption in sexual relations - fear of being alone - fear of leaving house (especially alone) - fear/nervousness in crowds - hypersensitivity when relating to others - loss of trust in self and others - withdrawal from people, activities

Source: A.K. Handeyside, S.L. Wickliffe, J. Adams, "Striving for Justice: A Toolkit for Judicial Resolution Officers on College Campuses: Responding to Sexual Assault and Dating and Domestic Violence, University of Michigan

Many students attempt to minimize or deny their experience with sexual assault. This approach may make them unwilling to get necessary medical and emotional care. Feelings related to sexual assault may occur immediately or months or years later. It is not unusual for feelings to come and go, often connected to other stressful times or events. Counseling is often a helpful component of self-care after an unwanted sexual experience.

What to Say When You Don't Know What to Say

Phrases that encourage self-expression:

- "Tell me about it."
- "I see. . .o.k.. . .Uh huh. . ."
- "I'm sensing that there may be more to your statement than I understand. Can you tell me that in a different way?"
- "Let me see if I understand fully what the facts are and how you're feeling about it" (then paraphrase what s/he's said).
- "Let me summarize what you've said so far and you can tell me if I got it right."
- "You've experienced something traumatic and it seems like it is affecting you in some negative ways. Have you discussed this with someone before? Do you ever think about talking to a counselor?"

Be comfortable with silence:

- Try not to fill up too much space with talking or overwhelming her/him with information to fill the silence.
- "Often there are long periods of silence in this type of conversation, so don't be surprised if you are quiet for a few moments."
- "I am happy to just listen, or I can answer questions, or I can help you sort through some things. It's up to you."
- "Take your time, I'm not in a hurry."

Helping in decision making:

- “What do YOU want to do?”
- “How do you feel about that?”
- “What do you think would happen if you did that?”
- “What have you tried/thought of so far?”
- “What does that mean to you?”
- “Do you want to _____?”
- “It seems to me that you have several ideas about what would help.”
- “It sounds as though you’re having trouble deciding whether or not to report the incident. What are your thoughts?”

Other things to say when you don’t know what to say: *[taken in context of what the student may have said]*

- “Sounds like you really had a tough time.”
- “Although I cannot exactly understand your feelings, I can understand how upset/angry you must be.”
- “It would be really hard to sleep after something like that.”
- “What else would you like me to know about what happened?”
- “It can take a long time to work through such difficult feelings.”
- “You really handled the situation well – calling the police, coming to me, talking to a friend, going to the hospital, etc.”
- “Is your family member/roommate/partner able to support you? *(If not)* It must be hard for you to be upset and then for him/her/them to be upset too.”
- “It must be really hard when your family/friends/partner doesn’t seem to understand how you feel.”
- “It’s really courageous for you to be willing to share this with me. I can only imagine how difficult it must be to tell someone about it.”

Adapted from the manual of the Peer Advocates for Sexual Respect, Amherst College, Amherst, MA, 1998.

Support for the Significant Other/Secondary Survivor

The family members and significant others of the survivor of sexual assault or abuse are also, in many ways, survivors of the assault and may experience feelings similar to that of the primary survivor. He/she not only wants to give support and help the survivor deal with his/her feelings, but the significant other/family member also needs to deal with his/her own feelings regarding the assault and the impact on the survivor and his/her relationship with the significant other/family member.

Significant others may feel responsible for taking care of the survivor or helping the survivor make decisions. He/She may want to give the survivor support but doesn’t know how or what to say or do.

Common Feelings of Significant Others

- Concern for the survivor
- Confusion about how to deal with the trauma
- Difficulty understanding why the assault or abuse happened
- Helplessness—wishing he/she could have protected the survivor or prevented the assault, and wanting to “fix” the situation so that life can “get back to normal.”

- Guilt over “buying into” some of the myths surrounding sexual assault, such as a survivor provoking or asking for the assault or looking at sexual assault as sex instead of violence/abuse and viewing the survivor as a willing sexual partner
- Shame regarding the reaction of family members, acquaintances, and the community, should the sexual assault become common knowledge. This shame could lead the significant other to feelings of wanting to distance themselves from the survivor, leaving the survivor feeling isolated, rejected, or blamed for the assault.
- Temporary loss of intimacy with the survivor. It may be difficult for the significant other to not take this loss personally. A survivor has been forced to recognize her own vulnerability, and as a result may find it difficult to trust enough to be sexual, even when the relationship is strong and nurturing. Being sexual, even in a healthy relationship, brings back memories of the assault. Intimacy will return with the help of a nurturing, patient partner.
- Feeling out of control. Someone has intruded in your partner’s life, and nothing feels the same. Feeling out of control is a natural response to sexual assault; a sense of control will return with time and healing.
- Wanting to harm the perpetrator. Although it is a natural reaction, striking out at the assailant may create further crisis and force the survivor to protect the significant other, rather than focusing on her or his own healing.
- Frustration with the legal or campus systems.
- Anger. Anger is a healthy response to sexual assault and can be aimed at the assailant or the systems that don’t seem to work. Although anger is expected and justified, acting out violently will not solve anything. Significant others need to understand that venting anger on the survivor will further her/his feelings of guilt and self-blame. Sexual assault is never the survivor’s fault.
- Difficulty expressing feelings, difficulty asking for help. Significant others feel that because they aren’t the primary survivor, they shouldn’t be in survivor support systems or that they should be able to handle it. It’s also true that he/she may find a lack of support systems for secondary survivors (significant others/family).

Things to Remember

- Giving support means listening, asking how you can help, encouraging survivors to ask for what they need, being sensitive and patient, not trying to “fix” the survivor or the situation, supporting the survivor in order to allow him/her to regain control over his/her life, not buying into the myths surrounding sexual assault.
- No one deserves to be sexually assaulted! Sexual assault is never the fault of the survivor. It does not matter that what the survivor wore, drank, if she hitchhiked, if he went home with her, or whatever it is believed made her/him more vulnerable. These things do not cause sexual assault.
- Significant others are responsible for dealing with and finding support for their feelings regarding the assault. The primary survivor needs to be concerned with his/her own healing.
- Pushing the survivor to be intimate or sexual too soon will only slow down the healing process and can be damaging to the relationship. Healing takes time, and it is normal to want the victim to “get over it.” “Hurry and get well” messages will only force the survivor to stuff feelings, internalize anger and pain, cause him/her to distance from those she/he cares and lead to feelings of further isolation.
- A disruption of routine, even without crisis, can produce anxiety. Recognize that you and the survivor may both be in crisis. Prioritize issues that need immediate attention and let go of decisions that can wait.
- Be sensitive in the way you ask questions regarding the assault.
- Many survivors blame themselves for the assault or for being unable to prevent the assault. Reassure the survivor many times that it is not his/her fault, that she/he did the best she/he could in the situation, and that she survived the attack.
- Your own feelings, personally, or your role with the survivor may make it difficult to ask for help. It is extremely important for you to talk about the assault and its effect on you with a supportive person who understands the

issues surrounding sexual assault—a friend, family member, a counselor, or an advocate from a rape crisis/sexual assault center can help.

Adapted from information from the Sexual Violence Center of Hennepin County and the Aurora Center at the University of Minnesota.

Sexual Assault Myths and Facts

Many myths exist in our society about sexual assault that serve to justify the offense. Some victims also believe these myths. These myths work to place the blame on the wrong person (the victim or survivor) instead of where it belongs (on the perpetrator). When the survivor is ready, it may help to correct the misinformation the victim is carrying about sexual assault.

Myth: It Can't Happen to Me

Fact: It can happen to anyone. While most victims of sexual assault are women, anyone can be a victim regardless of age, race, national origin, gender, religion, sexual orientation, socio-economic class, educational status, or ability.

Myth: Rape is sex.

Fact: Rape is an act of violence. It is a life-threatening experience. While sexual attraction may be influential, power, control and anger are the primary motives. Sexual assault is not simply a “crime of passion” where the perpetrator “loses control.” Sexual Penetration without consent is rape.

Myth: People rape because they want sex and because they “lose control” or can't control their sexual desires.

Fact: One of the biggest myths about rape is that it happens out of sexual desire. Many people have sexual desires, but not everyone commits sexual assault. This leads us to blame the victim and fail to hold the rapist accountable for his or her actions. Survivors of rape, such as children or the elderly, are not always those society would consider sexually attractive.

- 70% of sexual assault are partially or fully planned in advance
- Most rapists have available sexual relationships.
- Men and women have the same ability to control their “biological urges” to have sex

Myth: Most people who rape are strangers to their victims.

Fact: Most, about 90%, of sexual assault survivors know their perpetrator: a neighbor, friend, acquaintance, co-worker, classmate, spouse, partner, or ex-partner.

Myth: Rapists are psychopaths or mentally ill; they are not part of the normal population.

Fact: The idea that perpetrators are all psychopaths is not true. Crimes committed by the mentally ill are very different from crimes of sexual violence. Rapists are just as likely to exhibit signs of mental illness as the general population.

Myth: Women entice men to rape, such as by dressing a certain way or by leading them on.

Fact: The idea that women entice men to rape them or that they really want it is also not true. No person deserves to be raped, and no person asks to be raped or wants it irrespective of her/his attire. This myth again shows the extent to which sexual assault is sexualized in our society. What the victim was wearing in no way makes her/him responsible for the assault.

Myth: If college students would just stop drinking so much, they wouldn't be sexually assaulted.

Fact: Sexual Assault is never the victim's fault. No behavior or choice makes it okay for someone to assault someone. By law, if a person is incapable of consenting or resisting, because of the effects of alcohol or other drugs, it can be considered rape or sexual assault if the person knew, or reasonably should have known, that the victim was mentally and/or physically

incapacitated. Alcohol can also be a weapon that some people who rape use to control their victim and render them helpless. As part of their plan, a rapist will encourage the victim to use alcohol, or identify an individual who is already drunk. Alcohol is not a cause of rape; it is only one of the many tools that people who rape use.

Myth: When women say no, they really mean yes.

Fact: No means no. When someone says no s/he means no. It should never be assumed that there is some underlying meaning behind that and that s/he really means yes. If you are ever unclear about your partner's wishes, ask for clarification. If your partner say no or seems unsure, respect that person and her/his wishes.

Myth: If someone doesn't fight off her/his perpetrator, then it is not really rape.

Fact: There are many reasons that a victim may choose or not be able to fight off his/her perpetrator. This threat of heightened physical violence may make it safer for someone to not fight back. If the victim is threatened with negative consequences (e.g., lose of job, being "outed," negative rumors) or experiencing symptoms of shock they may not fight back. This does not mean the sex is consensual. The survivor needs to do whatever they feel comfortable doing to handle or cope with the situation.

Myth: Men can't be raped.

Fact: Gay and straight men are victimized by people who rape for the same reasons as women. Men are less likely than women to report a rape; Only 1 in 100 report the crime. Men are less likely to be believed by law enforcement personnel, making it traumatic to report.

Myth: If a man ejaculated when he is assaulted, then it is not sexual assault (this can also go for anyone who has an orgasm when s/he is sexually assaulted).

Fact: An orgasm does not mean that someone "enjoyed" the rape, or that they wanted it. An orgasm can be natural biological reactions that someone can't control; it does not mean that forced or coerced sexual activity was consensual. Often this is used to silence the survivor.

Myth: The reason that men get raped is because homosexual men are raping them, and LGBT individuals rape more or are more likely to be sex offenders than heterosexual males.

Fact: There are no statistics that support the idea that LGBT individuals are more likely to commit sexual assault or be sex offenders than heterosexual males. In fact, sex offenders are disproportionately likely to be heterosexual men.

Myth: Most sexual assaults involve a black man raping a white woman.

Fact: In 93% of assaults, the rapist and victim are of the same race. In 3% of sexual assault cases black men did rape white women, while in 4% of the cases white men raped black women.

Myth: Perpetrators are easily identifiable by their physical appearance, actions, or words.

Fact: There is no standard profile that defines a perpetrator of sexual assault. They can be of any race, economic background, belief system or culture. The vast majority of victims of sexual assault know their perpetrator.

Myth: Women don't rape men.

Fact: Women can and do rape men, although this is reportedly less common. Sexual assault of a man, whether by a woman or a man, is as serious of a violation as sexual assault of any survivor.

Support Resources

Macalester College Harassment Committee members and Policies can be found on the MCHC website: <http://www.macalester.edu/mchc/>

Sexual Assault Support Team Members can be found on the Sexual Assault website: <http://www.macalester.edu/sexualassault/SASTmembers.html>

Online Anonymous Sexual Violence Report Form: <https://secure.macalester.edu/forms/studentaffairs/sexual-violence-incident-form.cfm>

Other Helpful Campus Resources

Office of Student Affairs, 651-696-6220

Campus Security, 651-696-6555

Health and Wellness Center, 651-696-6275

Center for Religious and Spiritual Life, 651-696-6298

Sexual Assault Prevention, Support & Resources website: www.macalester.edu/sexualassault

Off Campus Resources

Emergency police or medical, 911

St. Paul Police Department, non-emergency, 651-291-1111

Regions Hospital Emergency Room, 651-254-5000

United Hospital Emergency Room, 651-241-8260 (24 hrs.)

Sexual Offense Services, 651-643-3006 24 hr. crisis hot line; business line, 651-643-3022

Minnesota Coalition Against Sexual Assault, 651-209-9993

Sexual Violence Center

Minneapolis, Minnesota, 612-871-511, 24 hr. hotline

Ramsey County Attorney's Office, Criminal Division, 651-266-3222;

Ramsey County Attorney's Office, Victim/Witness Program, 651-266-3099