



B. What You Need to Know About Interpersonal Violence

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INTRODUCTION

Interpersonal violence is defined as "the intentional use of physical force or power, threatened or actual, against another person or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Dahlberg & Krug, 2002). Generally, it involves violence used against a person using power, control and/or intimidation. **The main acts of interpersonal violence explored in this toolkit are sexual violence, domestic violence, dating violence and stalking.**

Anyone can be a victim or a perpetrator of sexual violence, domestic violence, dating violence and stalking. However, research indicates that, in general, males are more likely to be perpetrators than females. Research also indicates that specific populations are more likely to be victimized at higher rates. Females in general experience significantly higher rates of victimization than men. Females in specific situations and from specific backgrounds experience even higher rates than the general female population in the U.S. (teenagers and young women, American Indians/Native Alaskans, etc.). People with disabilities experience significantly higher rates of victimization than those who do not have disabilities. Emerging research is pointing to significant rates of victimization among those in the lesbian, gay, bisexual, transgender, questioning, and intersex (LGTQI) communities.

Interpersonal violence is a serious problem on college campuses. As noted in *Beyond Title IX: Guidelines for Preventing and Responding to Gender-based Violence in Higher Education* (Fleck-Henderson, 2012), women of traditional college age continue to be at particular risk for interpersonal violence:

- ✓ Approximately 80% of female rape victims experienced their first rape before the age of 25 (Black et al., 2011). About 1 in 5 women experience sexual assault during their college years (Krebs et al., 2007).
- ✓ Women ages 20 to 24 are at highest risk for violence by an intimate partner (Rennison & Welchans, 2000).
- ✓ Women ages 18 to 24 are at highest risk of stalking (Baum et al., 2009).



Acquiring new knowledge and putting it into practice is a process. You are not expected to “know” the information in the toolkit all at once. Instead, you can work through toolkit sections at your own pace, building your knowledge base as you go.

EXPLANATION OF KEY TERMS

It is helpful to be familiar with terms that explain the nature and scope of interpersonal violence.

Consensual Sex: The voluntary agreement, by words or conduct, to engage in sexual activity. Lack of consent is critical in determining whether a sexual assault has occurred. People have the right to change their minds at any point in a sexual encounter and to withdraw consent by words or conduct. Consent cannot be provided under the following conditions: when the victim was incapable of consenting due to age, mental or physical incapacity; when the victim used

words or conduct to indicate ‘no;’ or when the victim changed his/her mind. In West Virginia, a person cannot legally consent to sexual activity if she/he is under the age of 16. (See *WVC §61-8B-2*.)

Coercion: The use of manipulation, threat or force to have sexual contact with someone without her/his consent. Many behaviors that are deemed socially acceptable actually promote and lead to sexual coercion (e.g., initiating any sexual contact without explicit permission and/or without explicit awareness of what the other person wants, acting despite mixed signals from the other person, sexual contact with someone who is drunk or on drugs or otherwise unable to give consent, and impulsive sexual action or acting on a dare) (University of Chicago).

Electronic Aggression: Any kind of aggression perpetrated through technology or the Internet and cell phone harassment or bullying (Hertz & David-Ferdon, 2008). Electronic aggression may be used interchangeably in this toolkit with the term cyberstalking.

Dating Violence: Dating violence is controlling, abusive and aggressive behavior against a person on a date or a dating partner. It can include any combination of physical, emotional or sexual abuse. Dating violence should not be viewed simply as a form of domestic violence—the fact that individuals are on a date or dating doesn’t necessarily mean they are in an intimate relationship. Even if they have been intimate, it does not mean they consider what they have as a relationship. In many instances on college campuses, violence while on a date may have more to do with sexual than domestic violence.

Domestic Violence: Abusive behavior perpetrated by an intimate partner against another is domestic violence. Under West Virginia law, the definition extends to include a victim who is related to the abuser’s family or who is another household member.

Drug-Facilitated Sexual Assault: This type of sexual victimization occurs when drugs or alcohol are used to compromise an individual’s ability to consent to sexual activity. Drugs and alcohol are also used to minimize the victim’s resistance to sexual assault as well as her/his memory of the assault. Drugs commonly used to incapacitate a victim include Ecstasy, Ketamine, Benzodiazepines, GHB and GBL (Rape, Abuse & Incest National Network—RAINN, 2009).

Non-Stranger Sexual Assault and Abuse (generally referred to as non-stranger sexual assault): Involves coercive sexual activities that are imposed upon a person by someone she/he knows, including a friend, date or acquaintance (adapted from RAINN, 2009). In the vast majority of sexual assaults, the victim knows the offender.

Sexual Abuse (according to West Virginia law): Occurs when a person subjects another to sexual contact without her/his consent, and that lack of consent is due to physical force, threat or intimidation.

Sexual Assault (according to West Virginia law): Sexual intercourse or sexual intrusion without consent. Some sexual acts which fall under the category of sexual assault include forced sexual intercourse, sodomy (oral or anal sexual acts), incest and attempted rape.

Sexual Exploitation: Occurs when a student takes nonconsensual or abusive sexual advantage of another for his/her own advantage or benefit, or to benefit or advantage than the one being exploited, and that behavior does not otherwise constitute one of other sexual offenses. Examples include invasion of sexual privacy; prostituting another person; nonconsensual video or audio-taping of sexual activity; going beyond the boundaries of consent (such as letting your friends hide in the closet to watch you having consensual sex; engaging in voyeurism; knowingly transmitting an STI or HIV to another; exposing one's genitals in nonconsensual circumstances; inducing another to expose their genitals. Sexually-based stalking and/or bullying may also be forms of sexual exploitation. (Paragraph adapted, Sokolow & Swinton, 2013.)

Sexual Violence: Conduct of a sexual nature which is non-consensual and is accomplished through threat, coercion, exploitation, deceit, force, physical or mental incapacitation and/or power of authority (Virginia Sexual and Domestic Violence Action Alliance).

Stalking: A course of conduct directed at a specific person that would cause a reasonable person fear. West Virginia's stalking statute includes stalking (repeated following) and harassment. Under West Virginia law, stalking includes one behavior - repeated (more than one time) following. Harassment can include many types of unwanted behaviors, including telephone harassment; sending/giving unwanted gifts, letters or e-mails to the victim; monitoring of telephone calls or computer use; spreading rumors or otherwise defaming the victim's character; vandalism or other destruction of property; and threats to the victim and her family, friends and pets.

These terms are related to response to student disclosures:

Anonymous Reporting: When a victim or friend of a victim reports a crime to law enforcement without revealing the victim's identification (National Organization for Women, 2008). Anonymous reporting may also be referred to as blind or third party reporting. It allows victims and/or third party reporters to share critical information about an incident with authorities without compromising confidentiality and filing a formal complaint. It also provides law enforcement with information about crimes that might otherwise go unreported (Office on Violence Against Women, 2004).

Confidentiality: Maintaining confidentiality in the case of a disclosure of interpersonal violence by a college student means not sharing student identifying or personal information or any information that the student has communicated to you/your campus (outside of entities identified in your campus protocol), unless there is a court mandate or the student has given informed consent to release the information.

First or Initial Responder: A professional or paraprofessional who initially responds to a disclosure of interpersonal violence. Those who traditionally have been responsible for a community's immediate response include victim advocates, 911 dispatchers, law enforcement officers and health care providers. Others also may be involved, such as emergency medical technicians, public safety officials, protective service workers, mental health providers, social service workers, school personnel, employers, corrections staff, religious/spiritual counselors,

etc. (Office on Violence Against Women, 2004). On college campuses, first responders can vary but likely include those who coordinate immediate services, provide emotional support and health care, offer protection, take reports and collect evidence, conduct preliminary investigations, and provide information and referrals.

Forensic Medical Examination: Following an assault and particularly a sexual assault, a victim may require medical attention for injuries and related health concerns. There may be bodily evidence to collect and information to be gathered about the assault, if the victim is considering or undecided about reporting to law enforcement. The purpose of a forensic medical exam is to assess a victim's health care needs and collect evidence when appropriate for potential use during case investigation and prosecution (Office on Violence Against Women, 2013).

Mandatory Reporting Laws: West Virginia law identifies (1) individuals who must report to legal authorities suspected abuse or neglect of *adults* who are incapacitated or emergency situations where adults who are incapacitated are at imminent risk of serious harm; and (2) individuals who must report suspected or observed mistreatment of *minors*. Requirements vary slightly for children and adults, but both can initially be verbally reported to the local Department of Health and Human Resources *or* the 24-hour hotline (800-352-6513). If a crime is suspected, a report should be made to law enforcement.

Protective Order: A court order issued in a jurisdiction to protect a victim of domestic or dating violence, sexual violence or stalking that restricts the conduct of an individual toward the victim.

Safety Plan: An individualized plan of actions, strategies, and resources to address the safety of a person who fears having violence committed against her/him.

Sexual Assault Nurse Examiner (SANE): A registered nurse who completes specialized education to perform a forensic medical examination with sexual assault victims. Common duties of a SANE: providing comprehensive victim care, identifying physical trauma, documenting injuries, collecting evidence and maintaining the chain of custody, offering referrals for medical/psychological care and support, and being an expert witness during court proceedings (West Virginia Foundation for Rape Information Services—WV FRIS, 2008).

Sexual Assault Response Team (SART): A group of professionals who work jointly to minimize the trauma that sexual assault victims may experience when they seek initial support, medical care and legal assistance. Through coordinated responses, a SART seeks to facilitate victim healing, provide appropriate and compassionate medical care, reduce repeated questioning of victims, and increase effective collection and preservation of evidence. SART members typically include emergency medical personnel, prosecution, law enforcement and a sexual assault victim advocate (WV FRIS, 2008). Colleges may have their own SARTs and/or participate on a community SART.

The terms listed above may be defined differently, depending on the source. See www.notalone.gov for definitions specific to colleges and Title IX.

B1. TYPES OF INTERPERSONAL VIOLENCE

Sexual violence, dating violence, domestic violence and stalking are serious crimes affecting millions of individuals across the nation, including many who are attending college. This section offers general information on these types of violence and applicable criminal offenses. Note that colleges typically consider these forms of interpersonal violence as violations of their campus conduct policies. Also, under Title IX of the Education Amendments of 1972, they may be viewed as forms of sex discrimination that limit a person's right to pursue educational activities. (See *C. Federal Legislation and Institutional Policies.*)

Sexual Violence

Sexual violence is broadly defined by the World Health Organization (Krug et al., 2002) as **any sexual act or attempt to obtain a sexual act** (as well as unwanted sexual comments or advances or acts to traffic) **directed against a person's sexuality using coercion**. For the toolkit's purpose, this **overview of sexual violence is focused on those acts which are considered crimes in West Virginia**. Examples of crimes of sexual violence include:

- ✓ Rape—sexual intercourse against a person's will;
- ✓ Forcible sodomy—anal or oral sex against a person's will;
- ✓ Forcible object penetration—penetrating someone's vagina or anus, or causing that person to penetrate her/himself, against that person's will;
- ✓ Unwanted sexual touching;
- ✓ Sexual contact with a person who lacks the capacity to give consent;
- ✓ Incest (sexual contact between family members); and
- ✓ Any other nonconsensual sexual contact (see shaded chart below).



When discussing criminal offenses, specific terms are used to describe specific criminal acts (see below). In addition, federal legislation and colleges use certain terms to describe student conduct related to sexual violence and Title IX violations that may have meaning different from general sexual violence terms or those defined by the state. For example, Title IX defines sexual harassment as a form of sex discrimination that includes sexual violence. Colleges often refer to "sexual misconduct" to refer to sexual violence that occurs in violation of their campus conduct policies. Unless otherwise specified, the terms sexual violence and sexual assault are used in this toolkit section to encompass the wide spectrum of sexual violence.

STATE LAWS



Sexual assault and sexual abuse are the two major classifications of sex offenses in West Virginia (WVC§61-8B).

Sexual abuse occurs when a person subjects another to sexual contact without her/his consent, and that **lack of consent is due to physical force, threat or intimidation**. There are **three levels** of sexual abuse in West Virginia:

- ✓ **1st Degree:** Sexual contact without the victim's consent due to forcible compulsion, the victim is physically helpless, or the victim is younger than age 12 and the perpetrator is age 14 or older. *Penalty:* An indeterminate term of not less than 1 nor more than 5 years in a state correctional facility; and/or a fine of not more than \$10,000. However, if the defendant is 18 or older and the victim is younger than 12, the penalty is not less than 5 nor more than 25 years in a state correctional facility; and/or a fine of not less than \$1,000, nor more than \$5,000.
- ✓ **2nd Degree:** Sexual contact with someone who is mentally defective or mentally incapacitated. *Penalty:* Confinement in a regional jail for not more than 12 months; and/or a fine of not more than \$500.
- ✓ **3rd Degree:** Sexual contact with a victim under age 16 without her/his consent. *Penalty:* Confinement in a regional jail for not more than 90 days; and/or a fine of not more than \$500.

Sexual assault is sexual intercourse or sexual intrusion without consent. There are **three levels** of sexual assault in West Virginia:

- ✓ **1st Degree:** The perpetrator inflicts serious bodily injury, uses a deadly weapon, or the perpetrator is over age 14 and the victim is younger than 12 years old and is not married to that person. *Penalty:* An indeterminate term of not less than 15 nor more than 35 years in a state correctional facility; and/or a fine of not less than \$1,000 nor more than \$10,000. However, if the defendant is 18 or older and victim is younger than 12, the penalty is not less than 25 nor more than 100 years in a state correctional facility, and or a fine of not less than \$5,000 nor more than \$25,000.
- ✓ **2nd Degree:** Sexual intercourse or intrusion without consent and lack of consent is due to forcible compulsion or physical helplessness. *Penalty:* An indeterminate term of not less than 10 nor more than 25 years in a state correctional facility; and/or a fine of not less than \$1,000 nor more than \$10,000.
- ✓ **3rd Degree:** Sexual intercourse or intrusion with someone who is mentally defective or mentally incapacitated, or when someone age 16 or older assaults someone less than 16 who is at least 4 years younger than the perpetrator and not married to him/her. *Penalty:* An indeterminate term of not less than 1 nor more than 5 years in a state correctional facility; and/or a fine of not more than \$10,000.

There is **no statute of limitations for felony sex offenses (all degrees of sexual assault and 1st degree sexual abuse); 2nd and 3rd degree sexual abuse must be charged within 1 year** after the offense was committed (*WVC§61-11-9*).

Explanation of Terms: WV Sexual Abuse and Sexual Assault Laws

Forcible compulsion: (a) physical force that overcomes such earnest resistance as might reasonably be expected, under the circumstances; (b) threat or intimidation, expressed or implied, placing a person in fear of immediate death or bodily injury to him/herself or another person or in fear that he/she or another person will be kidnapped; or (c) fear by a person under 16 years of age caused by intimidation, expressed or implied, by another person who is at least 4 years older than the victim. For the purpose of this definition, "**resistance**" includes physical resistance or any clear communication of the victim's lack of consent.

Married: for the purpose of this article, in addition to its legal meaning, includes persons living together as

husband and wife regardless of the legal status of their relationship.

Mentally defective: a person suffers from a mental disease or defect which renders that person incapable of appraising the nature of his/her conduct.

Mentally incapacitated: a person is rendered temporarily incapable of appraising or controlling his/her conduct, as a result of the influence of a controlled or intoxicating substance administered to that person without his/her consent or a result of any other act committed upon that person without his/her consent.

Physically helpless: a person is unconscious or for any reason is physically unable to communicate unwillingness to an act.

Sexual contact: intentional touching, either directly or through clothing, of the anus/any part of the sex organs of another person, or the breast of a female or intentional touching of any part of another person's body by the actor's sex organs, where the victim is not married to the actor and the touching is done to gratify the sexual desire of either party.

Sexual intercourse: any act between persons involving penetration, however slight, of the female sex organ by the male sex organ or involving contact between the sex organs of one person and the mouth or anus of another person.

Sexual intrusion: any act between persons involving penetration, however slight, of the female sex organ or of the anus of any person by an object for the purpose of degrading or humiliating the person so penetrated or for gratifying the sexual desire of either party.

Bodily injury: substantial physical pain, illness or any impairment of physical condition.

Serious bodily injury: bodily injury which creates a substantial risk of death, which causes serious or prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily organ.

Deadly weapon: any instrument, device or thing capable of inflicting death or serious bodily injury and designed or adapted for use as a weapon or possessed, carried or used as a weapon.

While some terms are not the most sensitive choice of language, they currently define the law. Avoid use of legal terms such as "mentally defective" when talking with victims as this could increase their reluctance to seek assistance.

ALCOHOL AND DRUG FACILITATED SEXUAL ASSAULT

In West Virginia, someone who is drunk or drugged cannot legally give consent to sex.

Perpetrators may intentionally drug their victims or prey on persons who have been voluntarily drinking or using drugs in order to have sexual intercourse with them. If a person has sex or sexual contact with someone who is in such an incapacitated condition, it is sexual violence.

A blogger, known as [Rockstar Dinosaur Pirate Princess](#) discussed consent in a March 2015 blog post titled, *Consent: Not actually that complicated.*

"Whoever you are initiating sexytimes with just make sure they are actually genuinely up for it. That's it. It's not hard. Really.

If you're still struggling, just imagine instead of initiating sex, you're making them a cup of tea.

You say "hey, would you like a cup of tea?" and they go "omg [hell] yes, I would [definitely] LOVE a cup of tea! Thank you!" Then you know they want a cup of tea.

If you say “hey, would you like a cup of tea?” and they um and ahh and say, “I’m not really sure...” then you can make them a cup of tea or not, but be aware that they might not drink it, and if they don’t drink it then – this is the important bit – don’t make them drink it. You can’t blame them for you going to the effort of making the tea on the off-chance they wanted it; you just have to deal with them not drinking it. Just because you made it doesn’t mean you are entitled to watch them drink it.

If they say “No thank you” then don’t make them tea. At all. Don’t make them tea, don’t make them drink tea, don’t get annoyed at them for not wanting tea. They just don’t want tea, ok?

They might say “Yes please, that’s kind of you” and then when the tea arrives they actually don’t want the tea at all. Sure, that’s kind of annoying as you’ve gone to the effort of making the tea, but they remain under no obligation to drink the tea. They did want tea, now they don’t. Sometimes people change their mind in the time it takes to boil that kettle, brew the tea and add the milk. And it’s ok for people to change their mind, and you are still not entitled to watch them drink it even though you went to the trouble of making it.

If they are unconscious, don’t make them tea. Unconscious people don’t want tea and can’t answer the question “do you want tea” because they are unconscious.

Ok, maybe they were conscious when you asked them if they wanted tea, and they said yes, but in the time it took you to boil that kettle, brew the tea and add the milk they are now unconscious. You should just put the tea down, make sure the unconscious person is safe, and – this is the important bit – don’t make them drink the tea. They said yes then, sure, but unconscious people don’t want tea.

If someone said yes to tea, started drinking it, and then passed out before they’d finished it, don’t keep on pouring it down their throat. Take the tea away and make sure they are safe. Because unconscious people don’t want tea. Trust me on this.

If someone said “yes” to tea around your house last Saturday, that doesn’t mean that they want you to make them tea all the time. They don’t want you to come around unexpectedly to their place and make them tea and force them to drink it going “BUT YOU WANTED TEA LAST WEEK”, or to wake up to find you pouring tea down their throat going “BUT YOU WANTED TEA LAST NIGHT”.

Do you think this is a stupid analogy? Yes, you all know this already – of course you wouldn’t force feed someone tea because they said yes to a cup last week. Of COURSE you wouldn’t pour tea down the throat of an

unconscious person because they said yes to tea 5 minutes ago when they were conscious. But if you can understand how completely ludicrous it is to force people to have tea when they don't want tea, and you are able to understand when people don't want tea, then how hard is it to understand when it comes to sex?

Whether it's tea or sex, Consent Is Everything.

And on that note, I am going to make myself a cup of tea.”

Sexual violence is often linked to the abuse of drugs, primarily alcohol, that decrease inhibitions and make the user incapacitated. In addition to alcohol, the drugs most often used to facilitate sexual violence are GHB, Ecstasy, Rohypnol (a benzodiazepine), Ketamine and Soma, although other benzodiazepines and sedative hypnotics are used as well. (RAINN, Rape, Abuse and Incest National Network, offers a brief [explanation of each of these drug's street names, what they are and their effects.](#)) These drugs cause unconsciousness—an effect that is accelerated and intensified when the drugs are taken with alcohol. They can also cause intense sleepiness, memory loss, nausea, lack of coordination, slurred speech, loss of inhibition, confusion, seizures and even death. **Victims may be unconscious during all or parts of the sexual assault and, upon regaining consciousness, may experience anterograde amnesia**—the inability to recall events that occurred while under the influence of the drug.

Victims often are reluctant to report alcohol or drug facilitated sexual violence because of a sense of guilt, embarrassment or perceived responsibility due to their lack of specific recall of the assault. Many of the drugs used in these cases are rapidly absorbed and metabolized by the body, making them undetectable in routine urine and blood drug screenings.

Potential signs a person may have been drugged:



- ✓ Feeling more intoxicated than usual for the amount of alcohol that was consumed;
 - ✓ Waking up feeling hung over or still feeling intoxicated/drugged;
 - ✓ Experiencing memory lapse and not being able to account for periods of time;
 - ✓ Remembering taking a drink but not being able to recall what happened for a period of time after consuming the drink; and/or
 - ✓ Thinking sex occurred, but not being able to remember the actual incident.
-

SEXUAL VIOLENCE AGAINST COLLEGE STUDENTS

What number of college students experience sexual assault?

In the U.S., it is estimated that 1 in 6 women and 1 in 33 men will become a victim of attempted or completed rape in their lifetimes (Tjaden & Thoennes, 1998, 2006). In West Virginia, 1 in 6 women and 1 in 21 men will experience an attempted or completed forcible sexual assault during their lifetimes (West Virginia Behavior Risk Factor Surveillance System Survey, 2008).

College women have even higher rates of sexual victimization than the general and state

populations. The *National College Women Sexual Victimization Study* (Fisher, Cullen & Turner, 2000) found 35 incidents of rape per nine-month academic year for every 1,000 female students at a college. When projected to a full calendar year, nearly 5% of college women are victims of rape annually (Pennsylvania Coalition Against Rape, 2004). This projection coincides with the findings of several other national studies (Kilpatrick, Edmunds & Seymour, 2007; Mohler-Kuo et al., 2004). Based on these figures, **1 in 5 women (20%) experience rape during a now-typical five-year college career** (Pennsylvania Coalition Against Rape, 2004). Similarly, the more recent *Campus Sexual Assault Study* (Krebs et al., 2007) found **19% undergraduate women had been victims of an attempted or completed sexual assault since entering college.**

Who sexually assaults college students?

According to the West Virginia State Police 2013 Incident-Based Reporting System, **83% of sexual assault victims knew their offenders: 49% of sexual assaults were committed by an acquaintance (non-intimate partner)**, 7% by an intimate partner, 27% by other family members, 6% by a stranger and in 11% of these cases, the relationship between victim and offender was unknown. Similarly, Fisher, Cullen and Turner (2000) found 9 out of 10 of the female rape victims knew their offenders. Most often they were boyfriends, ex-boyfriends, classmates, friends, acquaintances or co-workers. Another survey indicated that 3 out of 4 victims knew their offenders (Hart, 2003). Clearly, **the vast majority of sexual assaults are perpetrated by persons known to victims rather than by strangers.**

In what contexts does sexual assault occur in the college environment?

Non-stranger sexual assault in college settings occurs in a variety of contexts, including:

- ✓ **At a party:** For example, at an off-campus residence, involving a perpetrator plying the targeted victim with alcohol or targeting someone who is intoxicated.
- ✓ **On a date:** For example, after going out to the movies together and then kissing back at the victim's house, the perpetrator forces sex on the victim.
- ✓ **Non-party, non-date situation:** For example, where two students who are just becoming acquainted and the perpetrator sexually assaults the victim in a car or residence.
- ✓ **Sexual assault by a current or former intimate partner:** For example, one current partner overpowers the other and forces sex on them.



The majority of sexual assaults of college students are not perpetrated by dating partners or during a date, but occur when the victim and perpetrator are otherwise in the same place, such as at a party together (Pennsylvania Coalition Against Rape, 2004).

Unfortunately, the term “date rape” so commonly used on college campuses has led many to believe that rapes are committed by “basically good guys” who, when faced with the combination of too much alcohol and “miscommunication,” accidentally commit a sexual assault. However, research on sexual perpetrators over the last two decades has clearly shown that **many campus rapes are not “accidents” due to miscommunication and, in fact, are committed by a small number of students who are, in essence, serial rapists** (West

Virginia Foundation for Rape Information and Services, 2012). Lisak and Miller (2002) found that perpetrators of sexual assaults on college campuses were often premeditating, repeat offenders, who targeted females who were most vulnerable and would lack credibility.

Where and when do sexual assaults of college students occur?

Fisher, Cullen and Turner (2000) found that sexual assaults of college women took place both on- and off-campus, in the victims' residences and other living quarters, and at fraternities, bars, nightclubs and work settings. They also found that the vast majority of sexual victimizations occurred in the evening after 6 p.m.

Do victims experience physical injuries in the course of a sexual assault?

Fisher, Cullen and Turner (2000) found that in about 1 in 5 rape and attempted rape incidents of college women, victims reported being injured, most often citing the response "bruises, black-eye, cuts, scratches, swelling or chipped teeth." **As perpetrators are often successful in using coercion, intimidation and the threat of force to facilitate sexual assault, excessive force is generally not a factor. As a consequence, most victims of sexual assault have few visible physical injuries.** Note, however, that the absence of physical evidence in no way correlates with the level of fear and terror that victims may have experienced during an assault.

Emotional trauma as result of a sexual assault is more likely than physical injuries. Victims also may be at risk for getting a sexually transmitted infection, including HIV/AIDS, from their perpetrators, becoming pregnant if they are females, or having short- and long-term physical ailments associated with emotional trauma caused by sexual victimization (see *B6. Emotional Trauma*).

What factors may raise college women's risk for sexual victimization?

Numerous risk factors as cited below are associated with sexual victimization for college students. Note that most studies cited focus on women rather than men due to the high rates of sexual assault of college women. Just being a female is a risk factor for victimization.

Alcohol and drug use: Most college sexual assaults involve alcohol consumption, by either or both the victims and perpetrators (Abbey, 2002; Abbey et al., 1996; Koss et al., 1987; Presley et al., 1997; Mohler-Kuo et al., 2004; Tjaden & Thoennes, 2006). Attending a college where heavy drinking is the norm (where more than 50% of students "binge drink") has been connected with increased risk of alcohol-involved sexual assault (Mohler-Kuo et al., 2004; Norris, 2008). In addition, heavy drinking puts women at risk for more severe assaults (Abbey et al., 2003). Drug use has also been linked with increased risk of sexual assault (Mohler-Kuo et al., 2004). There is a connection between alcohol consumption and drug-facilitated rape—Lawyer et al. (2010) found that 84% of drug-facilitated sexual assaults were preceded by the victim's voluntary alcohol consumption. See Norris (2008) and Abbey (2008) for more discussion of the ways that alcohol can contribute to sexual assault perpetration and victimization. Important distinctions: Alcohol can render potential victims more vulnerable and accessible to perpetrators; however, their alcohol consumption is not the cause of their victimization.

Perpetrators are responsible for the violence, regardless of their own alcohol consumption. (Also see earlier discussion on Alcohol and Drug Facilitated Sexual Assault).

Class rank and age: The first weeks of the fall semester, referred to as “the red zone” by some researchers, often are the most risky for sexual victimization for new students.

There is also a **greater risk of sexual victimization for freshmen and sophomores than for juniors and seniors.** Gross et al. (2006) found that during their first four semesters, 84% of college women had sexually coercive experiences. Mohler-Kuo et al. (2004) found that underage women are more likely to experience sexual assault than those 21 and over.

Greek affiliation: Research suggests that **students who live in sorority houses or belong to sororities have an increased risk for sexual victimization** (Copenhaver & Grauerholz, 1991; Franklin, 2010; Kalof, 1993; Mohler-Kuo et al., 2004; Tyler, Holt & Whitbeck, 1998). **Fraternity members and student athletes are more likely than any other men on campus to commit a sexual assault** (Murnen & Kohlman, 2007). Fisher, Cullen and Turner (2000) found that of the rapes reported by students surveyed in their study, 10.3% occurred in a fraternity house.

Prior victimization: Women who experience a sexual assault while attending college or prior to college are at risk for further victimization while in college (Fisher, Cullen & Turner, 2000, Krebs et al., 2007). Similarly, women who have experienced intimate partner violence are more at risk for sexual violence while in college (American College Health Association, 2004).

Race/ethnicity: White women and Native Americans may be most at-risk for rape on college campuses, while Asian-Americans appear to have the lowest risk (Tjaden & Theonnes, 2006). However, white women are less likely to experience physically forced or threatened forcible rapes than women of other ethnicities or races (Mohler-Kuo et al., 2004).

Consensual sexual experiences: There is a **connection between the number of sex partners a college woman has had and an increased risk for being sexually assaulted, especially when intoxicated** (Tyler, Hoyt & Whitbeck, 1998; Parks et al., 2008). One study (Parks et al., 2008) indicates that “women who have more consensual sexual partners are more likely to encounter a sexually aggressive individual and are more likely to experience sexual victimization.” At the same time, women who increased their drinking are more likely to be behaviorally and cognitively impaired and less likely to recognize, avoid or defend themselves against sexual aggression (Science Daily, 2008).



Regardless of the circumstances, sexual assault is never the victim’s fault. The presence of one or more risk factors does not cause or justify sexual assault. Even if, for example, a woman had too much to drink, the consequence for naive or regrettable decisions should never be rape. Perpetrators must be held accountable for their actions.

How often is sexual assault of college students reported?

National studies indicate that only 14% to 39% of all sexual assaults or rapes are reported to law enforcement (Kilpatrick, 2000). Some of the most common reasons victims are reluctant to report are self-blame, fear of retaliation, fear of rejection and the negativity they perceive might accompany criminal justice system involvement (Office on Violence Against Women, 2004).

College students appear to report sexual assault even less frequently than the general population. Fisher, Cullen and Turner (2000) found that of students who indicated they experienced completed or attempted rape, only 5% said reported it to law enforcement.

College students may want help following a rape, but most are aware of the tendency of others to blame victims rather than hold offenders accountable (see *B4. Victim Blaming*). To a degree, they may even experience self-blaming (“if I haven’t been drinking,” “if I had only stayed with my friends,” etc.) and be silenced by their shame. Victim-blaming can be particularly harsh when victims know their offenders. Not surprisingly, **victims of non-stranger sexual assault indicate reasons such as the following for not reporting:**

<ul style="list-style-type: none"> ✓ Self-blame ✓ Not seeing the assault as serious enough to report ✓ Not sure if a crime had been committed ✓ Lacking proof of the assault ✓ Not knowing how or to whom to report ✓ Desire to protect the offender 	<ul style="list-style-type: none"> ✓ Lack of anonymity ✓ Fear of publicity ✓ Fear of reprisal ✓ Fear of isolation ✓ Fear of not being believed ✓ Fear of being treated with hostility or indifference (e.g., by law enforcement or college administrators) ✓ Community backlash 	<ul style="list-style-type: none"> ✓ Participation in illegal activity during assault (e.g., underage drinking) ✓ Outstanding warrants ✓ Possible immigration concerns
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What reactions are common for sexual assault victims?

(Section adapted from the PA Coalition Against Rape, 2000. Also see *B6. Victim’s Needs, Issues and Concerns*)

Some **common victim reactions to sexual assault** include:

<ul style="list-style-type: none"> ✓ Humiliation ✓ Shame and self-blame ✓ Feeling a loss of control over life 	<ul style="list-style-type: none"> ✓ Guilt ✓ Grief ✓ Depression ✓ Denial 	<ul style="list-style-type: none"> ✓ Fear of people ✓ Concern for the rapist ✓ Anger and irritability ✓ Memory loss
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Each person reacts to trauma differently. As described above, some reactions are fairly common, but emotional trauma triggered by a sexual assault can surface in many forms. Some victims may react by being hysterical and crying, while others might giggle, be devoid of emotion, or move from one emotion to the next. It is more realistic to expect that victims will react differently following an assault or a disclosure of one—in the timing of their reactions, their concerns, their facial and body language, their coping strategies and their feelings and understanding about their experience. Thus, **avoid making assumptions about the situation based solely on the victim’s reactions** (e.g., if she was raped she won’t be laughing now).

CHILD SEXUAL ABUSE

On college campuses, it is more likely that sexual assault and sexual abuse as defined by the West Virginia Code will occur than child sexual abuse. However, child sexual abuse is not out of the realm of possibility, as minors can come/be brought to campus for any number of reasons (e.g., summer programs, athletic programs/events, etc.).



In addition to sexual assault and sexual abuse, West Virginia law describes other **sex offenses involving children**. Sexual abuse of children includes, but is not limited to, sexual intercourse, sexual intrusion and sexual contact (West Virginia Department of Health and Human Resources, Child Protective Services, 2008).

Additional laws include:

- ✓ **Use of minors in filming sexually explicit conduct** (*WVC§61-8C-2*);
- ✓ **Distribution and exhibiting of material depicting minors engaging in sexually explicit conduct** (*WVC§61-8C-3*);
- ✓ **Sexual abuse** by a parent, guardian, custodian or person in a position of trust to a child; a parent, guardian, custodian or person in a position of trust to a child allowing sexual abuse to be inflicted on that child; and displaying of a child’s sex organs by a parent, guardian or custodian (*WVC§61-8D-5*);
- ✓ **Sending, distributing, exhibiting, possessing, displaying or transporting of material** by a parent, guardian or custodian **depicting a child engaged in sexually explicit conduct** (*WVC§61-8D-6*); and
- ✓ **Incest**—engaging in sexual intercourse or sexual intrusion with one’s father, mother, brother, sister, daughter, son, grandfather, grandmother, grandson, granddaughter, nephew, niece, uncle or aunt (*WVC§61-8-12*).
- ✓ Generally speaking in West Virginia, child abuse involves **a parent, guardian or custodian of a child who knowingly or intentionally inflicts an injury upon that child**. However, teenagers, for example, can experience sexual assault perpetrated by their peers.

Examples of Child Sexual Abuse

- ✓ Sexual touching and fondling of a child’s sexual body parts
- ✓ Attempted or actual oral, anal or vaginal penetration
- ✓ Forcing a child to touch another person’s sexual body parts or engage in sexual activity with animals
- ✓ Exposing a child to adult sexual activity or pornography or taking pornographic pictures of a child
- ✓ Having a child undress, pose or perform in a sexual manner
- ✓ Voyeurism, exposing oneself to a child or masturbating in front of a child
- ✓ Sexualized talk with a child or making fun of a child’s sexual development, preferences or organs
- ✓ Forcing overly rigid rules on dress or forcing a child to wear revealing clothes
- ✓ Stripping a child to hit or spank, or getting sexual excitement out of hitting

Symptoms a Child Who is Being Sexually Abused May Display

(Note the presence of such symptoms is not necessarily indicative of abuse)

- ✓ Sleep disturbances or nightmares and bedwetting
- ✓ Change in eating habits
- ✓ Excessive clinging or crying
- ✓ Depression and/or anxiety
- ✓ School problems
- ✓ Running away
- ✓ Hostility or aggression
- ✓ Sexually transmitted diseases
- ✓ Fear/dislike of particular adults/places
- ✓ Drug/alcohol problems
- ✓ Withdrawal from family, friends or usual activities
- ✓ Frequent touching of private parts or sexual behavior inappropriate to the age of the child
- ✓ Physical symptoms involving the genital, anal or mouth area
- ✓ Any dramatic change in behavior or development of new behavior

Common Emotional Responses of Children to Sexual Abuse

- ✓ **Fear** of the abuser, of getting into trouble/getting a loved one into trouble, and/or of not being believed
- ✓ **Guilt** for not stopping the abuse, believing they consented to it, telling/keeping the secret, etc.
- ✓ **Shame** about the abuse and/or their body's reactions
- ✓ **Confusion** due to their emotions (e.g., because they love the abuser)
- ✓ **Anger** at themselves and/or the abuser and others who failed to protect them
- ✓ **Sadness** at being betrayed by someone they trusted
- ✓ **Isolation** because they feel alone and have trouble talking about the abuse

Sexual Harassment

The U.S. Department of Education (DOE), Office for Civil Rights (OCR) defines sexual harassment as **conduct that is sexual in nature, is unwelcome and denies or limits a student's ability to participate in or benefit from a school's education program.** The U.S. Equal Employment Opportunity Commission (EEOC) expands this definition to include work settings. According to the EEOC, sexual harassment is a continuum of acts, including unwelcome sexual advances, conduct of a sexual nature and requests for sexual favors, that explicitly or implicitly affects a person's employment, unreasonably interferes with work or school performance or creates an intimidating, hostile or offensive work or school environment. The chart provides examples of acts that might be considered sexual harassment.

Category	Examples
Verbal or Written (via in-person comments, mail, phone calls, texting, e-mails, other social media, etc.)	<ul style="list-style-type: none"> ✓ Requesting sexual favors/repeatedly asking a person out ✓ Offering academic benefits/employment advancement in exchange for sexual favors ✓ Making sexual innuendoes/comments with sexual overtones ✓ Describing attributes of a person's body, clothing or behavior in a sexual manner ✓ Telling sexual or sex-based jokes ✓ Asking a person about her/his sexual experiences, fantasies or preferences ✓ Spreading rumors about a person's personal or sexual life ✓ Making statements that threaten a person or involve sexual bribery ✓ Making threats after a negative response to sexual advances ✓ Calling a person sexually oriented names such as hunk, doll, babe or honey ✓ Calling a person a sexually derogatory name such as bitch, whore or slut
Non-verbal/visual	<ul style="list-style-type: none"> ✓ Looking/staring up and down a person's body ✓ Making facial expressions of a sexual nature such as leering, winking, throwing kisses or licking lips ✓ Making sexually suggestive or derogatory gestures ✓ Sending/distributing sexually explicit or derogatory posters, drawings, pictures, cartoons, cards, publications, screensavers, novelties, etc. ✓ Creating public graffiti about a person's sexuality ✓ Touching or rubbing oneself sexually in view of another person ✓ Exposing oneself to another person ✓ Following a person
Physical	<ul style="list-style-type: none"> ✓ Impeding or blocking a person's movement/path ✓ Inappropriately touching a person or a person's clothing ✓ Standing closer than appropriate or necessary to a person ✓ Assaulting a person ✓ Having unwanted sexual contact with a person ✓ Patting, hugging, kissing or stroking

As Phillips & Falto (2014) note, sexual harassment in college settings can take different forms depending on the harasser and the nature of the harassment. For example, college employees, other students and non-employee third parties, such as visitors to the college, can engage in this conduct. Both male and female students can be victims of sexual harassment, and the victim may be of the opposite or same sex as the harasser. Sexual harassment can occur at any school activity and in institutional facilities or at off-campus locations, such as a school-sponsored retreat or training program at another location.

What are forms of sexual harassment?

Quid pro quo (“this for that” behavior): In this form of sexual harassment, educational or employment decisions are made on the condition that a person accepts unwelcome sexual behavior. This behavior only needs to happen one time to be considered sexual harassment. An example would be a professor making a passing grade contingent upon whether a student has sex with him.

Hostile environment: This form of sexual harassment is characterized by pervasive (persistent or all encompassing), sex-related verbal or physical conduct that is unwelcome or offensive, and can unreasonably interfere with school or work performance. For the conduct to be considered sexual harassment, the hostile environment must be extreme or sustained and non-trivial. An example would be a male student continuously texting degrading jokes about women to the only female student in his engineering classes even after she tells him to stop.

How many college students experience sexual harassment?

The American Association of University Women Education Foundation estimates that **2/3 of students have experienced sexual harassment while in college** (Hill & Silva, 2005).

What sexual harassment laws apply to college students?

Sexual harassment is a civil rights violation of federal and state discrimination laws in qualifying settings. The law applicable in educational settings is Title IX of the Education Amendment of 1972. The amendment includes a prohibition of sexual harassment in schools that receive federal funding. Sexual harassment, along with other forms of sexual violence, is typically also a violation of a campus’s student code of conduct. (See *C. Federal Legislation* as well as *D. Getting Started: Student Conduct Complaints*.)

Keep in mind that students may be employed, on or off campus. If sexual harassment occurs at their workplaces, there may be laws that protect them from sexual harassment as employees. Federal discrimination laws apply to certain work sites (Title VII of the Civil Rights Act of 1964). West Virginia law (*WVC§5-11, Legislative Rule Title 77*) addresses certain work settings.

How do victims react to sexual harassment?

(Drawn from West Virginia Foundation for Rape Information and Services, 2012)

Sexual harassment can cause victims to feel:	At school, sexual harassment can lead to:	In the workplace, sexual harassment can lead to:
<ul style="list-style-type: none">✓ Powerlessness, anger and anxiety✓ Self-blame, depression and lowered self-esteem✓ Denial that the harassment is occurring✓ Isolation—family, friends and co-workers may minimize the victimization, and peers may blame and reject them✓ Decreased mental/physical well-being	<ul style="list-style-type: none">✓ Inability to concentrate✓ Lower grades✓ Withdrawal from courses✓ Changing majors✓ Absenteeism✓ Dropping out of school	<ul style="list-style-type: none">✓ Decreased productivity✓ Denial of advancement and/or benefits✓ Loss of income or job

Sexual harassment is not necessarily confined to the person targeted for sexual harassment; anyone can be negatively affected by this offensive conduct.

Domestic Violence

(Section adapted in part from [National Coalition Against Domestic Violence](#), 2007)

Domestic violence is **abusive behavior**—e.g., willful intimidation, physical assault, battery and sexual assault as well as emotionally abusive and controlling tactics— **perpetrated by an intimate partner against another**. This **definition sometimes extends, as it does in West Virginia law, to include victims who are related to the abuser or are other household members**. Domestic violence affects individuals in every community, regardless of age, economic status, race, religion, nationality, education, gender identity or sexual orientation. In addition to emotional trauma caused by domestic violence, physical harm can vary from simple assault to homicide (Sampson, 2006).

STATE LAWS



WVC §48-27-202 defines **domestic violence or abuse** as the occurrence of one or more of the following acts **between family or household members**:

- ✓ Attempting to cause or intentionally, knowingly or recklessly **causing physical harm** to another person with or without dangerous or deadly weapons
- ✓ Placing another person in **reasonable apprehension of physical harm**
- ✓ **Creating fear of physical harm** by harassment, stalking, psychological abuse or threatening acts
- ✓ **Committing either sexual assault or sexual abuse**
- ✓ **Holding, confining, detaining, or abducting another person** against that person's will

A **family or household member**: current or former spouses, persons living as spouses or who have formerly resided as spouses, current or former intimate partners, persons who are dating/have dated, persons who are presently or in the past have resided together in the same

household, persons who have a child in common, parents and in-laws, siblings, children and stepchildren, grandparents, aunts and uncles, and nieces, nephews, first and second cousins.

Domestic violence offenses and penalties (WV §61-2-28) in West Virginia:

Domestic Assault: The unlawful attempt to commit a violent injury of another family or household member or unlawfully committing an act which places another family or household member in reasonable apprehension of immediately receiving a violent injury.

Domestic assault is a **misdemeanor charge**, with penalty of confinement in a county or regional jail for not more than 6 months, or fined not more than \$100, or both. For the **2nd violation**, the penalty is confinement in a county or regional jail for not less than 30 days nor more than 6 months, or fined not more than \$500, or both.

Domestic Battery: The unlawful and intentional physical contact of an insulting or provoking nature with another family or household member or unlawfully and intentionally causing physical harm to another family or household member.

Domestic battery is a **misdemeanor charge**, with penalty of confinement in a county or regional jail for not more than 12 months, or fined not more than \$500, or both. For the **2nd violation**, the penalty is confinement in a county or regional jail for not less than 60 days nor more than 1 year, or fined not more than \$1,000, or both.

A 3rd violation for domestic assault or battery is a **felony charge** if the offense occurs within 10 years of a prior conviction of these offenses. The penalty is confinement in a state correctional facility not less than 1 nor more than 5 years and/or fined not more than \$2,500.



Domestic violence victims often seek **civil protective orders** against their abusers. In West Virginia, they can petition their **county magistrate** for an emergency order—if the magistrate finds that domestic violence or an imminent threat of domestic violence exists, an emergency order may be issued. The order will require the abuser to stop abusing, harassing, stalking, threatening or otherwise intimidating the victim. The emergency order is good until the family court hearing is held and a decision is made whether to issue a final protective order. If the abuser violates the conditions of an emergency or permanent protective order, it may result in a contempt of court charge or a criminal charge.

(See the West Virginia Supreme Court of Appeal’s brochure, [Domestic Violence Protective Orders](#), for more information.)

BASIC DATA ON DOMESTIC VIOLENCE

As for **domestic violence in West Virginia in general** ([West Virginia Coalition Against Domestic Violence](#), 2012): 14,880 domestic violence cases were filed in West Virginia Family Court in 2010 (West Virginia Supreme Court of Appeals) and 12,661 domestic violence offenses were reported to law enforcement in 2010 (West Virginia State Police, 2010).

The incidence of domestic violence in the state is likely much higher than the above statistics reflect as many victims do not report this crime. In fact, domestic violence is chronically underreported: nationally, women report only 1/4 to 1/2 of their assaults to police and male victims report perhaps even less (Tjaden & Thoennes, 2000; Rennison & Welchans, 2000; Klein, 2009). However, domestic violence related law enforcement calls have been found to constitute the single largest category of calls received by law enforcement, accounting for 15% to more than 50% of all calls (Friday, 2006; Hendricks, 1991; Klein, 2009.)

Approximately **1/3 of homicides in the state were related to domestic violence** (West Virginia State Police, 2010). **Over 2/3 of women murdered were killed by a family or household member** (West Virginia Bureau of Public Health, 2010).

In general, what is the nature of the physical violence?

When physical assault does occur in domestic violence situations, it often involves pushing, slapping and hitting (Tjaden & Thoennes, 2000; Rennison & Welchans, 2000; Sampson, 2007). The 2010 [*National Intimate Partner and Sexual Violence Survey*](#) found that 1 in 4 women and 1 in 7 men have been the victim of severe physical violence by an intimate partner. It also indicated that many female victims experienced multiple forms of violence (physical and sexual violence and stalking) while male victims most often experienced physical violence. Another study found that sexual assault occurs in approximately 40 to 45% of abusive intimate relationships (Campbell et al., 2003).

How many college students experience domestic violence?

Rennison and Welchans (2000) found that women within the typical age bracket of high school and college students, ages 16 to 24, experience the largest per capita rate of intimate partner violence (defined as violent crimes committed against persons by their current or former spouses, boyfriends or girlfriends). Catalano (2007) found that women ages 20 to 24 are at the greatest risk of nonfatal intimate partner violence.

What is the general context in which domestic violence occurs?

(Adapted from the University of Michigan's Sexual Assault Prevention and Awareness Center)

Unfortunately, **violence in an intimate relationship typically reoccurs**. It seldom is a one-time occurrence. It **usually begins with verbal and emotional abuse to establish control**. It can be so subtle that the other person doesn't even recognize it. **Physical violence may not even begin until the abused partner decides to leave or becomes committed to the relationship** (e.g., becoming monogamous, moving in together, gets engaged or married or have a child together).

Most abused women try to escape the relationship at some point, but face many barriers in doing so. For example, they may still have hope in the relationship and love the abuser. Emotionally abusive tactics used by the abuser may have led them to lack faith in themselves. They may fear increased violence, death, or violence against their loved ones or pets if they try to leave. They may be isolated from their support system. They may fear losing custody of their children. They may feel they lack the resources needed to stay safe and support themselves once they leave.

Abusers tend to escalate their violence when the abused person tries to leave, wants more independence, or has already left.



Educate students about warning signs of an abusive intimate or dating partner. For example, a boyfriend might frequently check his girlfriend’s phone, computer or e-mail without permission, constantly tell her what to do and put her down, be possessive and jealous, be moody, have an explosive temper, be financially controlling, and try to isolate her.

What factors may raise the risk of experiencing domestic violence?

(Also see *Factors Linked with Perpetration of Sexual and Domestic Violence*.)

Numerous risk factors as cited below (Sampson, 2007) are associated with domestic violence victimization for women. The presence of any of these factors does not mean that a person will become a victim.

Age: As cited earlier, women ages 16 to 24 are at highest risk for intimate partner victimization.
Socioeconomic Status: Victimization surveys indicate that lower-income women are more frequently victims of domestic violence than wealthier women (Rennison & Welchans, 2000).
Race: Black females experience intimate partner violence at a rate 35% higher than that of white females. Black males experience intimate partner violence at a rate about 62% higher than that of white males and about 2 ½ times the rate of men of other races (Rennison & Welchans, 2000). Another study that was more inclusive of additional racial groups found that American Indian/Alaskan Native women experience significantly higher rates of physical abuse than the general population (Tjaden & Thoennes, 2000).
Being young, black, low-income, divorced or separated, a resident of rental housing, and a resident of an urban area have all been associated with higher rates of domestic violence victimization among women and men (Rennison & Welchans, 2000).
Women whose partners are verbally abusive are at increased risk for physical intimate partner violence (Tjaden & Thoennes, 2000).
Women whose partners are jealous or very controlling are at increased risk of intimate partner violence and stalking (Tjaden & Thoennes, 2000).
Although alcohol and drug use do not cause intimate partner violence, the risk of victim injury increases if the abuser is using alcohol or drugs (Tjaden & Thoennes, 2000).

What are common victim reactions to domestic violence?

(Adapted from the University of Michigan’s Sexual Assault Prevention and Awareness Center)

Like sexual assault victims, individuals react differently to domestic violence. However, it is common for a person who has just experienced the first incident of violence by her/his intimate partner to **respond with disbelief or denial and feel responsibility, shame and/or embarrassment. As violence increases in severity and frequency, victims may become more afraid, but also may internalize the problem and feel guilt and failure.** Other **common victim responses** include:

<ul style="list-style-type: none"> ✓ Feeling hopeless or worthless ✓ Becoming depressed ✓ Having nightmares ✓ Hypervigilance ✓ Lacking emotion 	<ul style="list-style-type: none"> ✓ Becoming isolated ✓ Becoming suicidal ✓ Using alcohol or other drugs as a means to numb emotions ✓ Developing post-traumatic stress disorder 	<ul style="list-style-type: none"> ✓ Developing physical health problems—e.g., headaches or migraines, fatigue, insomnia, musculoskeletal issues, anxiety, eating disorders, gastrointestinal disorders, and chronic pain
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Dating Violence

(Drawn in part from Dating Violence Resource Center, [Campus Dating Violence Factsheet](#))

Dating violence is controlling, abusive and aggressive behavior against a person on a date or a dating partner. Like sexual and domestic violence, it can occur regardless of the sexual orientation of the victim and perpetrator. It can include:

- ✓ **Physical abuse**—intentional use of physical force with the intent to cause fear or injury, such as hitting, shoving, biting, strangling, kicking or using a weapon
- ✓ **Emotional abuse**—non-physical behaviors such as threats, insults, constant monitoring, humiliation, intimidation, isolation or harassment
- ✓ **Sexual abuse**—when a person subjects another to sexual contact without her/his consent, and that lack of consent is due to physical force, threat or intimidation.

Is dating violence the same as domestic violence?

In some situations, dating violence is the same as domestic violence. For example, college students may experience physical, sexual and emotional violence (including stalking) by a current or former boyfriend or girlfriend (dating partner). In other situations, dating violence may have different dynamics than domestic violence. For example, students may be abused by someone with whom they are casually dating or had a few dates. Abusive tactics in these situations may be more subtle than in established intimate relationships, but this is not always true. Dating violence may be a more comfortable term for teens and college students to use to explain their circumstances than domestic violence, especially if they associate domestic violence with couples who are older or in more serious or long-term relationships.

How many college students experience dating violence?

In a study by Sellers and Bromley (1996), 32% of college students reported dating violence by a previous partner and 21% reported violence by a current partner. Fisher, Cullen and Turner (2000) found that 12% of completed rapes, 35% of attempted rapes and 22% of threatened rapes on college campuses occurred on a date, and that of the college women who had been stalked, 42% indicated the stalker was a boyfriend or ex-boyfriend. A survey of college students by Straus (2004) asked about perpetration of dating violence; nearly 1/3 of students reported physically assaulting a dating partner in the previous year.



Research on dating violence sometimes combines intimate partner violence together with violence that occurs on a date but not necessarily between individuals who have an intimate relationship. Such a view can be misleading.

- ✓ While a date could involve persons who are already in an intimate relationship, a **date could also be a casual encounter of persons who have not yet been intimate** or may have been intimate but **do not consider themselves in a relationship** (e.g., if they had a one-night fling only after drinking at a party they both attended but otherwise do not interact). Note that many sexual assaults in college environments occur when the victim and offender are at the same location/function (a party, a bar, a dance, etc.) but not dating or on a date.

- ✓ **Violence committed on a date is often mainly sexual in nature**, making it more sexual rather than domestic violence.
- ✓ **Individual acts of violence committed by a date which are criminal offenses should be investigated as such** and not minimized because they occurred in a dating relationship. Violence is violence regardless of the victim's relationship to the offender.

For these reasons, when possible **avoid using the term dating violence and instead use terms that more powerfully describe the individual behaviors**—sexual assault, physical assault, intimidation, battery, stalking, etc.

Stalking and Harassment

The [Stalking Resource Center](#) defines **stalking as a course of conduct directed at a specific person that would cause a reasonable person fear**. Under this definition, stalking can include a variety of behaviors, including harassment.

STATE LAW



West Virginia law (WVC §61-2-9a) differentiates stalking from harassment. To be charged with stalking in West Virginia, someone must repeatedly (two or more times) follow another person, knowing or having reason to know that the conduct causes the person followed to reasonably fear for his or her safety or suffer significant emotional distress. **To be charged with harassment**, someone must repeatedly (two or more times) harass or make credible threats of bodily injury against another person.

Both stalking and harassment are misdemeanor charges in West Virginia, with penalties upon conviction of confinement in the county or regional jail for not more than 6 months and/or fined not more than \$1,000. If a person stalks or harasses another in violation of an order by the circuit court, magistrate court or family court judge, they are also guilty of a misdemeanor, and upon conviction, can be incarcerated in the county/regional jail for not less than 90 days nor more than 1 year and/or fined not less than \$2,000 nor more than \$5,000.

Note that the term stalking is used to refer to both stalking and harassment in this toolkit.

The federal stalking statute adds protection. It specifically addresses and makes it a crime to travel across state lines or tribal jurisdiction with the intent to kill, injure, harass or place under surveillance with similar intent. The stalker must have the intent to harass, or intimidate the victim, or to place the victim, a family member, or a partner of the victim, in fear of death or serious bodily injury. [Details on the federal laws and penalties](#) for related federal violations can be found at the national Stalking Resource Center or by accessing the [stalking section \(18 U.S.C. 2261A Interstate Stalking\) of the federal code](#).

BASIC DATA ON STALKING AND HARASSMENT

What tactics do stalkers use?

Under West Virginia's definition of stalking/harassment, there are **many behaviors that could potentially be considered stalking or harassment** (Stalking Resource Center; West Virginia Foundation for Rape Information and Services, 2014):

- Surveillance or watching the victim;
- Pursuing/following the victim;
- Unexpected appearances where the victim works, lives, goes to school or visits;
- Approaching or confronting the victim;
- Telephone harassment;
- Sending/giving unwanted gifts, letters or e-mails to the victim;
- Monitoring of telephone calls or computer use;
- Use or misuse of technology to stalk and harass;
- Spreading rumors or otherwise defaming the victim's character;
- Vandalism or other destruction of property;
- Threats to the victim and/or her/his family, friends and pets; and
- Physical attacks, including sexual assault.

These behaviors may not seem anything more than simply coincidental or annoying. Initially victims, their friends and families, law enforcement and the courts may not fully recognize that these offenders can be dangerous. However, **it is the cumulative pattern of behaviors that forms the "course of conduct" that can cause the targeted individual to be afraid and distressed** (and thus may be considered criminal). For example, a single e-mail or bouquet of flowers may not be frightening, but 150 e-mails, bouquets of dead flowers and late night threatening calls become actions that cannot and should not be ignored.



Most stalkers use multiple tactics. Common tactics reported by female college victims in the Fisher, Cullen and Turner 2000 study included being telephoned (78%), having a stalker waiting outside or inside places (48%), being watched from a distance (44%), being followed (42%), being sent letters (31%) and being e-mailed (25%).

How many people are stalked?

According to the *National Crime Victim Survey* (2012), **6.6 million people in the U.S. were stalked in one year**. Stalking does not just happen to celebrities and well-known people. Although high profile cases make the news, **stalking can happen to anyone. One in 6 women and 1 in 19 men have experienced stalking victimization at some point during their lifetime** (Black et al., 2011), during which they were very fearful or believed that they or someone close to them would be harmed or killed.

Persons ages 18 to 24 experience the highest rate of stalking (Baum et al., 2009).

According to [*The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*](#) (Black et al., 2011), more than 1/2 of female stalking victims and more than 1/3 of male stalking victims indicated that they were stalked before the age of 25. Fisher, Cullen and Turner (2000) found that **more than 13% of college women had experienced stalking** (defined as experiencing repeated, obsessive and frightening behavior that made the victim afraid or concerned for her safety). College campuses have ideal environments for stalking as they are

closed communities to a degree, where class schedules and other campus activities can be easily monitored (Fisher, Cullen & Turner, 2000). As students are making friends, learning about campus activities and registering for classes, they are likely to give their names and share cell phone numbers or dorm locations with virtual strangers.

What is the relationship between victims and their stalkers?

The Bureau of Justice Statistics' 2006 *Supplemental Victimization Survey* found that **nearly 3 in 4 stalking victims knew their offenders** (Baum et al., 2009). Fisher, Cullen and Turner (2000) found that **4 out of 5 of college women who experienced stalking knew their stalkers**: In this study, the stalkers were victims' boyfriends or ex-boyfriends 43% of the time, classmates 25% of the time, acquaintances 10% of the time, friends 6% of the time and coworkers 6% of the time. Another national study of female college students found that about 5% reported being stalked by a partner or ex-partner over a 7-month period (Fritsch et al., 2005; Logan, 2010). A smaller study found that almost 7% of college women were stalked by a current or former partner (Buhi, Clayton & Surrency, 2009; Logan, 2010).

Current or former partners know about the likes, dislikes, habits, interests and other details of their victims' lives that can assist them in stalking. Partner stalkers also may have or could easily gain access to passwords, account numbers and other sensitive information that could be used against victims.

Where are college students stalked?

Fisher, Cullen and Turner (2000) found that of the female students who were stalked, about 30% were stalked only off campus and about 70% were stalked either only on campus or both on and off campus.

What is the typical length of time stalking lasts?

Fisher, Cullen and Turner (2000) found that almost **2/3 of the college women who were stalked indicated that they were stalked at least 2 to 6 times a week**. Stalking incidents lasted an average of 60 days. Tjaden and Thoennes (1998b) found that, for the general population, the **average case lasts 1.8 years**. Logan (2010) found that for partner stalking, the average duration was just over 2 years.

Do stalkers engage in other violence?

As noted earlier, **stalking often occurs in the context of sexual assault, domestic violence and dating violence**. Jordan, Wilcox and Pritchard (2007) found that **3/4 of college women who experienced stalking-related behaviors also experienced other forms of violence**. Approximately 26% of stalking victims experienced stalking and sexual assault, while 11% experienced stalking and physical and sexual assault. Fisher, Cullen and Turner (2000) similarly found that in over 10% of campus stalking incidents, the victim reported that the stalker forced or attempted sexual contact and in over 15% of incidents, victims reported that the stalker either threatened or attempted to harm them.



Research on sexual assault at colleges found that **perpetrators of sexual assaults were often premeditating, repeat offenders who use classic stalking strategies to select and ensure the vulnerability of their victims** (Lisak & Miller, 2002).

How dangerous are stalkers?

Stalking behaviors should always be taken seriously. While stalking victims may not always be in imminent danger, the potential always exists. Stalkers can be violent and can escalate their stalking over time (Stalking Resource Center). They most likely will not stop if their behavior is ignored. In fact, ignoring the behavior sometimes seems to cause the behaviors to increase in frequency and/or become more disturbing or bizarre. Stalkers have physically assaulted, sexually assaulted and/or murdered their victims. It can be useful for victims to develop a safety plan.

Who is at risk for escalations in stalking violence?

Being stalked by an intimate partner presents an increased risk of danger for victims. Partner stalkers are more likely to physically approach their victims, be more insulting, interfering and threatening, and use weapons. Their behavior is more likely to escalate quickly. They are more likely to re-offend even after criminal justice intervention. Stalking can be extremely dangerous for female victims if it involves a recently ended intimate relationship.

The risk of violence is also heightened when the stalker makes direct threats of violence, is jealous of the victim's relationships with others, and uses illegal drugs.

There is a **higher risk for lethality when stalking accompanies physical or sexual violence** than for either physical or sexual violence alone.

How often is stalking reported to law enforcement?

Fisher, Cullen and Turner (2000) found that **only 17% of stalking incidents were reported to law enforcement.** However, the vast majority (93%) of victims confided in someone, most often a friend, that they were being stalked.

As mentioned earlier, victims may not initially be aware that they are being stalked and thus not report. When they do become concerned, they may look back on the pattern of behaviors and realize that they were being stalked. If stalking is reported, the college should be prepared to educate students as to how stalking typically presents and take all stalking behaviors seriously.

What reactions are common for stalking victims?

(Also see C3. *Responding to Disclosures: Understanding Victims' Needs*)

Fisher, Cullen and Turner (2000) found that 3 in 10 college women who reported they were stalked indicated being injured emotionally or psychologically. Findings from the *2006 Supplemental Victimization Survey* offers a snapshot of victim reactions (Baum et al., 2009):

- ✓ When stalking victims were asked about their worst fears related to stalking, 46% indicated they feared not knowing what would happen next, 30% were afraid of bodily harm, 29% feared the behavior would never stop, and 9% feared death at the hands of their stalker.
- ✓ As the stalking progressed, 74% of victims reported being angry/annoyed, 36% were anxious or concerned, 26% were frightened, 16% felt helpless, 10% felt depressed, and 10% felt sick.
- ✓ About 1 in 8 of employed victims lost time from work due to the stalking.
- ✓ About 3 in 10 victims accrued out-of-pocket costs associated with the stalking.

In addition, stalking victims may experience sleep and eating disturbances, nightmares, hyper-vigilance, shock and disbelief, and a feeling of loss of personal safety (National Center for Victims of Crime, 2010; West Virginia Foundation for Rape Information and Services). If victims are in school, their academic performance could be affected. Some victims feel that they have to move to end the stalking.

Cybercrimes

Cybercrimes are criminal activities facilitated through the use of technology. Technology used is not limited to computers and the Internet, but can extend to a broad range of electronic devices and media (e.g., telephones, fax machines, TTY/TTD equipment, cameras, webcams and spycams, computer software and hardware such as global positioning systems, caller ID systems, computer monitoring software, and keystroke logging systems and software).

Stalking, sexual violence and domestic and dating violence may involve cybercrimes.

Electronic aggression is a term used to describe any kind of aggression perpetrated through technology (Hertz and David-Ferdon, 2008). The Internet creates opportunities for electronic aggression to occur through e-mail, instant messaging, chat room exchanges, website posts, creating web pages, videos or profiles on social networking sites, taking pictures and distributing them, and uploading videos and posting them on-line for the world to see. The cell phone—via phone calling, texting, taking/distributing photos/videos, and connecting to the Internet— is another popular tool for electronic aggression.

Below are some examples of how electronic aggression is used in interpersonal violence cases (both alone and in combination with other controlling, abusive and/or violent tactics):

- ✓ **Sexual predators can victimize individuals online.** For example, they may (Wolak, Mitchell & Finkelhor, 2006): request victims to engage in sexual activities or provide personal sexual information, attempt offline contact with victims, expose victims to unwanted sexual material, and/or harass victims.
- ✓ **Prior to or following a sexual assault, a sex offender may also use electronic aggression to threaten or retaliate against the victim.**
- ✓ **For abusers in dating or domestic violence situations,** technology offers a host of readily available tools to **repeatedly control, pressure or threaten someone** they are in an intimate relationship with or dating.
- ✓ **Stalkers can use any form of electronic or technological media and/or devices to threaten, harass or intimidate their victims (sometimes referred to as cyberstalking).** With their technology arsenals, stalkers can easily gather information and spy on victims,

impersonate them, intercept and monitor their communications with others, and embarrass, insult, harass and exploit them.



See Campus Safety Magazine's [Your Ultimate Guide to Student and School Internet Safety](#) (Swanson, 2011) to explore how to protect students from cyberstalking and Internet predators.

B3. GENDER BIAS AND VIOLENCE

[Gender bias](#) is prejudice in treatment or action towards other persons on the basis of their sex. **Gender bias greatly influences social norms that tolerate interpersonal violence.** It is useful to examine gender stereotypes you may have to be able to dispel myths related to interpersonal violence and avoid gender bias in your own interactions.



Individuals' beliefs and behaviors are shaped by the environment in which they are socialized and its norms. Norms are habits, beliefs and standards that are grounded in a particular culture. **Norms provide society with patterns and signals to model "proper" behaviors.**

When interpersonal violence is typical, expected and reinforced by media, family, peers, schools or the community, it will occur more often. If norms reinforced healthy, safe relationships, there would be a change in the level of violence in our society.

(Drawn from International Association for Chiefs of Police's *National Campus Law Enforcement Institute on Violence Against Women*, 2010.)

We are socialized from an early age—through the media, family, community, peers, schools, religious institutions, etc.—to accept stereotypes of females and males that reflect and reinforce gender bias. **Due to gender bias, girls and women are more at risk for violence throughout their lives.** The following are a few examples of societal beliefs about gender roles, relationships and sexuality that support gender-based violence:

- ✓ It's acceptable to tell jokes and show visual images that degrade women.
- ✓ If a man takes a woman out on an expensive date, it is OK for him to expect sex in return.
- ✓ It's OK for males to be sexually aggressive, while females are expected to set and enforce limits on male sexual behavior.
- ✓ In an intimate relationship between males and females, women traditionally were expected to listen and be supportive to their male partners, fulfill their sexual needs, care for their children, and cook and clean their home. An abusive husband may rationalize the use of violence if his wife fails to live up to such expectations. (For more on domestic violence and adherence to gender roles, see [University of Michigan, Sexual Assault Prevention and Awareness Center](#).)

While many men and women do not buy into beliefs rooted in gender bias, the overall message of male power and female submissiveness is inescapable in our culture. **Note the following**

overlapping social norms that contribute to gender-based violence (The Prevention Institute, 2007; Cohen, Davis & Graffunder, 2006):

- ✓ **Traditional male roles** promote domination, exploitation, objectification, oppression, risk-taking behaviors in men and boys, often glorifying victimizing women and girls.
- ✓ **Limited female roles that sexualize women** from a very young age blur the morality of age and ability to give consent, sending the message that women are objects for the pleasure of men and allowing men/boys to see themselves as the takers and users of the “commodity” of women.
- ✓ **Images of power support violent norms** that allow men to exert control over women.
- ✓ **Violence as an acceptable option** and tolerated as normal behavior that can be used as a way to solve problems (and where blame for using aggression is attributed to the victim).
- ✓ **The norm of privacy and shame encourages secrecy and silence around violence and fosters stigmatization and lack of intervention.** This norm promotes a shame-based culture that perpetuates abuse by immobilizing victims and their supporters with public shame and stigma. Privacy effects victim reporting rates, as victims say that they are reluctant to come forward because of the victim blaming from media, friends, family, etc.

Community factors can reinforce societal norms, such as weak sanctions against perpetrators and lack of support for victims from institutions that are supposed to help them seek justice. For example, college students who had been sexually victimized give a number of reasons for not reporting their victimizations to law enforcement officials. Fear of being treated with hostility by law enforcement and anticipation that law enforcement would not believe the incident was serious enough and/or would not want to be bothered with the incident were listed as barriers to reporting (Fisher, Cullen & Turner, 2000).



Gender bias is exacerbated by discrimination based on race, ethnicity, sexual orientation, perceived gender identity, socio-economic status, class, disability and/or age. These forms of discrimination can further increase a person’s vulnerability to violence and make safety, healing and justice less feasible (Amnesty International).

Gender bias affects all victims of interpersonal violence. When men are victims of sexual or domestic violence, they may be even less likely than female victims to seek help because these crimes are seen as ones that “happen to” females, who are perceived as the “weaker” sex. Despite the public’s growing awareness about male victimization, there is still a sense of disbelief that boys and men could be violated sexually or by a female intimate partner. Heterosexual male victims may fear being perceived as homosexual, feminine or weak if they were assaulted by a male. If they were sexually assaulted by a female, many believe that they should just “enjoy the sex” instead of “complaining” about it. When girls and women experience sexual or domestic violence by a female perpetrator, gender bias that sanctions violence against women can still be a factor.

B4. VICTIM BLAMING

It’s important for you to recognize that a key reason for a victim’s reluctance to report or seek help following an act of interpersonal violence is society’s tendency to blame the victim. **Victim**

blaming in essence removes the responsibility for the violence from the offender and places it upon the victim. We can address these myths during education and prevention programs by focusing on the offenders' behaviors and the realities of interpersonal violence.

Some **examples of myths that support victim blaming in interpersonal violence cases** include:

- ✓ If a woman wears revealing clothing, flirts with or walks home with the perpetrator, she is enticing him, so it can't be sexual assault.
- ✓ If a woman is out alone at night, she deserves what she gets.
- ✓ If a woman did not physically resist the perpetrator's advances or there was no "real" threat of physical harm, then it cannot be sexual assault.
- ✓ If an individual had sex previously with the perpetrator, it can't now be sexual assault.
- ✓ A woman might fabricate interpersonal violence to seek attention or revenge.

When women remain in abusive relationships, people may question why they stay and blame them for "letting" the abuse happen. Some may justify the violence if they feel the woman provoked it. Some may excuse violence as a result of the abuser's use of alcohol or drugs.

The blame that victims receive from others often erodes their confidence and develops into self-blame, which can manifest into feelings of guilt, shame, anxiety, depression, lack of trust and isolation. It makes it harder for victims to come forward and report the violence. **Just as damaging, victim blaming can lead to backlash and retaliation against victims**—for example, a victim might be labeled promiscuous by peers after being sexual assaulted by a classmate or sexually harassed by a professor. If the incident is reported, a victim may be subjected to retaliation (e.g., her stalker may increase the level of attacks or others may harass her if her abusive partner or rapist is a popular campus figure such as an athlete). In addition, institutions and the media can add to the damage by portraying victims negatively.

Why do people blame victims of interpersonal violence? Some thoughts and theories:

- ✓ **Men and women are socialized to believe stereotypes that support gender discrimination, including gender-based violence.**
- ✓ **People want to believe that as long as they behave "appropriately," nothing bad will happen to them.** This belief leads to the view that victims must have done something to encourage or deserve the violence and thus are to blame. Those who blame victims may feel a sense of security because they view themselves as acting appropriately and therefore are not vulnerable to violence. (Bullet adapted from Rape Crisis Information Pathfinder.)
- ✓ **People may believe that sexual violence is caused by uncontrollable sexual desire**, which leads them to conclude that the way a person looks or behaves can elicit irrepressible sexual arousal in others.
- ✓ **People may find it difficult to comprehend that a person they know is capable of interpersonal violence.** This is especially true when the alleged perpetrator is someone they like and/or respect.
- ✓ **People may not be educated about the nature of interpersonal violence.** Some people maintain victim blaming attitudes simply because they have not been taught about the realities of interpersonal violence and have not had the opportunity to counter their assumptions and biases with facts.



Some tips ([Center for Relationship Abuse Awareness](#)): Challenge victim-blaming statements. Don't agree with perpetrators' excuses for violence (they will try to rationalize their actions). Let victims know that it is not their fault. Hold perpetrators accountable for their actions. Provide victims with resources and support. Avoid victim blaming.

B5. PERPETRATORS OF INTERPERSONAL VIOLENCE

This section is intended to provide you with a very brief overview of perpetrators of different types of interpersonal violence. Note there is some overlap of this section with *B2*.

Sex Offenders

(Partly drawn from the Center for Sex Offender Management's ([CSOM](#)) publications)

The primary motivation for sex offenders to commit sexual violence is generally not sexual gratification, although that may be part of it. More commonly, **offenders use sexual violence as a tactic to overpower, control and/or humiliate another person**. They often have a need to compensate for their own feelings of inadequacy, anger and/or powerlessness. By humiliating victims, their anger is discharged and their feelings of strength and capability are validated. Offenders' dehumanizing acts of sexual coercion may help them gain a temporary sense of control, while leaving their victims feeling devastated, traumatized and powerless.

There is no profile of a typical sex offender (Becker & Murphy, 1998; Hunter, 2006; Marshall, 1996; Talbot et al., 2002). Instead (paragraph and bullets drawn from CSOM, 2010; Gilligan, 2008):

- ✓ Sex offenders vary from one another in terms of demographics, range of offending behaviors, motivations, intervention needs and levels of risk they pose (Carter, 2008).
- ✓ Sex offenders can be adults or juveniles. Sex offenders may offend against adults and/or children, males and/or females.
- ✓ The vast majority of sex offenses are committed by males, but females do commit these crimes (FBI, 2005; Schwartz & Cellini, 1995).
- ✓ Sex offenders vary in marital status, socio-economic level, education and family ties.
- ✓ Some have been victims of sexual abuse, but many have not. Being sexually abused does not cause people to become sex offenders.
- ✓ Offenders' sex crimes can range from non-contact offenses such as flashing or voyeurism to contact offenses such as fondling or rape.
- ✓ Most sex offenders commit multiple sex crimes against multiple types of victims with whom they have varying types of relationships (Denver Police Department, 2011).
- ✓ Sex offenders may have a long criminal history or none at all.

Key points about sex offenders (drawn in part from [Lisak & Miller](#), 2002):

- ✓ When discussing sexual assault that occurs on college campuses, people may have an image of a male student “who, under the influence of alcohol, mistakenly crosses the line between sexual pressure and rape.” However, the **majority of rapists plan their assaults as well as how to get away with them** (e.g., by identifying potential victims who are

vulnerable, accessible and easily manipulated/isolated, and whose credibility will be called into question if they report due to factors such as they were drinking or doing drugs, involved in illegal activities, have a cognitive disability, had sex with the rapist previously, etc.).

- ✓ **Offenders use violence as needed.** They may not need to use physical force if they can incapacitate, intimidate or wear down resistance of victims. It is easier to avoid prosecution if force is not used. Bachman (1998) found that the only factors associated with rape that increased the likelihood of victim reporting were physical injuries and the use of a weapon.

Between 12 and 24% of convicted sex offenders are known to have repeated sex crimes, as indicated by a new charge or conviction for a sex offense (Hanson & Harris, 2004; Hanson & Morton-Bourgon, 2005). However, **these rates likely are underestimated since most sex crimes are not reported.** There is usually no single factor that makes someone more likely to reoffend, but rather a combination of factors that might include problems in relationships, difficulty in dealing with emotions such as anger, having antisocial values, hostile attitudes toward women, or being sexually attracted to children. Treatment may help sex offenders develop skills to manage their behavior, which can reduce their chances of reoffending. But whether they will be successful depends on whether they are motivated to change their behaviors (Aos, Miller & Drake, 2006). (Paragraph drawn from CSOM, 2010.)



It is likely that **sex offenders committed far greater number of sex crimes than they are or will be convicted of (most will likely not be convicted at all).** Lisak and Miller (2002) found that of 1,882 men they assessed for acts of interpersonal violence, 120 reported acts that met legal definitions of rape or attempted rape, but were never prosecuted by criminal justice authorities. The majority (76) were repeat rapists. The 76 repeat “undetected” rapists together committed: 439 rapes and attempted rapes, 49 sexual assaults, 277 acts of child sexual abuse, 66 acts of child physical abuse, and 214 acts of battery. Lisak and Miller also found common characteristics between incarcerated and undetected rapists: Anger directed at women, need to dominate women, belief in rape myths, hyper-masculine attitudes, view of violence as normal, view of women as objects to be conquered, and deficits in empathy.

Lisak and Miller noted that with both incarcerated and undetected rapists, there is **a pattern that a small number of men committed the majority of sex crimes** (rather than many men committing single acts of sexual violence).

As mentioned earlier, **the courts can impose a variety of sentences for sex offending, depending upon the offender, the facts of the case and state laws.** While some offenders are sentenced to prison or jail, others are sentenced to community supervision (e.g., probation). Depending on their age and conviction, some are on the sex offender registry for their lifetimes, others for 10 years, and some not at all. For those sentenced to prison or jail, some are released with parole or probation supervision, while others are released with no supervision. When they are under community supervision, sex offenders are required to abide by certain restrictions and rules, such as the following (Paragraph and bullets drawn from CSOM, 2010):

- ✓ No contact with their victims;
- ✓ No or limited contact with minors;
- ✓ Participation in sex offender-specific treatment;
- ✓ Limited or no Internet access;

- ✓ No use of alcohol or drugs;
- ✓ Restrictions on where they can live and work;
- ✓ Restricted movement within the community and within and across state line; and
- ✓ Reporting to a probation/parole officer as required.



In every state, law enforcement agencies must maintain registries of certain convicted sex offenders (e.g., including data such as offenders' names, addresses, photographs and crime or conviction). The State Police administers the [West Virginia sex offender registry](#), as per the stipulations of the *Sex Offender Registration Act (WVC§15-12)*. In addition to updating the registry on a daily basis, the State Police distributes registrant data to the FBI and local entities in the county that the registrant resides, owns or leases property that he/she regularly visits, is employed or attends a school/training facility.

Abusive Partners

Like sex offenders, there is **no one profile for abusive intimate partners**. They come from all socioeconomic backgrounds, races, religions and walks of life. However, what they have in common is the **use of power and control as the main tactic in their abusive behavior**. **Abusive partners often** (from [Maricopa Association of Governments Domestic Violence Council](#); Wilson, 1997):

- ✓ **Equate jealousy with love**—continually question their partners about people spoken to or associating with, become jealous of time their partners spend with others, including family;
- ✓ **Use controlling behavior** to inhibit almost every aspect of their partners' lives;
- ✓ **Lie**, alter or withhold the truth;
- ✓ **Pressure their partners** to become committed to their relationship quickly;
- ✓ **Hold unrealistic expectations**—they may expect their partners to meet all of their needs;
- ✓ **Isolate** their partners by severing outside ties, support and resources, accuse others of being "troublemakers," block partners' access to use of vehicles, work or telephone service;
- ✓ **Blame others for their feelings** and may use their feelings to manipulate their partners—e.g., "You are hurting me by not doing what I want;"
- ✓ **Hold children to high expectations** and then punish them for not performing up to their harsh standards;
- ✓ Exhibit **cruelty to animals**;
- ✓ **Use force in sex**—may restrain their partners against their will during sexual activity, act out fantasies in which their partners are helpless, force sex when their partners are asleep, ill or tired; show little concern for their partners' desire to be touched, and use sulking or anger to manipulate sexual compliance;
- ✓ **Verbally abuse their partners**; and
- ✓ **Hold rigid gender roles**.

Although both men and women are abusers, the vast majority are men. Like sex offenders, they may refuse to accept responsibility for their behavior and believe that it is justified. Often they will try to excuse the violence or blame the victim for causing it. The tendency to use abuse as a control tactic can be aggravated by the use of drugs and alcohol, but overcoming a

substance abuse problem does not usually end the abusive behavior. There is treatment available to help abusive partners address abusive behavior. (Paragraph from Maricopa Association of Governments Domestic Violence Council.)

Stalkers

Most stalkers are men; however, females can also be stalkers. Like sex offenders and abusive intimate partners, stalkers are a heterogeneous group. One broad way they can be categorized is by their relationship with their victims: current or former intimate partner, acquaintance or stranger (Mohandie, Meloy, Green-McGowan & Williams, 2006; Logan, 2010).

Many stalkers know their victims, particularly those who stalk women. For 66% of female stalking victims and 41% of male victims identified in *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*, a current or former intimate partner was their stalker (Black et al., 2011). About 10% of stalkers are strangers to their victims (Baum et al., 2009).

Partner stalkers are more likely to be threatening and violent towards their victims than stalkers who are acquaintances or strangers. For example, 71% of the partner stalking victims who were threatened were actually assaulted compared to 33% of non-partner stalking victims who were threatened (Thomas et al., 2008; Logan, 2010). Similarly, Tjaden and Thoennes (1998) found that 81% of women who were stalked by current or former intimate partners were also physically assaulted by them; 31% were also sexually assaulted.

Compared to stalkers who were acquaintances or strangers, **partner stalkers were also more likely to be violent towards third parties and damage property, and reoffend after court interventions** (Logan, 2010). **They also appeared to engage in stalking more frequently and intensely than non-partner stalkers.**

Factors Linked with Perpetration of Sexual and Domestic Violence

Research suggests that most college men who commit non-stranger sexual assaults perceive their behavior as normative and reasonable (PCAR, 2004). Their peer groups often also consider their behavior as normal (Sampson, 2002). Their likelihood of committing sexual assault is associated with factors such as negative attitudes toward women and a belief that men are entitled to sex under certain conditions (PCAR, 2004). Based on Krug et al. (2002), the CDC (2004, 2009) identified a combination of individual, relational, community and societal factors that may contribute to the risk of becoming a perpetrator of sexual violence in the general population (see below, *Factors Associated with Perpetration of Sexual Violence*). The CDC (2010) also identified a list of risk factors that may contribute to a greater likelihood of domestic violence perpetration in the general population (see below, *Factors Associated with Domestic Violence Perpetration*). Note that the CDC indicated that some risk factors for perpetration of domestic violence are the same for victimization.

Factors Associated with Perpetration of Sexual Violence	Factors Associated with Perpetration of Domestic Violence
Individual risk factors ✓ Alcohol and drug use	Individual risk factors ✓ Low self-esteem

<ul style="list-style-type: none"> ✓ Coercive sexual fantasies ✓ Impulsive and antisocial tendencies ✓ Preference for impersonal sex ✓ Hostility towards women ✓ Hyper-masculinity ✓ Childhood sexual/physical abuse ✓ Witnessed family violence as a child <p>Relationship factors</p> <ul style="list-style-type: none"> ✓ Association with sexually aggressive and delinquent peers ✓ Family environment characterized by physical violence and few resources ✓ Raised in homes with strong patriarchal structures rather than egalitarian structures ✓ Emotionally unsupportive familial environment <p>Community factors</p> <ul style="list-style-type: none"> ✓ Lack of employment opportunities ✓ Lack of institutional support from police and judicial system ✓ General tolerance of sexual violence within the community ✓ Weak community sanctions against sexual violence perpetrators <p>Societal factors</p> <ul style="list-style-type: none"> ✓ Poverty ✓ Societal norms that support sexual violence ✓ Societal norms that support male superiority and sexual entitlement ✓ Societal norms that maintain women's inferiority and sexual submissiveness ✓ Weak laws and policies related to gender equity ✓ High tolerance levels of crime and other forms of violence 	<ul style="list-style-type: none"> ✓ Low income ✓ Low academic achievement ✓ Aggressive or delinquent behavior as a youth ✓ Heavy alcohol and drug use ✓ Depression ✓ Anger and hostility ✓ Antisocial personality traits ✓ Borderline personality traits ✓ Prior history of being physically abusive ✓ Having few friends/being isolated from others ✓ Unemployment ✓ Emotional dependence and insecurity ✓ Belief in strict gender roles ✓ Desire for power/control in relationships ✓ Perpetrating psychological aggression ✓ Being a victim of physical/psychological abuse ✓ History of poor parenting as child ✓ History of physical discipline as child <p>Relationship Factors</p> <ul style="list-style-type: none"> ✓ Marital conflict-fights, tension, other struggles ✓ Marital instability-divorces or separations ✓ Dominance/control of relationship by one partner over the other ✓ Economic stress ✓ Unhealthy family relationships and interactions <p>Community Factors</p> <ul style="list-style-type: none"> ✓ Poverty and associated factors (e.g., overcrowding) ✓ Low social capital- lack of institutions, relationships, and norms that shape a community's social interactions ✓ Weak community sanctions against intimate partner violence <p>Societal Factors</p> <ul style="list-style-type: none"> ✓ Traditional gender norms
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Note that there is considerable overlap between the risk factors for perpetration of sexual and domestic violence. To that end, a 2011 WHO report identified **risk factors associated with perpetrators of both intimate partner violence and sexual violence**: lower levels of education, exposure to child maltreatment, witnessing parental violence, harmful use of alcohol, attitudes accepting of violence and violence against females in particular, antisocial personality disorder, males with multiple partners or who are suspected of infidelity, beliefs in family honor and sexual purity, ideologies of male sexual entitlement.



Inaccurate information and beliefs can create attitudes on campus that support interpersonal violence and gender discrimination.

Myth: Rape is an impulsive, uncontrollable act of sexual gratification.

Fact: Most rapes are planned and motivated by aggression and a desire for dominance.

Myth: Women in college do not have to worry about becoming victims of domestic violence.

Fact: For traditionally-aged college students, dating violence is a problem and often an indication of abuse in subsequent relationships. Also, colleges today have significant populations of nontraditional-aged students who are at risk for dating and domestic violence.

Myth: If a person is stalked and she/he just ignores the unwanted behavior, it will go away.

Fact: Stalking behavior rarely just goes away on its own without appropriate interventions.

Myth: Rapists are strangers who hide in dark alleys waiting to attack women late at night.

Fact: Most rapists are someone the victim knows. Rape can occur at any hour of the day.

Myth: Battered women can always leave their abusers.

Fact: It may be difficult to leave a partner. Individuals stay in violent relationships for both emotional and practical reasons, including love, economic dependence, fear of reprisals, social isolation and shame.

Myth: People are to blame for putting themselves into situations that lead to sexual assault, such as staying out late, drinking, using drugs, going out alone and/or talking to strangers.

Fact: Most victims of sexual assault are assaulted in places they thought were safe, by someone they thought they could trust. Perpetrators are solely responsible for their assaults.

Myth: Sexual harassment is usually just harmless flirtation or a way to compliment someone.

Fact: Sexual harassment is unwelcome sexual advances, conduct of a sexual nature and requests for sexual favors that make the individuals targeted feel uncomfortable, humiliated, distressed and/or fearful for their safety. It can adversely affect a person's work or school experience. It is unacceptable on college campuses and can be illegal.

(Adapted from the California Coalition Against Sexual Assault and based on information from the web sites of the Santa Barbara Rape Crisis Center, Los Angeles Unified School District, the Minnesota Coalition Against Sexual Assault, and the National Resource Center on Domestic Violence's *Organizing College Campuses Against Dating Abuse* (1999).)

B6. VICTIMS' NEEDS, ISSUES AND CONCERNS

Student conduct administrators are legally required to offer both interim and longer-term remedial measures as warranted. Therefore, it is important to understand some of the needs that victims of interpersonal violence may experience.

Circumstances and priorities of victims can vary considerably. Their **experiences of and reactions to interpersonal violence, and their related needs, may be affected by multiple factors**, such as (adapted from Office on Violence Against Women, 2013):

- ✓ When the violence occurred (hours, days, weeks, months, years ago)
- ✓ Whether physical injuries were sustained, the severity of the injuries, and whether they were treated
- ✓ Level of emotional trauma experienced, capacity to cope with it, and support received
- ✓ Whether the victim fears continued threats and violence
- ✓ History of prior victimization
- ✓ Age and developmental level
- ✓ Gender and/or gender identity
- ✓ Sexual orientation
- ✓ Existence of a disability
- ✓ Language and communication needs
- ✓ Ethnic and cultural beliefs and practices
- ✓ Economic status
- ✓ Immigration and refugee status
- ✓ Past experiences with responding systems (medical, criminal justice, victim advocacy, etc.)
- ✓ Whether the victim was involved in activities prior to the violence that generate victim blaming
- ✓ Whether the violence involved alcohol and/or drugs
- ✓ Whether the victim engaged in illegal activities at the time of the violence or has outstanding criminal charges
- ✓ Prior relationship with the offender, if any



Because there are so many variables that can affect a victim's experience of and reaction to interpersonal violence, as well as related needs and concerns, it is critical to **ask each victim: "Is there anything I should know that will enable me to better assist/support you?"** Let the person guide you in how to support her.

College students who are victims of interpersonal violence often face challenges associated with a "closed" campus environment. For example, a victim may continue to live in danger after an abusive incident, particularly if the perpetrator resides in the same dormitory or knows where the victim lives and how to enter that residence, attends the same classes, or has meals in the same location. The perpetrator may be able to easily stalk the victim if he/she knows the victim's class and extracurricular schedule. The victim may be harassed by the perpetrator's friends who claim the victim "asked for it" or "provoked" the crime. On smaller campuses, the victim may wish to remain anonymous but may find it almost impossible in such an insular setting. (Paragraph adapted from Alternatives to Domestic Violence.)

Due to emotional trauma from interpersonal violence—past, present and/or threat of future violence—**victims may experience academic difficulties as well as problems with extracurricular activities**, to the point that they drop out of classes and activities, lose a sports or academic scholarship, feel that they can no longer live in the same residence, isolate themselves from their former social groups, etc. If they are employed, they may not be able to perform adequately, may lose work time and/or may be in financial jeopardy.

It is essential that colleges provide students who experience interpersonal violence with access to accommodations to help them stay in school in a healthy and safe environment

as they recover from trauma associated with the violence and deal with any ongoing threats. Key federal legislation discussed earlier includes requirements for accommodations. For example, the Campus SaVE Act requires that colleges notify victims about their options for changing academic, living, transportation and working situations, if requested by the victim and such accommodations are reasonably available, regardless of whether the victim chooses to report the crime. Similarly, the Campus Sexual Assault Victims' Bill of Rights of the Clery Act requires notifying victims of counseling services and their option to change classes or dormitory assignments to avoid contact with perpetrators. Title IX mandates colleges protect victims as necessary, even prior to the outcome of an investigation.

Key Victim Issues

(Note that WV FRIS offers online training courses on most of the topics addressed in this section. See the [Sexual Assault Services Training Academy at www.fris.org](http://www.fris.org).)

EMOTIONAL TRAUMA

A student may never have experienced interpersonal violence, and therefore not realize that repercussions from the incident(s) may not appear for weeks or months. A well-trained conduct administration needs to have insight into the potential impact interpersonal violence may have on a victim so that remedial measures are offered and possibly encouraged. Utilizing community experts (e.g., rape crisis center advocates) to present this component of the training will provide additional insight.

Understandably, experiencing interpersonal violence causes emotional trauma for many victims. **Examples of factors that may influence whether a person's emotional reactions to the violence are traumatic** include: severity and frequency of the event; personal history (e.g., if there was a prior victimization); individual coping skills, values and beliefs; and the level of support from family, friends and/or professionals (Santa Barbara Graduate Institute et al.). Examples of traumatic reactions include (Santa Barbara Graduate Institute et al.):

- ✓ **Physical:** changes in eating patterns, sleep disturbances, sexual dysfunction, low energy and chronic, unexplained pain.
- ✓ **Emotional:** depression; spontaneous crying; feelings of despair and hopelessness; anxiety and panic attacks; fearfulness; compulsive and obsessive behaviors; feelings of being out of control, irritable, angry and resentful; emotional numbness; and withdrawal from normal routines and relationships.
- ✓ **Cognitive:** memory lapses (especially about the violence), difficulty in making decisions, decreased ability to concentrate, hyperactivity and impulsivity.

Additional symptoms—e.g., intrusive re-experiencing of the trauma, emotional numbing and avoidance, and hyper-vigilance and overreactions—are **key indicators of post-traumatic stress disorder (PTSD)**.

Nearly **1/3 of rape victims develop PTSD** during their lifetimes (Kilpatrick, Edmunds, & Seymour, 1992). **PTSD symptoms specific to survivors of sexual violence are also known as rape trauma syndrome (RTS)**. **Phases of RTS** include (Burgess & Holmstrom, 1974):

- ✓ **Acute:** Occurs immediately after the assault and usually lasts a few days to several weeks. Common reactions include being openly emotional, being controlled/without emotion and experiencing shock, disbelief and/or disorientation.
- ✓ **Outward adjustment:** Individual resumes what appears to be her "normal" life, but inside is suffering from considerable turmoil. Primary coping techniques include: minimization (pretends that "everything is fine" or that "it could have been worse"); dramatization (cannot stop talking about the assault); suppression (refuses to discuss or acts as if it did not happen); explanation (analyzes what happened); and flight (tries to escape the pain by moving or changing jobs, appearance or relationships, etc.).
- ✓ **Resolution:** The assault is no longer the central focus of the individual's life. She may recognize that while she will never forget the assault, the pain and negative impact usually lessen over time.

Unfortunately, **this stress response is often not a one-time experience but can be reactivated** when a victim has intrusive symptoms related to the violence (a nightmare or flashback of the actual incident) or other traumatic events.

A substantial portion of women who experience domestic violence exhibit PTSD symptoms—31 to 84% according to a review of research. Multiple victimization experiences also increase the likelihood of PTSD. (Paragraph from Jones, Hughes & Unterstaller, 2001.)

If not addressed, emotional trauma can result in lasting negative effects for victims, such as substance abuse, eating disorders and other compulsive behavioral patterns, self-destructive and impulsive behaviors, inability to make healthy professional or lifestyle choices, dissociative symptoms, feeling permanently damaged, a loss of previously sustained beliefs, and feelings of ineffectiveness, shame, despair and hopelessness. It can also contribute to sexual problems, the inability to maintain close relationships or choose appropriate friends and partners, social withdrawal, and feelings of being constantly threatened and hostile towards others (Paragraph adapted from Santa Barbara Graduate Institute et al.).



B. Sokolow (2001) notes that student conduct officers need to bear in mind that Rape Trauma Syndrome (RTS) is experienced to a different extent by each survivor.

Symptoms can include loss of appetite, sleep disturbance, nightmares, extreme phobias, preoccupation with the rape or assault, inability to concentrate on studies or work, anxiety about leaving the dorm or socializing with others, and sexual dysfunction. More importantly, many victims enter a phase of denial or shock that is common to RTS. The effect is that the victim may be able to supply many more facts, and recall much more detail about the incident at the time of the hearing than he or she was able to when the allegation was made. To a hearing officer these "new" facts may appear to be dubious and suspicious. *This is a very common occurrence at rape trials and hearings.* Don't automatically jump to the conclusion that the victim is trying to "improve" his or her story. Student conduct administrators need to be aware that the victim is likely to be telling them things of which he or she *was not* aware at the

time the affidavit was taken. These seeming inconsistencies alone should not be held to weaken the victim's credibility, but should be subject to more questioning and consideration.

While it is acceptable to train student conduct officers on information about rape trauma syndrome, if it is to be used as evidence in a hearing, care must be taken. If an alleged victim is experiencing symptoms of RTS, and wants to use that as evidence that she was sexually assaulted, that information can be introduced. The fairest way to do so is to give the respondent advance notice that this will come up in the hearing, to introduce information on RTS from an expert or authoritative text, to allow the respondent to introduce evidence refuting the expert or text, and to allow full cross-examination of the expert and the complainant. The expert or text should be a witness of or introduced by the institution, not by either side. The expert or text should not speak to the alleged victim's symptoms and their correlation, but only to the common characteristics of RTS generally.

PHYSICAL HEALTH CONCERNS

Interpersonal violence has many potential short- and long-term health consequences for victims. Some victims sustain **physical injuries** during the violence. As discussed above, **emotional trauma from interpersonal violence victimization can lead to a wide range of physical, emotional and cognitive repercussions**. Victims of sexual assault may also fear their victimization will lead to **pregnancy and sexually transmitted infections, including HIV**. Some may **develop gynecological problems and stress-related illnesses** as a result of their victimization. The health consequences of interpersonal violence victimization can **profoundly impact many individuals' capacity to lead productive and healthy lives**.

SAFETY

(Section adapted in part from Victim Rights Law Center, 2009)

Interpersonal violence can shatter many victims' feelings of safety. They may not feel safe for months or years after an incident(s), and have a variety of safety concerns. For example:

- ✓ Victims may fear continued and escalating **physical harm, intimidation and retaliation by their perpetrator(s)** against themselves and their family, friends, pets and service animals. If they have or worry about ongoing contact with their perpetrators, their fears and hyper-vigilance may be especially acute.
- ✓ Victims may be concerned their **perpetrators will target other individuals**.
- ✓ Victims may develop **elevated fears of persons, places and things they associate with the violence** (e.g., fear of men, being out at night, etc.). Their existing fears may also be exacerbated by the violence (e.g., of being alone or in crowds).
- ✓ Victims may face or fear **threats to their health**, such as contracting a sexually transmitted infection (STI), including HIV.
- ✓ The emotional distress that victims experience can increase their **risk of self-inflicted harm and other self-destructive behaviors**.

Unfortunately, **some victims may not seek help to enhance their safety because they are too afraid of further harm or humiliation or immobilized by their reaction to the violence**.

Some victims with disabilities may have trouble accessing help due to challenges presented by their individual circumstances (e.g., a victim may be physically dependent on an abusive caregiver and unable to seek help because the caregiver isolates her from others and she lacks the social support, financial means or transportation needed to escape).

FINANCIAL CONCERNS

Interpersonal violence can result in out-of-pocket expenses (e.g., for medical treatment, counseling, legal fees, change of residence, etc.) **and loss of income for victims**. For some victims, **worry about money causes considerable stress and may even prevent them from reaching out for assistance**. College students who are financially dependent on parents may worry about their parents finding out about the violence if they are charged for services. Students with disabilities may be concerned that their independence could be restricted if their parents found out about the violence and became concerned about their ability to take care of themselves.

As mentioned earlier, college students who are victims may **face the potential of losing financial aid and scholarships** if they are not performing adequately as per scholarship/aid requirements. **Loss of income from jobs may also jeopardize their ability to pay their college tuition and other fees**.



Some general **remedies you can use to mitigate victims' emotional trauma**:

- ✓ **Allow advocates to be present during interviews/hearings;**
- ✓ **Consider making accommodations so that the two parties physically see each other as little as possible;**
- ✓ **Implement remedial measures based on needs/requests;**
- ✓ **Dispel untruths and misconceptions;**
- ✓ **Be aware of non-verbal cues;**
- ✓ **Do not paraphrase in a way that seems victim-blaming; and**
- ✓ **Maintain confidentiality to the extent possible.**

B7. WHEN STUDENTS DISCLOSE

How to Help

Student conduct administrators should be aware of what activities and information might be most useful to a student who discloses interpersonal violence. While most of their student conduct/judicial process interactions with victims will come after such disclosures, there may be times that they might be on the receiving end of a disclosure. The following list was adapted from NotAlone.gov, "What do I do if I have been sexually assaulted?"

Immediately after the violence

Ask for help, make a call:

- ✓ 911/local law enforcement
- ✓ Campus law enforcement or security
- ✓ Friends or family
- ✓ Crisis hotline 800-656-HOPE (4673) or your local rape crisis center/domestic violence program for emotional support, crisis interventions, information and referrals
- ✓ Seek urgent care (e.g., a hospital): receive help for physical injuries. Screen for STDs/pregnancy. Take measures to preserve evidence prior to going to the hospital (see below). Hospital staff can collect evidence using a sexual assault forensic evidence collection kit. If you want to file a law enforcement report, you can call your local law enforcement agency from the emergency room.

Days following the violence

- ✓ Take care of your physical and emotional well-being. Try to eat well, get enough sleep and exercise. Remember that it was not your fault and you are not alone.
- ✓ If the violence is ongoing or the perpetrator is someone the victim will continue to see around campus, reach out to campus law enforcement/security and local law enforcement for assistance in addressing safety concerns. Protective orders may be useful. Local rape crisis centers and domestic violence program can also help the victim with safety planning.
- ✓ Learn about common reactions to trauma. Everyone is different, but it is good to understand what you might expect and know that others have experienced similar reactions.
- ✓ Let others help. Friends and family can offer support by listening to you, keeping you company, walking to class with you, or going with you to appointments. Campus health centers can provide health services and help you find additional health resources including counseling. If you are concerned about confidentiality, ask the person you want to talk to first about his/her obligation to disclose information you share (e.g., filing a report). Local rape crisis centers are experienced with how to help you. Center advocates can help you make choices about reporting an assault, joining a support group or finding a counselor.
- ✓ [*Know Your Rights: Title IX Requires Your School to Address Sexual Violence*](#) offers information about what accommodations should be offered to you by your college.

Months after the violence

- ✓ Recovery is an **ongoing gradual process**. Understand **common reactions after trauma**. Some symptoms may appear months after the violence.
- ✓ **Reach out** to your personal support network of friends and family. Find a support group.
- ✓ **Talk to a counselor or psychologist** (either through your school mental health services or in the community). They are experienced in helping individuals who have been sexually assaulted. They are familiar with the physiological and psychological effects that traumatic events cause. They can help you work through your emotions and teach you coping skills. Learn more [**here**](#).

Critical Components of an Initial Response

When victims of interpersonal violence initially report an incident, it is critical for first responders to be prepared, respectful and listen. The first time a victim of interpersonal violence discloses can have a major impact on the course of action(s) she/he chooses and their healing process. A negative or insensitive reaction from first responders can lead to additional trauma and affect a

victim's ability to move forward with judicial and criminal proceedings. The following list provides important elements for responding to disclosures and decreasing additional harm to victims.

- ✓ **Coordinate interventions** among those involved in the immediate response to disclosures of interpersonal violence to help victims and facilitate timely criminal and school investigations. In addition to campus officials/officers which victims can be referred and directly linked for help, core community responders include (depending upon the circumstances): Victim advocates from the local rape crisis center or domestic violence program; hospital emergency department medical staff (in sexual assault cases, often sexual assault nurse examiners); local law enforcement (including campus law enforcement); and prosecutors (may/may not be involved in an advisory capacity in immediate response). A sexual assault response team (SART) may exist in your community to promote a coordinated response in sexual assault cases. See [WV FRIS](#) for more information on local rape crisis centers and SARTs.
- ✓ **Give victim access to an advocate:** Having the support of a victim advocate as soon as possible after a disclosure of victimization can not only help victims with their healing, but also may allow them to tap into a wider range of useful services and increase their willingness to participate in justice processes. Some colleges may have campus-based victim advocates—they are an excellent resource for victims. However, do not forget that students who are victimized should be aware of the availability of victim advocates from the local rape crisis center or domestic violence program. Not only can they offer victims their expertise and advocacy, they also are typically able to offer confidential communications with no requirements around reporting to the campus or local law enforcement (except as per state mandatory reporting mandates). In addition to providing 24-hour support and information, rape crisis center/community-based advocates are typically available to accompany and advocate for victims during the forensic medical examination, investigative interviews, court processes and school hearings. Domestic violence victim advocates offer similar services to domestic violence victims.
- ✓ **Know what to do in a crisis:** If a person in crisis discloses interpersonal violence to you, immediately enlist the assistance from someone trained in crisis intervention (e.g., a victim advocate from a rape crisis center/domestic violence program, a counselor or other person designated by the college). However, until that trained person arrives, response to a victim in crisis might encompass: Helping to calm the victim to facilitate rational, informed decisions; Helping the victim planning for short-term safety; Addressing medical concerns and encouraging the victim to seek needed care; Discussing reporting options and encouraging evidence collection, if appropriate; Addressing additional specific concerns and helping to prioritize urgency; providing contact information for the local rape crisis center or domestic violence program, explaining services and connecting the victim, with her permission, with an advocate; and providing additional information and referrals as needed.
- ✓ **Encourage medical care.** It is important to encourage victims to seek medical care as soon as possible after physical or sexual violence. They can be examined for acute and non-acute injuries and discuss any related medical concerns. Victims of sexual assault may also need antibiotics to prevent STIs; female victims can receive medication to protect against pregnancy. Sexual assault forensic medical examinations encompass both non-acute medical care related to the assault and forensic evidence collection.
- ✓ **Provide information to address victims' issues and concerns**, e.g., common reactions

they may experience and symptoms of trauma, reporting options (see below), mental health counseling options and resources for victims and their family and friends, medical care and sexual assault forensic evidence collection, the West Virginia Crime Victims' Compensation Fund, the criminal justice process, school investigations of code of conduct and Title IX violations, their right to file a complaint with OCR and/or DOJ, civil remedies and victim rights, and potential school accommodations for victims.

- ✓ **Explain reporting options** (see below).
- ✓ **Encourage evidence preservation** if the victims are considering reporting the crime to law enforcement or considering having a forensic medical exam. Once victims of sexual assault are safe and have their acute medical and emotional needs addressed, it is important to preserve potential evidence that may help in the investigation and prosecution. To preserve potential forensic evidence, victims are generally advised: Prior to arrival at the hospital, do not shower, bathe or clean any body parts. Do not douche, brush teeth or comb/brush hair. Do not go to the bathroom. Do not eat or drink anything. Do not change clothes. If clothing must be changed, remove carefully, place each item in a separate paper bag and take to the hospital. Bring extra clothing to the hospital to replace any items that law enforcement may take to test for evidence. Do not touch, straighten or clean anything at the crime scene area. Let victims know that a victim advocate from the local rape crisis center can accompany them through the forensic medical examination. Note that a victim of sexual assault is NOT required to participate in the criminal justice system or cooperate with law enforcement in order to have a forensic medical exam.
- ✓ **If safety concerns exist, give victims the opportunity to create a plan to enhance their safety.** Short-term safety planning may be a component of responding to a victim in crisis; longer-term planning is usually done when a victim has more time and is not in crisis. Victims' feelings of security and control in their lives can be enhanced when they identify their safety concerns and concretely plan how to reduce their risk of further harm. An increased sense of safety can contribute to healing from the effects of sexual violence. Recognizing that victims' situations and safety concerns may change over time, planning for safety often needs to be an ongoing process rather than a one-time event.
- ✓ **Document ongoing interpersonal violence:** It can be helpful for victims of ongoing interpersonal violence to document their offender's harassing and abusive behaviors. Below is an example of how to document incidents (from the Stalking Resource Center's [stalking incident/behavior log](#)). Such a log encourages victims to be specific and thorough in their documentation. In addition, they can note the negative consequences resulting from the incident on themselves and their family and friends. This information can be kept in a notebook or binder created specifically for this purpose. It may be helpful when seeking a protective order or reporting the violence to law enforcement.
- ✓ **Speak to financial concerns:** West Virginia has a Crime Victims Compensation Fund to reimburse eligible victims for eligible expenses related to crime victimization if the crime is reported to law enforcement within 72 hours. Advocates at local rape crisis centers and domestic violence programs are trained to assist victims in accessing this fund. Advocates can also help victims consider other financial resources and options. Colleges should review their policies to ensure that they are supporting student victims of interpersonal violence in their recovery and return to full school activities (e.g., by temporarily waiving requirements to maintain a certain grade-point average for a scholarship or allowing them to change residences with no financial repercussions).



A victim of sexual assault, dating violence, domestic violence and stalking in West Virginia can request a protective order through their [county magistrate court](#)—a [Personal Safety Order](#) (PSO) for victims in non-domestic relationships or a [Domestic Violence Protective Order](#) (DVPO).

- ✓ Filing fees may be waived.
 - ✓ These are civil remedies; there is no obligation to file a criminal report.
 - ✓ The petition may be filed by any person for themselves, or by a parent, guardian or custodian on behalf of a minor child or incapacitated adult. In the petition, it will need to explain exactly what the perpetrator has done to make the victim afraid.
 - ✓ Upon filing the petition, if a magistrate finds reasonable cause to believe the offender committed the offense in question, then a temporary order can be issued.
 - ✓ Under a PSO, the magistrate can order the offender to “stay away” from the victim’s home, work and school; refrain from contact; not interfere with the victim and, if the victim is a minor, any siblings or minors in the home. Under a DVPO, additional remedies can include temporary custody, possession of the residence and/or financial support.
-

Reporting Options

Reporting interpersonal violence is a very personal and often difficult decision for victims. If a victim chooses to report to law enforcement and/or college administration, having a victim advocate or friend with them can help make the process easier and provide support after the adjudication process.

College students generally have two options for reporting interpersonal violence—

(1) Victims can report interpersonal violence to law enforcement. Reporting provides the criminal justice system with the opportunity to begin an investigation into the matter. Whether a college has a law enforcement or security department can impact student procedures for making a criminal report—

- ✓ If victims disclose to a campus law enforcement department, the department can take a report and initiate a criminal investigation, if appropriate.
- ✓ If victims disclose to a campus security department, the department would typically need to refer the student making a report to a local law enforcement agency if they are requesting a criminal investigation. The school might advise the student to contact local law enforcement her/himself or could automatically pass on the report to local law enforcement, with the student’s permission and based on campus policy.



If a student discloses interpersonal violence to campus personnel, **students have the choice of whether or not to report to law enforcement.** The only time that campus personnel must report such an incident to law enforcement is if it meets state mandatory reporting requirements and they are mandatory reporters (See [WV FRIS Laws, Related](#); scroll down to Mandatory Reporting). The campus law enforcement or security department is still obligated to include the incident in its crime log.

Prior to making decisions about reporting to law enforcement, students should be informed of the potential benefits and consequences, and their right to decline reporting. For example, not reporting interpersonal violence, or delaying a report, can lead to loss of evidence and be detrimental to criminal investigation and prosecution. Also, students should be instructed to preserve evidence if the case is or may be reported and related procedures they should follow. In addition to crime scene and other evidence, preserving forensic evidence is particularly critical in sexual assault cases. If victims choose to have a forensic medical examination, the state pays the forensic evidence collection costs. The victim is responsible for medical costs beyond preventive prophylactic treatment related to the assault. If the violence was reported, that may be eligible for compensation of their related out-of-pocket expense through the West Virginia Crime Victims Compensation Fund. Students should also understand that when making a criminal complaint, that report along with other case information becomes public record.

(2) Victims can also report interpersonal violence as a violation of campus conduct policies and/or Title IX. (See *C. Federal Legislation* and *D. Getting Started* of this toolkit.). A school's response to disclosures of interpersonal violence should be in accordance not only with its stated policies, but also applicable federal laws (see *C. Federal Legislation*). Any time limitations for reporting a violation should be explained.



Title IX and Clery Act obligations and college policies require many college personnel to inform school officials when they receive student disclosures of interpersonal violence. The college should make clear who students can turn to on campus to talk confidentially about interpersonal violence – such as professional or pastoral counselors, or maybe a women's center or health center. It should also make clear who **cannot** maintain confidentiality if students talk about interpersonal violence. If students are not sure if someone can maintain confidentiality, encourage them to ask before they talk to them. (See *C. Federal Legislation*) Refer to *D4. Confidentiality* for additional information and guidance for when a victim wishes to remain anonymous or is reluctant to participate in the judicial process.

B8. WORKING WITH SPECIFIC POPULATIONS

Victims with Disabilities

Given that almost 20% of West Virginia's population has a disability (U.S. Census, American Community Survey, 2010), **it is likely that students with disabilities will experience interpersonal violence.** Victims may have a cognitive, sensory or mobility disability or mental illness, or any combination of disabilities. Like other victims of interpersonal violence, victims with disabilities may feel powerless, vulnerable and afraid. However, many factors can complicate their ability to disclose the violence to others, reach out for help and/or access services.

Commonly cited risk factors for sexual victimization for persons with a disability are listed below—most also apply to other types of interpersonal violence (Ticoll, 1994; Day One et al., 2004):

- ✓ Negative attitudes towards persons with disabilities may lead offenders to view them as easy targets
- ✓ Gender—females with disabilities have a higher risk of victimization
- ✓ Type of disability—risk may be higher for persons with certain physical and cognitive disabilities, developmental disabilities and severe mental illnesses

<ul style="list-style-type: none"> ✓ Reliance on others for care, assistance and management of personal affairs ✓ Communication barriers ✓ Social isolation ✓ Lack of resources/knowledge of resources ✓ Lack of accessible transportation ✓ Poverty ✓ Lack of knowledge about sexuality and healthy intimate relationships
<p>Potential barriers for persons with disabilities to seeking help include:</p> <ul style="list-style-type: none"> ✓ Lack of accessibility to services (e.g., due to reliance on an caregiver to access resources) ✓ Situational factors (e.g., lack of a needed service in the community) ✓ Fear of perceived consequences (e.g., retaliation or loss of independence) ✓ Socialization and education (e.g., they may have been taught to be compliant) ✓ Physical/programmatic inaccessibility of services themselves

When interacting with a person with a disability (Adaptive Environments Center, Inc., 1992; Ward, 1994):

- ✓ Keep in mind that **a disability may influence the person’s ability to communicate**
- ✓ Remember that **a person with a disability is entitled to the dignity, consideration, respect and rights** you expect for yourself
- ✓ Use **terminology that places the person before the disability** (e.g., “a person with epilepsy” rather than “an epileptic”)
- ✓ Take the time **to listen and understand the situation**
- ✓ **Be honest** if you do not understand the message a person is trying to communicate and **ask for suggestions** to improve the interaction
- ✓ If someone with a disability is accompanied by another individual, address the person with the disability directly—**don’t speak through the other person**
- ✓ When interacting with a person who uses a wheelchair, **sit at her/his level and do not touch the wheelchair** (if you inadvertently bump into the wheelchair, excuse yourself)
- ✓ If you offer assistance and the person declines, **do not insist**
- ✓ Help the person to **make her/his own choices**, to the extent possible



If a victim discloses having a disability, **it is helpful to identify concerns related to if and how the disability may affect the person’s safety options, ability to access services, needed accommodations, and reactions to the assault/abusive incident.**

An accommodation for a disability is a modification to goods, services and structures that allows for inclusion and participation by a person with a disability.

Campus disability services programs might be helpful in assisting students in identifying useful accommodations for disabilities in these situations.

International Students

Addressing interpersonal violence on college campuses merits additional considerations when it involves students from other countries and cultures. When working with these students, it is important to provide information in a way that is culturally sensitive. For example,

in some cultures, sexual assault may be seen as a consequence of being female. Cultural perspectives should be taken into account when responding to international student victims, while also explaining what the laws are in the U.S. and the jurisdiction in which they reside.



Some cultural practices reinforce sex discrimination against females. For example, if a daughter in some traditional Latin-American families is raped, family members may regard the assault as bringing great shame to the family. The victim's trauma may be overlooked in an effort to maintain family honor.

Note that international students who have been victimized may be reluctant to seek services because they are not aware of resources available to them. Those who are recent immigrants may fear that interaction with the criminal justice system or other government agencies could lead to deportation (Battered Women's Justice Project). Below are a few questions that these students may ask (Leppington, Orloff, Kuguyutan & Olavarria, 2002):

CAN INTERNATIONAL STUDENTS WHO HOLD A J VISA (STUDENT VISA) TRANSFER TO A DIFFERENT COLLEGE WITHIN THE UNITED STATES?

Students who have been victimized may wish to transfer to another college. Once admitted to the new school, the J visa can be transferred once the student provides the proper paperwork.

PROTECTIONS AVAILABLE TO DOCUMENTED AND UNDOCUMENTED IMMIGRANTS

Protective orders: Victims of sexual or domestic abuse are eligible for protective orders. There is no citizenship or permanent resident status requirement.
Shelter: Non-citizens in domestic violence situations have the same legal right as U.S. citizens to access domestic violence shelters.
Law enforcement assistance and criminal justice system intervention: Anyone can report a crime to law enforcement, regardless of immigration status. It is important, however, to know what the practices are in your community regarding non-citizen victims, including those who are not legally present in the United States. With few exceptions, federal law does not require law enforcement officers to ask crime victims about their immigrant status. But this does not mean that law enforcement <i>won't</i> ask victims about their status (or that defense counsel won't try to make it an issue in a case). In some states, local law enforcement agencies have entered into what are referred to as a "287(g) agreements" with the federal government. Through these agreements, local law enforcement officers are trained by the Immigration and Customs Enforcement program and agree to implement federal immigration enforcement procedures at the local level. Victims and witnesses as well as defendants may be turned in to the federal authorities under these agreements. However, no West Virginia law enforcement agency had a 287(g) agreement in effect as of 2013. (Drawn from Mindlin, 2011; Battered Women's Justice Project; Southern Poverty Law Center, 2010).
U visa: The U visa is a protection available for noncitizen victims through the Violence Against Women Act of 2000 (VAWA). Obtaining a U visa allows victims of certain crimes to gain legal status and work eligibility for up to four years (U.S. Immigration Support, 2010). Crimes covered by the U visa include: rape, torture, abusive sexual contact, hostage situations, peonage, false imprisonment, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, blackmail, extortion, manslaughter, murder, witness tampering, obstruction of justice, perjury or attempt, conspiracy, sexual assault, trafficking, domestic violence, prostitution, sexual exploitation, felonious assault, female genital

mutilation, incest or solicitation to commit any of the above mentioned crimes (Leppington, Orloff, Kuguyutan & Olavarria, 2002). No relationship to the perpetrator is needed to obtain a U visa. Additionally, the perpetrator does not have to be a U.S. citizen or lawful permanent resident. Visa requirements include: the victim has suffered substantial physical or mental abuse as a result of the crime, the victim has information about the crime, and law enforcement certifies that the victim has been helpful (Leppington, Orloff, Kuguyutan & Olavarria, 2002).

T visa (WomensLaw.org, 2008): A T visa gives temporary non-immigrant status to victims of severe forms of human trafficking, on the condition that they assist law enforcement in investigating and prosecuting related crimes. Victims under 18 years of age are not required to cooperate with law enforcement to obtain a T visa. T visas allow victims to stay in the United States for four years from the date the T visa application is approved, although longer than four years may be permitted if a law enforcement authority certifies that a victim is necessary for investigating or prosecuting the crime.

Petitioning for resident status under VAWA: A protection that may be helpful to married victims of domestic violence derives from VAWA 1994. It allows spouses or children of U.S. citizens or lawful permanent residents to file for resident status if they have been battered or subjected to extreme cruelty (Leppington, Orloff, Kuguyutan & Olavarria, 2002). This protection allows for immigrant victims of domestic violence to obtain a lawful immigration status independent of the abuser.



See www.womenslaw.org or [*U Visa for Immigrants who are Victims of Crimes*](#) for more information about the above protections.

This information may seem beyond the scope of student conduct administrators. However, knowing that additional remedies may be available and referring a student to a local rape crisis center advocate would be important to enable that student to continue her/his education.

LIMITED-ENGLISH SPEAKING STUDENTS

Note that language skills may deteriorate if a person is upset or in a crisis.

Some students may prefer to communicate in a language other than English. **Accommodate their language needs to the extent possible.** Make every attempt to help students obtain language assistance as needed (e.g., interpretation services and translated materials). An international student office on campus may be able to help identify the range of languages used by students on your campus. Interpreters used should be educated on interpersonal violence issues, confidentiality and cultural concerns. Take students' country of origin, acculturation level and dialect into account when proceeding with conduct complaints. (Paragraph primarily from Office on Violence Against Women, 2004.)

LGBTQ Students

Sexual assault, domestic violence, dating violence and stalking are often viewed as heterosexual crimes with a female victim and a male perpetrator. In reality, **any of these forms of interpersonal violence can also happen to students within the LGBTQ—lesbian, gay, bisexual, transgender, and/or queer or questioning—community.**

Little research has been conducted exploring the prevalence of interpersonal violence within the LGBTQ community, especially research with a focus on LGBTQ victims who are college

students. However, recent findings from the *Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (CDC, 2011) provide some insight regarding gay, lesbian and bisexual victims:

<p>Sexual Violence:</p> <ul style="list-style-type: none">✓ Approximately 1 in 8 lesbians (13%), nearly 1 in 2 bisexual women (46%), and 1 in 6 heterosexual women (17%) have been raped in their lifetime.✓ Almost half of bisexual women (48%) and more than a quarter of heterosexual women (28%) were first raped between the ages of 11 and 17.✓ Nearly 1 in 2 bisexual men (47%), 4 in 10 gay men (40%), and 1 in 5 heterosexual men (21%) have experienced sexual violence other than rape in their lifetime.
<p>Domestic Violence</p> <ul style="list-style-type: none">✓ Among women who experienced rape, physical violence, and/or stalking in the context of an intimate relationship, the majority of bisexual and heterosexual women (90% and 99%, respectively) reported only male perpetrators while self-identified lesbians (67%) reported having only female perpetrators.✓ Among men who experienced rape, physical violence and/or stalking by an intimate partner in the context of an intimate relationship, most bisexual and heterosexual men (79% and 100%, respectively) reported having only female perpetrators, while the majority of self-reported gay men (91%) reported having only male perpetrators.✓ More than 1/3 of lesbians (36%), over 1/2 of bisexual women (55%), and more than 1/4 of heterosexual women (30%) have been slapped, pushed, or shoved by an intimate partner at some point in their lifetime. Approximately 1/4 of all men, regardless of sexual orientation, reported being slapped, pushed, or shoved by an intimate partner at some point during their lifetime (24% gay men, 27% bisexual men, and 26% heterosexual men).✓ Nearly 1 in 3 lesbians (29%), 1 in 2 bisexual women (49%), and 1 in 4 heterosexual women (24%) experienced at least one form of severe physical violence by an intimate partner in her lifetime. Severe physical violence by an intimate partner in their lifetime was reported by 16% of gay men and 13% of heterosexual men.
<p>Stalking:</p> <ul style="list-style-type: none">✓ Approximately 1 in 3 bisexual women (37%) and 1 in 6 heterosexual women (16%) have been stalked at some point during their lifetime.

Another study found that: 13.2% of bisexual men and 11.6% of gay men were raped in adulthood, compared to 1.6% of heterosexual men (Balsam, Beauchaine & Rothblum, 2005). Research by Tjaden and Thoennes (2000) suggests that 11% of women cohabiting with a female partner have experienced violence from their partner in the form of rape, physical assault and/ or stalking. A study by Greenwood et al. (2002) found that 39% of gay men were battered at least once in the last 5 years by a partner. It has also been suggested that the transgender population faces relatively high rates of intimate partner violence (Stotzer, 2009). Another study found that more than 25% of transgender individuals had been sexually assaulted after the age of 13 (Testa et al., 2012)

In addition to the typical barriers faced by any victim of interpersonal violence, **students who identify as LGBTQ may be reluctant to report because of discrimination within the criminal justice system, lack of specialized services to meet their needs, the potential that no one will believe them** (e.g., because they have a hard time envisioning how a man could sexually assault another man or a woman could sexually assault another woman) **and feelings of guilt for “betraying” the LGBTQ community if they are reporting “one of their**

own” (California Coalition Against Sexual Assault—CALCASA, 2010). Also, victims may not want to disclose their sexual orientation or gender identity if they report violence by an intimate or dating partner as they may risk losing friends, family and employment, experiencing further isolation (CALCASA, 2010).

LGBTQ victims may also experience violence or harassment that is motivated by hate and homophobia. For example, a lesbian might be targeted because of a masculine appearance and be sexually victimized by heterosexual men who seek to “feminize” her (CALCASA, 2010). Not only are lesbian women at risk for men’s generalized sexist violence, but also men’s homophobic violence, which may increase the intensity of the violence (Funk, 2006).

Along with the trauma that victims face after interpersonal violence occurs, **LGBTQ victims may find that the violence complicates the challenges they face due to their sexual orientation or gender identity** (CALCASA, 2010). Transgender victims face additional issues, as they may be dealing with discrimination based on their anatomy. They may decline a physical or forensic medical exam for this reason. To help make LGBTQ victims feel more comfortable, mimic the language they use to describe themselves and their partners.



As a student conduct administrator **you need to be aware of your views about sexual orientation and gender identity to be able to effectively respond to LGBTQ victims** (CALCASA, 2010).

B9. RESOURCES FOR VICTIMS ON COLLEGE CAMPUSES

Campus Resources

Resources available to students who experience interpersonal violence differ among colleges across the state. **Finding the answers to the following questions posed in the chart below can assist you in identifying first responders’ roles on your campus.** It is important to understand your college’s holistic approach to ensure a fair and equitable judicial process.

Does the college identify the campus office(s), staff person(s) and/or paraprofessional(s) responsible for the immediate response to victims of sexual assault, domestic and dating violence, and stalking?

- ✓ What assistance does each office/person provide (coordination of services, protection, taking reports, evidence collection, investigation, emotional support, health care, information and referral, etc.)?
- ✓ What hours is each office/person available? What is the contact information? If hours for a particular responder are limited, what happens when students seek assistance outside of available hours?
- ✓ What training does each involved person/office receive to allow them to be effective responders to disclosures of sexual assault, domestic and dating violence, and stalking?

What specific assistance can victims expect from campus law enforcement or security department if they seek help after a sexual assault, domestic or dating violence, or stalking?

- ✓ What are the specific roles of the campus law enforcement or security department related response

to and prevention of each type of violence? Are there checklists that summarize their roles and related procedures for response and prevention? Responding law enforcement AND security officers should be able to assist victims with safety to some degree; explain their options for reporting; help them report an incident to the school and the local criminal justice system; explain the importance of getting medical care, emotional support and preserving evidence; help arrange safe transportation to a nearby hospital for medical care and forensic evidence collection (if applicable); and help them access support of victim advocates.

- ✓ In the likelihood of ongoing interpersonal violence, do campus law enforcement and security officers notify victims of protective measures available through the college and the local justice system, how to access immediate assistance, and how to document further violence?
- ✓ If your college has a campus law enforcement department, it likely has sworn officers who can take a criminal report and conduct the criminal investigation. Is that the case? Do officers receive training on investigating different types of interpersonal violence?
- ✓ If your college has a campus security department, are students referred to the local law enforcement agency to make a criminal report? Does the security department assist the victim in this regard?
- ✓ If and how is the campus law enforcement or security department involved in investigations of student code of conduct violations?

Is there an entity on your campus that provides support and information to victims of sexual assault, domestic and dating violence, and stalking?

- ✓ If so, what is the extent of services they provide to each type of victim?
- ✓ Can they provide confidential support to victims?
- ✓ Does it have a permanent physical space to ensure that students know where to find such support?
- ✓ What hours is assistance available? What happens if assistance is sought outside of these hours? What level of coordination does this entity engage in with the local rape crisis center and domestic violence program?
- ✓ Is the support offered the center widely publicized on campus?
- ✓ Are campus faculty, staff and paraprofessionals aware of support available and how to access it?

Is there a campus student health/counseling center? What specific assistance is offered to victims of sexual assault, domestic and dating violence, and stalking?

- ✓ Are counseling staff trained to provide crisis intervention and counseling to these victims?
- ✓ What hours is assistance available? What happens if assistance is sought outside of these hours?
- ✓ Is emergency medical care available on campus? What is the scope of care provided (e.g., treatment for acute versus non-acute injuries)? What hours is emergency care available? If emergency care on campus is not available or if presenting injuries are beyond the scope of care of the campus health facility, what is the procedure for ensuring that victims have immediate access to appropriate care?
- ✓ Are there medical personnel on campus trained to conduct a sexual assault forensic medical exam? What is the procedure for notifying those personnel of the need for their services? If forensic medical exams are not done on campus, what is the procedure for ensuring that victims have immediate access to these exams? A forensic medical exam optimally should be done within 96 hours after the assault. In the absence of these services on campus, students should be advised to go to the local hospital emergency department for medical care.

How will a report of sexual assault, domestic or dating violence, or stalking on campus be dealt with by school administration, regardless of whether there is a criminal investigation?

- ✓ What specific incidents violate the school's student code of conduct? What specific incidents violate personnel policies?
- ✓ How is a misconduct report made? Is the grievance procedure for Title IX violations different?
- ✓ Are there student conduct administrators who investigate complaints, decide whether the student code of conduct has been violated, and make recommendations as to possible sanctions for violators and remedies for victims?
- ✓ What measures of protection is the school able to offer students experiencing different types of

interpersonal violence (recognizing that each circumstance is unique)? Is there any difference in measures available if the perpetrator was another student versus a school employee versus someone who is not student or employee of the college?

- ✓ Are victims kept apprised of the outcomes of their cases? How?
- ✓ How are related violations of personnel policies dealt with by the college?

Is there a designated Title IX Coordinator on campus?

- ✓ Is this person easily identified by campus faculty and staff in order to direct individuals or issues to this office?
- ✓ Is the coordinator's name and contact information made widely available to students?
- ✓ Is the coordinator aware of Title IX provisions regarding interpersonal violence on campus?

Does the college participate on the local sexual assault response team (SART), if one exists?

At a minimum, a SART is typically comprised of emergency department medical personnel, prosecution, law enforcement and a sexual assault victim advocate. The SART helps these practitioners work in a coordinated manner to provide victims with immediate emotional support, forensic medical care and legal assistance and to address issues that may arise in specific cases.

- ✓ Who participates from the college and what is their role?
- ✓ Does the college participate in any collaboration to respond to domestic and dating violence or stalking? If yes, explain.

Community Resources

An array of community resources is typically available to students who experience interpersonal violence. A student may benefit with a referral for additional information and support.

- ✓ In West Virginia, there are **9 rape crisis centers** which can be utilized by victims of sexual violence, including college students (see below). These centers can also assist if the sexual violence includes domestic or dating violence or stalking. Rape crisis centers typically provide a range of services for victims and their family and friends, such as crisis intervention, emotional support, information and referral, advocacy, medical and legal accompaniment, safety planning, and counseling/support groups. All centers have 24-hour hotlines which can be used by victims who are seeking assistance. Information about the specific services offered at the rape crisis centers and their service areas can be found through the [West Virginia Foundation for Rape Information Services](#) (WV FRIS). These centers provide free and confidential services. In addition to calling a center directly, support can also be accessed by calling 800-656-HOPE.
- ✓ In West Virginia, there are **14 domestic violence programs, 6 of which are also rape crisis centers** (see below). Most programs offer core services such as individual safety planning, shelter, a 24-hour emergency hotline, legal advocacy, peer support counseling, support groups, and services for children. Information about the service area for each program can be found at through the [West Virginia Coalition Against Domestic Violence](#) (WVCADV - go to member programs).
- ✓ Victims without health insurance or access to a school with student health services should be informed that medical and counseling bills as a result of interpersonal violence may be reimbursed through the **West Virginia Crime Victims Compensation Fund**. In West Virginia, victims of interpersonal violence who are residents or students who were victimized in the state are eligible to file a claim with the fund (the claim must be filed within two years

of the assault). The crime must be reported to law enforcement within 72 hours (with possible exceptions). [WV FRIS](#) offers information about how to apply.

- ✓ The [WV Coalition Against Domestic Violence](#) offers state-specific information on domestic violence. The national domestic violence hotline is 800-799-SAFE.
- ✓ The [WV Foundation for Rape Information and Services](#) provides general and state-specific information and resources on sexual assault and stalking. The national sexual assault hotline is 800-656-HOPE.

West Virginia's Regional Rape Crisis Centers (* Indicates center is also a domestic violence program)	
CONTACT Huntington P.O. Box 2963 Huntington, WV 25729 304-399-1111 www.contacthuntington.com	RDVIC- Rape and Domestic Violence Information Center* P.O. Box 4228 Morgantown, WV 26505 304-292-5100 www.rdvic.org
Family Refuge Center* P.O. Box 249 Lewisburg, WV 24901 304-645-6334 www.familyrefugecenter.org	SAHC-Upper Ohio Valley Sexual Assault Help Center, Inc. P.O. Box 6764 Wheeling, WV 26003 304-234-8519
HOPE, Inc. Task Force on Domestic Violence* P.O. Box 626 Fairmont, WV 26555 304-367-1100	Shenandoah Women's Center* 236 West Martin St. Martinsburg, WV 25401 304-263-8292 www.swcinc.org
REACH/The Counseling Connection 1021 Quarrier St., Suite 414 Charleston, WV 25301 304-340-3676 www.tccwv.org	Women's Aid in Crisis* P.O. Box 2062 Elkins, WV 26241 304-636-8433 www.waicwv.com
	Women's Resource Center* P.O. Box 1476 Beckley, WV 25802-1476 304-255-2559 1-888-825-7835 (TTY) www.wrcwv.org

In addition to the 6 “dual” rape crisis and domestic violence agencies listed above (*), West Virginia has an additional 8 stand-alone regional domestic violence programs—

Branches, Inc.
P.O. Box 403
Huntington, WV 25708
(304) 529-2382
1-888-538-9838

Lighthouse Domestic Violence Awareness Center
PO Box 275
Weirton, WV 26062
(304) 797-7233

YWCA Family Violence Prevention Program
1100 Chapline Street
Wheeling, WV 26003
(304) 232-2748

Family Crisis Center
PO Box 207
Keyser, WV 26726
(304) 788-6061
1-800-698-1240

[Stop Abusive Family Environments](#)
P.O. Box 669
Welch, WV 24801
(304) 436-8117

[YWCA Resolve](#)
1114 Quarrier Street
Charleston, WV 25301
(304) 340-3573
1-800-681-8663

[Family Crisis Intervention Center](#)
P.O. Box 695
Parkersburg, WV 26102
(304) 428-2333
1-800-794-2335

Tug Valley Recovery Shelter
PO Box 677
Williamson, WV 25661
(304) 235-6121

National and Other Resources

Sexual Assault

- ✓ For victims seeking information or someone to talk to outside of their campus, [Rape, Abuse and Incest National Network](#) (RAINN) offers the 24-hour **National Sexual Assault Hotline** at **800-656-HOPE**. Callers will be connected to the nearest available rape crisis center based on the caller's area code. The hotline is confidential and anonymous (no personal information including phone number will be recorded).
- ✓ [National Sexual Violence Resource Center](#) is an excellent source for additional information.

Stalking

- ✓ [Stalking Resource Center](#) (202-467-8700 or src@ncvc.org) is a clearinghouse for stalking information, including help for victims.
- ✓ [Privacy Rights Clearinghouse](#) provides practical information on privacy protection, as well as specific fact sheets related to stalking.

Domestic and Dating Violence

- ✓ A 24-hour [National Domestic Violence Hotline](#) is available at 800-799-SAFE (7233) or 800-787-3224 TTY.
- ✓ A 24-hour [National Teen Dating Abuse Helpline](#) is available at 866-331-9474 or 866-331-8453 TTY.
- ✓ A few additional resources are the [National Coalition Against Domestic Violence](#) and the [Workplaces Respond to Domestic Violence – A National Resource Center](#).

Related (This list was adapted from NotAlone.gov.)

- ✓ **American Association of University Women:** Advocacy and empowerment organization for women and girls.
- ✓ **Arte Sana:** A national Latina-led nonprofit committed to ending sexual violence and other forms of gender-based aggressions and engage marginalized communities as agents of change.
- ✓ **Black Women’s Blueprint Project:** Civil and human rights organization aimed to secure social, political and economic equality in American society; The Black Women’s Truth and Reconciliation Commission (BWTRC) on sexual violence.
- ✓ **The Clery Center for Security on Campus:** A nonprofit organization dedicated to preventing violence, substance abuse, and other crimes on college and university campuses, and to assist the victims of these crimes.
- ✓ **Futures Without Violence: Preventing Violence Against Women on College Campuses**
- ✓ Resources for campuses to promote healthy relationships and to better help those affected by violence.
- ✓ **Institute on Domestic Violence in the African American Community:** Organization focused on African Americans as they face issues related to domestic violence and intimate partner violence including dating violence, child abuse, elder maltreatment, and community violence.
- ✓ **Joyful Heart Foundation:** National organization dedicated to healing, educating and empowering survivors of sexual assault, domestic violence and child abuse.
- ✓ **Men Can Stop Rape:** Organization aimed at mobilizing men to create cultures free from violence.
- ✓ **National Alliance to End Sexual Violence (NAESV):** National advocacy organization representing state coalitions and local programs organizing against sexual violence and for survivors.
- ✓ **National Center on Domestic and Sexual Violence (NRC DV):** Designs, provides, and customizes training and consultation, influences policy, promotes collaboration and enhances diversity with the goal of ending domestic and sexual violence.
- ✓ **National Center for Victims of Crime:** A nonprofit organization that advocates for victims’ rights, trains professionals who work with victims, and serves as a source of information on victims’ issues
- ✓ **National Organization of Asians and Pacific Islanders Ending Sexual Violence (NAPIESV):** National advocacy organization which provides technical assistance to culturally and linguistically specific organizations that are currently serving or attempting to serve victims of sexual assault in Asian and Pacific Islander communities.
- ✓ **National Organization of Sisters of Color Ending Sexual Assault (SCESA):** National advocacy organization supporting and advocating for women of color and organizations by and for communities of color.
- ✓ **National Network to End Domestic Violence (NNEDV):** A national social change organization dedicated to creating a social, political and economic environment in which violence against women no longer exists.
- ✓ **No Means No:** A nonprofit organization strengthening sexual assault prevention efforts on college campuses.
- ✓ **OK2TALK:** Encourages teens and young adults struggling with mental health problems to talk about what they’re experiencing by sharing their personal stories of recovery, tragedy, struggle or hope.
- ✓ **Safer Society Foundation:** Organization dedicated to ending sexual abuse by promoting

effective prevention and best-practice treatment for sexual abusers and their victims.

- ✓ **Tribal Court Clearinghouse:** Materials available through the website, which serves as a resource for American Indian and Alaska Native Nations, include laws and publications on sexual assault, stalking, domestic violence, and more.
- ✓ **SurvJustice** decreases the prevalence of sexual violence by assisting survivors, empowering activists, and supporting institutions.
- ✓ **Ultra Violet:** Advocacy organization mobilizing against sexism to expand women's rights, through grassroots, people-powered campaigns.
- ✓ **Victim Rights Law Center:** Provides national training for attorneys and advocates on issues of sexual assault.

Student Groups

- ✓ **Know Your IX:** A campaign that aims to educate all college students in the U.S. about their rights under Title IX.
- ✓ **Students Active for Ending Rape (SAFER):** Organization dedicated to empowering students to hold their universities accountable for having strong campus sexual assault policies and programming.

LGBTQ Resources

- ✓ **The Trevor Project Helpline:** LIVE CHAT, 866-488-7386: Provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Help and support are available via phone, chat, text, and online social networking.
- ✓ **Forge:** A national organization whose mission is to support, educate and advocate for the rights and lives of transgender individuals and SOFFAs (Significant Others, Friends, Family, and Allies). FORGE is dedicated to helping move fragmented communities beyond identity politics and forge a movement that embraces and empowers our diverse complexities.
- ✓ **Northwest Network:** This network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse works to end violence and abuse by building loving and equitable relationships in our community and across the country.
- ✓ **National Coalition of Anti-Violence Programs:** This organization works to prevent, respond to, and end all forms of violence against and within LGBTQH communities. NCAVP is a national coalition of local member programs, affiliate organizations and individual affiliates who create systemic and social change. We strive to increase power, safety and resources through data analysis, policy advocacy, education and technical assistance.
- ✓ **LGBTQ Health:** Information and resources tailored to perspectives and needs of the LGBTQ population who are at increased risk for a number of health threats when compared to their heterosexual peers. Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination. This resource is produced by the Centers for Disease Control and Prevention (CDC).
- ✓ **Health Resources and Services Administration:** Information from the Health Resources and Services Administration on the National LGBT Health Education Center health disparities, and links to additional resources.
- ✓ **Top Health Issues for LGBT Populations Information and Resource Kit:** Information from the Health Resources and Services Administration on the National LGBT Health Education Center health disparities, and links to additional resources.
- ✓ **Native Youth Sexual Health Network:** The Native Youth Sexual Health Network provides culturally relevant resources and has developed a comprehensive online directory of Two Spirit organizations and social media tools for the LGBTQ community.

- ✓ **CenterLink:** The community of LGBT (Lesbian, Gay, Bisexual and Transgender) Centers exist to support the development of strong, sustainable LGBT community centers and to build a unified center movement. CenterLink works with other national organizations to advance the rights of LGBT individuals and to provide LGBT community centers with information and analysis of key issues.

Disability Resources

- ✓ **Disability.gov:** Connects people with disabilities, their families and caregivers to helpful resources on topics such as how to apply for disability benefits, find a job, get health care or pay for accessible housing.
- ✓ **Screening and Counseling on Violence for Women with Disabilities**

Immigrant and International Resources

- ✓ **Community Health Centers**
- ✓ **Casa de Esperanza:** A national resource center on domestic violence in the Latin community, with a mission to mobilize Latinas and Latino communities to end domestic violence. Their work includes community building, as well as direct advocacy and resources for victims of domestic violence in Latin@ communities.
- ✓ **Asian Pacific Islander Institute on Domestic Violence:** This is a national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian and Pacific Islander communities.

Health Resources

- ✓ **<http://locator.aids.gov>:** Find publicly supported health services including health centers, mental health providers, family planning centers and substance abuse treatment providers.
- ✓ **Community health centers**
- ✓ **Family planning providers**
- ✓ **Mental health providers**
- ✓ **The Office on Women's Health:** information on what rape and sexual assault are; health effects; how to get help; how to stay safe; and where to find more information.
- ✓ **Health Cares About IPV** is a federally funded program that provides training and technical assistance to over 22,000 health care professionals working to implement best practices for treating intimate partner violence (IPV) and dating violence survivors, including new guidelines to screen for abuse and refer patients to services.

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*Note: As a convenience, hyperlinks to sources are often provided. If a listed hyperlink cannot be accessed, it is suggested you search online for the resource by title and author.