

# Helping Students in Distress: Responses and Resources for the IUPUI Community

IUPUI  
Counseling and Psychological Services (CAPS)  
Division of Student Life  
Indianapolis, IN

This document will be modified based on the needs of the campus community.

This document was last updated on 8/10/07



Faculty, staff, and student leaders are on the “front lines” working with students on a daily basis. It is these vital members of the IUPUI community that see the personal stresses and struggles that many of our students face. In fact, it is through faculty and staff that most students find their way to IUPUI CAPS. Faculty, staff, and student leaders are often the “first responders” to students in distress. The following pages contain suggested responses and resources that we hope will assist you in responding on the front lines to help students cope with their life situations and be successful in their academic and personal pursuits.

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Much of the information found in this document is adapted from:

**Assisting the Emotionally Distressed Student: A Guide for Staff and Faculty**  
 Counseling and Psychological Services  
 University Health Services  
 University of California, Berkeley

Additional information was adapted from:

**Handbook of Supported Education**  
 Karen Unger, 1998

**If you find that any of the links in this document do not work, web-pages are expired, or other types of errors, please contact us immediately at [capsindy@iupui.edu](mailto:capsindy@iupui.edu)**

## The Changing Campus Community

(Adapted from *Handbook on Supported Education*. Karen V. Unger, 1998)

With the increasing diversity of the students who attend college and the increased opportunity and demand for a college education, the classroom makeup and student needs are no longer homogeneous.

Many faculty and staff members have expanded responsibilities beyond teaching, instructional preparation, student advising, and providing services.

Most students with a psychiatric condition will attend school, complete their coursework without drawing inordinate amounts of attention to themselves, and move on. Others, perhaps because they may not be stable enough to be on campus, or they may become ill because of medication or life changes on campus, may exhibit signs of distress or psychiatric symptoms and be disruptive. Others may be extremely vulnerable to the demands and stresses of the college campus and exhibit disruptive behavior in difficult situations. A fourth category of disruptive students includes those individuals who have a history of behavior problems in a school setting, abuse drugs or alcohol, or have a history of violent behavior. It is helpful to understand the cause of the student's behavior so that intervention is appropriate.

*"Mostly, we would like the world to see us as able to recover, able to make a contribution, able to be in every degree human and worth being seen as individuals with separate aspirations, gifts, degrees of taste, and desires to learn. We have become rather weary of being the last odd lot of society's unwanted." (Mosley, 1994, p. 1)*

## Guidelines for maintaining a positive learning environment

**Observe** Watch the student to see if the behavior will stop momentarily. If it does not stop, catch the student's eye so he or she understands that he or she is being watched.

**Engage** If the behavior continues, address the student directly (by name or at his or her desk or chair if possible) in order to detract as little as possible from classroom activities. Get more information. Ask the student if he or she has a question or if there is a problem that needs attention. If the issue cannot be resolved at the time, make an appointment to see the student after class.

**Intervene** If the behavior does not stop, ask the student to step outside for a brief conference. Put someone else in charge of the class for the interim. If this is a crisis situation, dismiss the class. Get more information from the student to determine whether he or she has a particular problem or concern about something. Keep the discussion focused in the present moment and on the student's behavior. Next, ask the student to stop the behavior. If the student does not feel he or she can stop the behavior, ask the student to leave the class for now, and set up an appointment before the next class meeting to resolve the issue.

In the meeting, explore the student's problem further to determine whether an accommodation or a referral is necessary. If neither are the case and there are no other issues, determine whether the student is willfully and intentionally disruptive. If so, explain the process for managing disruptive students outlined in the student code of conduct.

**Consult** If a meeting does not resolve the problem and the behavior continues, begin the process of involving other staff members. Notify the dean of students. Discuss with other colleagues to determine whether the student has a problem in other classes or other places on campus. Talk to the student's advisor. If possible, set up a case conference. Decide whether it is necessary to begin a formal process. Inform the student of the process being implemented. Reluctance to consult with others may be common as some faculty and staff members may feel it is their job to handle the situation. However, there may be several other people that are struggling with the same student and the same behavior. It is in the student's best interest to have the problem identified and resolved before it escalates into a major issue.

**Document** It is important to keep records of what has been done to solve the problem. Records provide a means to monitor the situation and to determine whether it has improved; they also provide a basis for any formal action that might take place. Instructors should not hesitate to resolve problems early. They are often powerful change agents. Compassionate understanding and firm guidelines may be a positive force in the student's life at that moment.

(Adapted from *Handbook on Supported Education*. Karen V. Unger, 1998)

## Violence and Threat of Violence

It is not uncommon for individuals under high levels of stress to react with anger and frustration. However, when these reactions escalate to threats or acts of aggression or violence, there is a risk to the campus community.

**When an individual acts in a physically aggressive manner toward another, or makes a verbal threat of physical harm, call the IUPUI Police at 274-7911.**

The Police will respond, assess the situation, and take steps to ensure the safety of the campus community. The Police will contact other campus offices as indicated by the situation.

While you may understand someone's anger, or believe that their actions are a result of situational stress or mental illness, anyone making a threat or gesture of physical harm to another person should be considered potentially dangerous. Threats of violence should always be taken seriously and such behaviors are not acceptable in the IUPUI community. Threats and acts of violence interfere with the learning of others.

### **Warning Signs: Violent Behavior**

**The most accurate predictor of violent behavior is past violent behavior.**

Assaultive behavior may also be predicted by:

Hostility	Hypervigilance
Suspicion	Fearfulness
Agitation	Loud and pressured speech

### **When dealing with a threatening individual, it is *helpful* to:**

- Try to remain calm – take a few deep breaths and try to relax your muscles.
- Maintain a posture that is poised, ready to move quickly but not fearful.
- Keep your hands in front of you.
- Avoid physical contact or use only in a defensive manner.
- Maintain a voice quality that is matter of fact, monotone, and low in intensity.
- Be aware of everything in the room.
- Use clear, assertive statements of consequences; repeat as necessary.
- Use eye contact sparingly - only to emphasize a point.
- Avoid gestures if possible as they may be interpreted as signs of weakness or aggression.
- Increase your advantage by placing yourself behind a table or chair near an exit.
- If possible, leave an unobstructed exit for the perpetrator.

### **It is *not helpful* to:**

- Ignore warning signs (body language, clenched fists).
- Get into an argument or shouting match.
- Become hostile or punitive yourself.
- Press for explanations for their behavior.
- Make threats or dares.

Once the student/individual leaves your area, be sure to debrief with your immediate supervisor or department chair. The counselors at CAPS are available for consultation; do not hesitate to contact them at 274-2548.

## Anger

As noted above, it is not uncommon for individuals under high levels of stress to react with anger and frustration. For those dealing with the angry individual, it is easy to feel fear or anger, and to respond with defensiveness or aggression. However, this only serves to escalate the situation.

When dealing with angry individuals, it is important to

1. Remain calm.
2. Use a quiet and steady voice.
3. Don't try to argue or convince the person they are wrong.
4. Simply state the facts that you have.
5. Suggest that you will look into the situation and would like to meet with the individual again later.
6. Don't promise something that you cannot deliver.

When you expect an individual may respond in anger, consider the following precautions:

1. Sit closest to, but do not block, the door.
2. Leave the door open.
3. Have someone else present.
4. Alert someone outside of the room of the potential conflict.
5. Have an emergency response plan for your unit.
6. Consider having IUPUI Police present for the discussion.

It is recommended that all departments develop a safety plan to address potentially dangerous situations. [Click here for more information on safety plans.](#)

[Click here for more information about dealing with violent or aggressive behavior](#)

## The Assault Cycle

As violence escalates, the aggressor reacts to the perceived threat with physical, psychological and behavioral responses that often follow a path of progression. This assault cycle has six phases:

1. **The Triggering Event:** Here the aggressor perceives a serious threat to him/herself. This perception may not make sense to you, but it is very real to the aggressor. The triggering event can be *perceived by the aggressor as:*

- Placing him/her under threat;
- Depriving him/her of something valued;
- Frustrating him/her so that efforts or demands seem to have been useless or ignored.

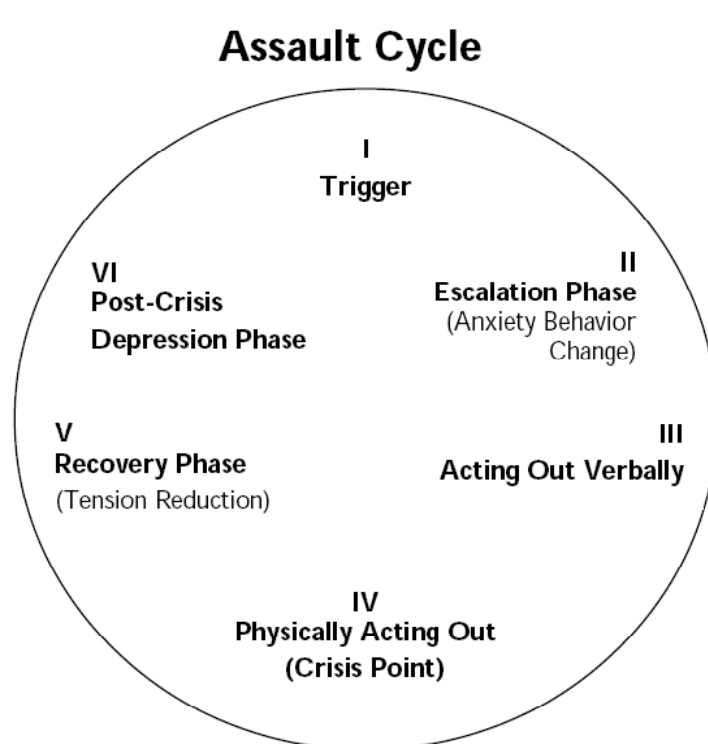
2. **The Escalation Phase:** Here the aggressor's mind and body prepare to fight. She/he may challenge the potential victim, especially if the victim is associated with the perceived threat.

3. **The Verbal Aggression Phase:** The most common occurrence of assaultive behavior on most campuses is a verbal threat or some other form of confrontational language. This behavior is viewed as the third stage in the assault cycle. If this cycle continues to escalate it may well be followed by physically acting out. Thus, it is important that this cycle be broken. It is during this stage of verbal attack that you should try to calmly set limits and let the student/individual know the possible consequences of his/her behavior.

4. **The Crisis Point Phase:** The aggressor acts violently against the perceived threat.

5. **The Recovery Phase:** The confrontation appears to have passed, even temporarily. The aggressor's body relaxes and his/her mind decreases vigilance.

6. **Post-Crisis Depression Phase:** Fatigue, depression and guilt appear as the physical and emotional aspects of the crisis manifest. This follows the body and mind returning to a stable base level.



## **Suicide**

Individuals in distress often begin to feel hopeless and may consider life no longer worth living. Some may passively wish for death, while others may actively plan for suicide. Most people who attempt suicide have made some form of communication about their thoughts or plans to others. Faculty may see suggestions of suicide in creative writing assignments or projects. It is important to pay attention to thoughts and gestures of possible suicide, as the student may be reaching out for help, and you may be their lifeline in this time of need.

### **Suicide often occurs in response to overwhelming losses, depression, and feelings of hopelessness.**

Overwhelming loss(es) may include:

- Death
- Ending of a relationship
- Job or academic rejection or failure
- Economic loss
- Loss of status in any life area

Symptoms of depression include:

- |                                   |                               |
|-----------------------------------|-------------------------------|
| Insomnia or excessive sleep       | Crying spells                 |
| Decreased powers of concentration | Feelings of worthlessness     |
| Increase or decrease in appetite  | Increased social isolation    |
| Decreased energy                  | Low self-esteem               |
| Anhedonia                         | Preoccupation with death      |
| Apathy                            | Hopelessness about the future |
| Poor self care                    | Irritability - mood swings    |

### **Individuals considering suicide often exhibit verbal or behavioral clues.**

Individuals often communicate, overtly or covertly, their suicidal ideation and intent. These clues may be verbal or appear in written assignments or presentations. Such clues include:

- |  |   |
|--|---|
| "I'm going to kill myself"   | "It's too much to put up with"                        |
| "I wish I were dead"   | "Life has lost its meaning for me"                    |
| "My family would be better off without me"                           | "Nobody needs me anymore"                             |
| "The only way out is for me to die"                                  | "If (such and such) happens, I'll kill myself"        |
| "I just can't go on any longer"                                      | "If (such and such) doesn't happen, I'll kill myself" |
| "You won't be seeing me around anymore"                              | "I'm getting out"                                     |
| "You're going to regret how you've treated me"                       | "I'm tired of life"                                   |
| "Ever since I retired, I've felt like I was in the way all the time" |   |

Behavioral changes often communicate a self-destructive path for suicidal individuals and may include:

- A previous attempted suicide; particularly a recent or highly lethal attempt
- Giving away valued possessions
- Procuring means: buying a gun, asking for sedatives, etc.
- Composing a suicide note
- Putting personal affairs in order
- Poor adjustment to recent loss of loved one
- Sudden, unexplained recovery from a severe depression
- Resigning from social groups, extracurricular activities
- Crying spells without external triggers
- Becoming disorganized, loss of contact with reality
- Any unexplained change in typical behavior (grades, aggression, drug use, mood, social withdrawal, acting out sexually)
- Marked changes in appearance
- Participation in new self-destructive or risky behaviors
- Saying goodbye
- Making final arrangements
- Substance abuse
- Visiting a physician for unexplained or vague symptoms

***When talking with someone that may be suicidal, it is helpful to:***

*Talk about suicide openly and directly. Ask the following questions in a direct and calm manner:*

- Have you been thinking about killing yourself?
- Have you ever thought about acting on these feelings/thoughts?
- Are there times you are afraid you will act on these thoughts/feelings?
- Do you have a plan for how you would harm or kill yourself?
- Do you have access to weapons? Pills?
- Have you ever tried to act on feelings like this in the past?

Try to sound calm and understanding.

Emphasize the temporary nature of the problem and the permanent nature of suicide.

Be confident, caring and know the resources available.

Take charge and call or walk the student to Counseling and Psychological Services

- o 274-2548
- o Union Building #418.

***It is not helpful to:***

Sound shocked by anything the person tells you.

Ignore vague comments such as “The world would be better off without me.”

Stress the shock and embarrassment that the suicide would be to the person’s family.

Engage in a philosophical debate on the moral aspects of suicide.

When assessing for suicide, professionals typically address three areas:

1. Ideation – thoughts about suicide
  - How frequent and persistent are these thoughts?
  - How detailed and intrusive are these thoughts?
  - When were the most recent thoughts?
  - How comfortable is the person with these thoughts?
2. Plan – how, when, and where the person plans to commit suicide
  - Is the plan vague or concrete?
  - What is the level of lethality of the method? (e.g., guns vs. pills)
  - Does the person have access to the means/method?
  - When does the person plan to act? Date? Event?
  - Where will the person commit the act?
  - How much detail has been considered?
3. Intent – intention to carry out the plan
  - Specificity of date, time, or event?
  - Any reasons to not attempt suicide?
  - Past suicide attempts or history of violence?

In each area listed above, vague and passive responses represent less risk, while clear, active, and imminent responses reflect high risk. **If an individual has clear thoughts of suicide, a well-defined plan, and intention to implement the plan within a short period of time, the person is in need of immediate assistance.**

Assistance may include:

1. Accompanying the individual to a hospital emergency room (e.g., Wishard)
2. Accompanying the individual to CAPS (UN 418, 274-2548)
3. Contacting the IUPUI Police (274-7911)

**If you find an individual who has attempted suicide or enacted significant physical harm to him or herself:**

1. Do not leave the person alone, unless you are in imminent physical danger.
2. Try to calm the person.
3. Contact the IUPUI Police at 274-7911,  
the police will make additional contacts (EMS, CAPS) as indicated.
4. CAPS or the Student Advocate will make follow-up contact with the student.

**If the individual is at immediate risk of self-harm and will not agree to go to CAPS or the emergency room,**

**Call the IUPUI Police at 274-7911**

The Police have the skill and authority to assess the person and execute an Immediate Detention for an emergency psychological evaluation if warranted. Specified officers have been trained in working with individuals with psychiatric conditions, and a clear procedure is implemented to ensure student safety. If the Police determine that an Immediate Detention is not warranted, they may assist in transporting the individual to CAPS or another facility for follow-up.

**If the person has a plan or intent, and is cooperative, an evaluation at CAPS is likely the most helpful:**

1. Call the CAPS office at 274-2548 and alert the staff of the situation.
2. If the person is willing, have them talk directly with the CAPS' staff – this gives them a sense of control and connection.
3. CAPS will ask for the student's name and phone number.
4. CAPS will ask for your name and phone number.
5. If at all possible, you or another trusted person should accompany the individual to the CAPS' office in the Union Building #418 – this will help ensure that the student gets to the office safely and will provide them support in making the connection with CAPS.
6. CAPS will have a counselor meet with the student as soon as possible after arrival.
7. Due to laws regarding confidentiality, CAPS will only be able to provide you with follow-up information if the person signs a consent to release information.

**If for any reason, assessment at CAPS is not an option:**

1. Alternate on or near campus resources include:
  - a. Midtown Mental Health, located in Wishard Hospital  
this is the best resource if the individual does not have health insurance before 8:00 pm, call the Walk-In Clinic at 630-7791  
after 8:00 pm, call the Crisis Line at 630-8485
  - b. Methodist Access Center  
During regular business hours, call 621-5694  
After hours, call 621-5700
2. Remember, when someone expresses plan and intent of self-harm, they should not be left alone nor allowed to transport themselves to a facility.
  - a. Liability issues should also be considered when a University employee considers transporting an individual by car.
  - b. An alternative would be to contact a family member to assist in transport and care.
3. If you do accompany the individual to a facility other than CAPS, be prepared to wait with the individual until they are seen by a mental health care provider (this may be as long as a few hours).

**If the person has vague or passive thoughts of suicide **without clear plan or intention**, then a recommendation for counseling may be more appropriate.** This may be an informal or a formal recommendation. Please click here for more information regarding a formal [Recommendation for Counseling](#).

When talking with someone who has thoughts of suicide:

1. Err to the side of “over-reacting” – that is, if you are unsure about the level of ideation, plan, or intent, assume it is at the higher level.
2. If you have any questions or feel uncomfortable with the situation, call CAPS, and a staff member will provide consultation (274-2548).
3. 24-hour crisis numbers include:

Adult & Child MHC – 882-5122,	Hamilton Center Inc –
Behavior Corp, Inc – 574-1252,	(800)742-0787,
Cummins MHC – 272-3333,	Julian Center – 251-7575,
Gallahue MH Svcs. –	Midtown MHC – 630-8485
(800)662-3445 or 621-5700,	

## Self-Harm

Not all thoughts or actions that result in self-harm are suicidal in nature. Some individuals use self-harm as a way to manage or release emotions. They may cut, burn, or hit themselves, use alcohol or drugs excessively, restrict eating or purge, engage in indiscriminant or compulsive sexual behavior, or pursue other risky behaviors. In these situations, the intention is to relieve the immediate distress, not death. Others may exhibit such behaviors as a way to let others know they are in distress.

Despite the intention, self-harm behaviors can certainly place individuals at risk of death or severe physical injury. If the risk appears imminent, the procedures described for dealing with a suicidal student are applicable. However, in many cases, the risk is not imminent. Therefore, **a referral for counseling is generally the most effective response.** This referral may be informal or formal. Please click here for more information regarding a formal [Recommendation for Counseling](#). If you have questions, call CAPS for consultation at 274-2548.

**In some situations, self-harm behaviors become disruptive to the community.** A student may frequently talk about or involve others in their self-harm behaviors. Evidence of self-harm, such as cuts, burns, or sounds of purging can cause significant distress in those around the individual. In such cases, the behavior may need to be addressed in the context of “disruptive behaviors.” As with most behavioral situations, the following steps may be [helpful](#):

1. Address concerns about the effects of the student’s behaviors with that student. Be specific about your concerns and the impact the behaviors are having on others.
2. Express your concern for the student’s welfare.
3. Make sure the student is aware of CAPS’ services
  - a. Contact CAPS for cards or brochures about services
  - b. Refer to <http://life.iupui.edu/caps>
4. Develop a behavior plan to reduce the impact on others. The plan should include:
  - a. what is expected to change,
  - b. when this will be evaluated, and,
  - c. what will happen if expectations are not met.[For more information on behavior plans, click here.](#)
5. Involve other students only at their level of concern and impact. For example, there is no need to involve an entire class if a student writes about his or her cutting. However, it may be important to include a roommate who is consistently exposed to the individual’s purging behaviors.
6. Contact CAPS for consultation as needed (274-2548).

## Disruptive Behaviors

Disruptive behaviors are those that interfere with the learning, living, and success of a student or group of students. Disorderly conduct includes obstructive and disruptive behaviors that interfere with teaching, research, administration or other university or university-authorized activity.

*When addressing disruptive behaviors, it is **helpful** to:*

1. Invite the student to speak in a private area. It may help to ask where the person would like to meet.
2. Acknowledge the emotions of the student if he or she seems upset, angry, frustrated, etc.
3. Briefly state your concern about the specific behavior(s).
4. Let the student talk. If he or she is reluctant, indicate that you are willing to talk at another time.
5. Ask for clarification of the student's concerns, if necessary.
6. Paraphrase or restate what the student has shared with you to let the student know that he or she has been heard.
7. Focus on the behavior(s) of concern. Clearly state the expectations and consequences of continued disruption.
8. Develop a behavior plan that includes:
  - a. what is expected to change,
  - b. when this will be evaluated, and,
  - c. what will happen if expectations are not met.

[For more information on behavior plans, click here.](#)
9. Ask the student for comments, modify as indicated, and obtain signature of student.
10. Consider recommending that the student seek counseling. [Click here for information on Recommended Counseling.](#)
11. Thank the student for his or her time.

At times, disruptive behaviors may be related to a disability or mental health concern. If you suspect this to be the case, a consultation with Adaptive Educational Services or Counseling and Psychological Services may be **helpful**. These professionals may be able to help you understand and address the problem behavior. It is important to remember, however, that these professionals are bound by confidentiality, and therefore may not be able to discuss a specific student with you.

No matter the cause, it is important to address disruptive behaviors to promote an environment conducive to the learning of all students.

Additional considerations are outlined in: [\*Tips for Responding to Disruptive Students, Guidelines for Dealing with Disruptive Students in Academic Settings\*](#), Indiana University Faculty Council: April 12, 2005, including:

1. Remain calm and request compliance from the student in concrete terms (e.g., "please lower your voice" or "please sit in your chair").
2. Ask the student to speak with you to discuss the concerns both may have. Acknowledge the emotions of the student ("I understand you are upset"). Do not engage the student in a debate. It is recommended that an observer be present when this meeting occurs.
3. Try to reach an agreement that is mutually satisfying; that is, you still have control of the academic setting and the student is not disgraced in front of his/her peers.
4. If the student refuses to comply, indicate that you will enlist the aid of others to stop the behavior and that the behavior is subject to disciplinary proceedings of the university.
5. If the student continues to refuse to comply, leave the academic setting to call for assistance or ask someone else in the vicinity to enlist the help of others. Be specific regarding whom you want called/contacted.
6. If a student is violent or threatening, remove yourself and instruct others to remove themselves from the situation and summon campus police as quickly as possible.

While there are significant differences between the university and high school classroom, some principles for classroom management may be helpful. The following are adapted from: Wiggins, D. (n.d.) *Classroom Management Plan*. <http://www.geom.uiuc.edu/~dwiggins/plan.html>

**Principle #6: Deal with misbehavior, quickly, consistently, and respectfully.**

Misbehavior is a disruption to the effectiveness an educator. The time spent dealing with misbehaving would be better spent teaching the others. Therefore, disruptive behaviors should be dealt with quickly and consistently with class defined consequences.

- **Non-verbal communication:** Body language, facial expressions, gestures, eye contact, and physical proximity all can be effective in promoting self-control by the student. It is important that a teacher is aware enough to be able to recognize when misbehavior may occur, and to have non-verbal methods to prevent escalation.
- **Reminders/Requests:** It is possible that a verbal reminder of the classroom rules and consequences will be all that is necessary to stop student misbehavior.
- **Redirecting Behavior:** Upon an act of misbehavior, a teacher may describe the action to the student and suggest an acceptable alternative action. The student usually only has to be reminded of what he is supposed to be doing. For example, "Instead of reading that newspaper, I would like you to work on your homework for the next five minutes. You can read the paper later."
- **Dealing with attention-seeking students:** If a teacher ignores an attention seeking student, the misbehavior usually escalates to a level which eventually cannot be ignored. Therefore, it is best if the teacher can redirect the student's behavior, and attempt to give the student attention when he is not demanding it. This method encourages students to seek motivation from within, instead of depending on attention from without.
- **Avoid Power Struggles:** It is important that the authority figure in the classroom (the teacher) not engage in power struggles with students. It is best to redirect a power-seeking student's behavior by offering some position of responsibility or decision making.

- **Address the behavior, not the character of the student:** The teacher has the power to build or destroy student self concept and personal relationships. Good communication addresses the situation directly, letting the student decide whether their behavior is consistent with what they expect of themselves.
- **Invoking Consequences:** To be effective, consequences must be applied consistently. They should never be harmful physically or psychologically to the student. When they are invoked, the student should understand that he has chosen them by misbehaving.
- **Prevent Escalation:** Sometimes students are unwilling to listen to the teacher. At this point, a teacher can help prevent misbehavior from escalating by talking (and listening) with the student privately, and rationally discuss the problem behavior. The privacy enhances the possibility for a constructive discussion. Confrontation with an unwilling student could make the teacher appear weak in front of the class.

**Principle #7: When all else fails, respectfully remove the student from the class.**

Continued disruptions are detrimental to the overall objective that all students will become active and effective learners. Therefore, removal of disruptive students from class may be considered.

- **Insubordination Rule:** This rule states: "If a student does not accept the consequence for breaking a class rule, then he or she will not be allowed to remain in the class until the consequence is accepted." This rule should be made clear to the students from the first day, and should be strictly enforced with the administrations approval, of course.
- **Conference:** A teacher may request a one-on-one conference with the student to discuss a specific behavior problem. The goal of this conference is to gain insight so that helpful guidance may be provided. For more serious behavioral matters, the teacher may also request a conference with others in the campus community with the same purpose.
- **Behavioral Plan:** This plan is for students who do not respond to conventional discipline. The plan can be written in contract form, and should include expected behaviors for the student, positive recognition for compliance, and consequences for failing. The plan should address one or two significant problems at a time, and should use consequences which differ from the previously failed ones used by the rest of the class.

## Behavior Plan

The following information is adapted from: *Behavioral Contract*, Least Restrictive Behavioral Interventions (LRBI), Utah State Office of Education: LRBI Resources,

<http://www.usu.edu/teachall/text/behavior/LRBI.htm>

A behavioral contract or plan is a written document between an instructor and student which specifies:

- Expected behaviors.
- Positive and negative consequences.
- Time frame of the contract with review dates.

The contract is then signed by the instructor, student, and others who participate in the contract.

Behavior contracts are practical and creative ways for instructors to help students of all ages improve various problematic behaviors, such as:

- Classroom and social behavior,
- Assignment completion,
- School attendance.

### The Steps for Making a Behavioral Contract Include:

1. Make Preparations
  - a. Define the Behavior  
Identify the behaviors to be increased or decreased.  
Avoid vague definitions.  
Instead, select behaviors that are observable and measurable.
  - b. Define Consequences  
Be specific about what will happen if the behavior is not changed.
  - c. Define Criterion  
This is a description of what the student must do.  
The contract criterion includes:
    - The behavior.
    - Amount of reinforcement (or reductive consequence).
    - The time limits.
2. Negotiate
  - a. Explain purpose  
Start negotiations by explaining why the contract is necessary.  
Lay down the rules for negotiation.  
Students may negotiate the behavior, the rewards, and the criterion but *not* the need for the contract itself.
  - b. Open Negotiations  
Share your ideas.  
Describe the behavior you want to work on with the student.  
Discuss rewards and criterion.  
Be sure to ask the student for his/her input, but watch out.  
Assist the student in setting realistic goals and expectations.
  - c. Close Negotiations  
Let the student know the contract is open to renegotiation at any time.

3. Write It
  - a. Write the negotiated terms on a contract form (i.e., behaviors, consequences, time, and any special conditions of the contract).
  - b. Be specific to avoid later misunderstandings.
  - c. Written contracts decrease the probability of disagreements after the contract has started.
  - d. It may be necessary to read the contract to the student.
4. Sign It

Be sure the student, instructor, and any other relevant participants sign the contract.
5. Post It

This typically is not practical in the University setting. However, ensuring that the student, instructor, and any other relevant participants have a copy of the completed contract can assist in compliance.
6. Review It
  - a. Give feedback regarding student progress at regular intervals.
  - b. Formally meet with the student and other relevant participants at the pre-determined date to review and document progress.
  - c. Ensure that everyone involved has a copy of the signed documentation of progress.
  - d. Administer consequences as indicated.

A sample form can be found on the following page.

# Behavioral Adjustment Plan

The classroom is a place where every learner has the right and responsibility to participate in all activities, and the instructor has the duty of providing a dynamic, enriching, and challenging curriculum. A **Behavioral Adjustment Plan** is needed when a student's behavior is interfering with their own learning or that of others.

## I. Accepting the Problem

This document is in regard to the behaviors of \_\_\_\_\_ [student]  
in a section of \_\_\_\_\_ [class name/number].  
\_\_\_\_\_[instructor], the instructor of this course, believes the behaviors  
described below are interfering with the educational process.

## II. Definition of the Problem Behavior

(specific, observable, and measurable)

## III. Expected Behaviors

(specific, observable, and measurable)

## IV. Strategies for Improvement

(What will the student do to change behavior? What will the instructor do to assist?)

## V. Consequences

If these behaviors persist, the following consequences will be implemented:

**VI. Review Date:** \_\_\_\_\_ (Date at which progress will be reviewed/consequences implemented)

## VII. Agreement

I agree to adhere to the solution(s) presented within this document. Failure to adhere to the solution(s) will result in the consequences outlined above, and may include notification of the Dean of Students for disciplinary measures.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Date

## **The Student Under the Influence**

We are all aware of the toll that abuse of alcohol and other drugs can take on individuals, families, friends and colleagues. In a recent survey of college presidents, alcohol abuse was identified as the campus life issue of greatest concern. The costs are staggering--in terms of academic failure, vandalism, sexual assault and other consequences. As the number of students living, gathering, and engaging on the IUPUI campus increases, the incidence of substance-related concerns has and will likely continue to increase.

### **Warning Signals of Alcohol and Other Drug Abuse**

There are many signs of alcohol and other drug usage, abuse and addiction. None of these signs alone are conclusive proof of an alcohol or other drug problem. Other conditions could be responsible for unusual behavior such as an illness or reaction to a legally prescribed drug. Any one, or a combination, of these could be cause for alarm and could signal problems in general as well as a substance abuse problem.

#### **Impairment of Mental Alertness**

- lack of concentration
- short-term memory loss
- memory loss of recent events
- confusion
- inability to follow directions

#### **Impairment of Mood**

- depression
- extreme mood swings
- flat or unresponsive behavior
- hyperactivity
- loss of interest in one's work/school results or objectiveness
- nervousness

#### **Impairment of Motor Behavior**

- hand tremors
- loss of balance
- loss of coordination
- staggering
- inability to work normally
- slurred speech
- passing out from alcohol or other drug use

#### **Impairment of Interpersonal Relationships**

- detachment from or drastic change of social relationships
- becoming a loner or secretive
- attempts to avoid friends/co-workers
- loss of interest in appearance
- change of friends
- extreme change in interests
- tendency to lose temper
- argumentative
- borrow money and not repay

#### **\*Impairment of Academic and Work Performance**

- inability to perform work assignments at usual level of competence
- missed deadlines
- missed appointments, classes or meetings
- increased absenteeism or lateness
- frequent trips from assigned or expected work area
- accidents in the lab
- complaining or feeling ill as an excuse for poor performance
- not scheduling morning classes
- neglected school or work obligations for two or more days in a row
- coming to class, practice or work intoxicated/high
- legal or judicial problems associated with alcohol or other drug use

*\*Note: some individuals with substance abuse problems are able to perform at a high level.*

**Other Signs of Alcohol or Drug Abuse Include:**

- Damaging property while under the influence
- Attempting to build up self-confidence through alcohol or other drug use
- Carelessness of friend's welfare while intoxicated or high
- Drinking "the morning after" to alleviate discomfort
- Planning day around drinking or using other drugs
- Difficulty in limiting intake
- Changes in personality as a result of alcohol or drug use or blackouts
- Changes in eating or sleeping patterns
- Academic probation because of alcohol or drug use
- Uncomfortable in situations where there is no alcohol or other drugs
- Arrest for drunk and disorderly conduct
- Increase in alcohol or other drug tolerance
- Sexual situations while under the influence which are later regretted
- Accidents while under the influence
- Having received a lower grade on an assignment or in a class because of use

**Getting a person to seek help may be a challenge. Here are a few hints for getting the message across:**

- Educate yourself about substance abuse.
- Confront the person when s/he is sober.
- Give facts, based on personal experience, related to that individual's use.
- Show honest concern and patience.
- If angry at individual don't participate in intervention

***In addition, it is helpful to:***

- Accept/ acknowledge the student's feelings and give him/her a chance to express them.
- Focus on behavioral issues: What has happened leading up to the situation?
- Permit the student to say how s/he regards his/her problems.
- Explore the student's perspective, then provide support by recapping the strengths and resources of the student.
- After listening and obtaining information, go back to the topic of alcohol or other drug use.
- Identify and clarify the major issues that s/he has described.
- Repeat as simply as possible the main concerns regarding alcohol or other drug use.
- Be willing to admit the limitation of your assistance and be ready to refer to specialists. CAPS can provide an evaluation with recommendations for treatment.
- Help the student identify sources of emotional support that he/she trusts and encourage the student to involve these individuals in seeking assistance.

***It is not helpful to:***

- Convey judgment or criticism about the student's substance abuse.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication in the classroom.

## **Disciplinary Actions**

In some cases, a student's disruptive behavior may be a violation of the Student Code of Conduct. In such cases, a formal report is made to the Dean of Students Office. The report is reviewed and sanctions may be imposed. [Click here to review the Code of Conduct and related disciplinary procedures.](#)

## Child/Elder/Dependent Abuse

[Indiana Code 31-33-5-1](#) states that anyone having **reason to believe** that a child is a victim of child abuse or neglect **must** make a report to the Child Protection Service and/or the appropriate law enforcement agency. The law specifically states that notification of and agency administrator (e.g., school principal, dean) does not relieve the first individual of the responsibility of seeing that the matter is reported.

**"Reason to Believe"** has been defined by statute as "evidence that, if presented to individuals of similar background and training, would cause those individuals to believe that a child was abused or neglected." (I.C. 31-9-2-101) (NOTE: This standard should be given a liberal interpretation. When in doubt as to whether you have "reason to believe," make a report.)

**Failure to report** suspected abuse or neglect is a Class B misdemeanor punishable by up to 6 months imprisonment and a \$1,000 fine. (I.C. 31-33-22-1; I.C. 35-50-3-3) Indiana law (I.C. 31-33-5-3) states that nothing relieves an individual from his/her own responsibility to report, unless a report has already been made to the best of the individual's belief.

The identity of the reporter is confidential by statute; the identity of those interviewed by the investigator may be contained within the report which summarizes the investigation. The parent/guardian/custodian of the child is entitled to request a copy of the final report. Parents/guardians/custodians are given written and verbal notice that all reports are available to them upon written request.

The statute requiring that child abuse be reported supersedes any right of privileged communication. You must report all suspected child abuse even if told in confidence by the child. ([I.C. 31-32-11-1](#))

**IT IS IMPORTANT FOR YOU TO KNOW THAT A PERSON, WHO, IN GOOD FAITH, MAKES A REPORT OF SUSPECTED ABUSE AND NEGLECT, IS IMMUNE FROM ANY CIVIL OR CRIMINAL LIABILITY. FURTHERMORE, THE LAW PRESUMES THAT THE PERSON WHO MAKES THE REPORT IS ACTING IN GOOD FAITH.**

Immunity does not extend to anyone who has acted maliciously or in bad faith. ([I.C.31-33-6-2](#))

### **Reports should be made to the:**

CPS Hotline for Marion County is 317-968-4379

Or statewide Hotline: 1-800-800-5556.

- When you call the 800 number, they will connect you with CPS in the appropriate county for reporting your specific case.

In some situations, "reason to believe" may result from an individual talking about their own abusive behaviors toward children. Depending on the situation, you may want to encourage them to self-report in your presence, and this may allow them to get the assistance they need to change their behaviors. However, their agreement to self-report does not exercise your duty to report, and you must also speak with the reporting agency to verify the report.

In other situations, the individual may be talking about the abusive actions of a partner or parent. Again, you may want to encourage the individual to report the situation to authorities while in your presence. At times, you may not want to confront the source of the information with the issue of reporting. You then must report to authorities on your own.

You may be afraid to report child abuse because of possible repercussions to the child or yourself.

You probably will be relieved to know that:

**The child abuse will be confirmed before the child is removed from the home.** The authorities will investigate, and if your suspicions of abuse are correct, the child will then be removed from the home and placed in safe care.

**Reporting is anonymous.** In most states, you do not have to give your name when you report child abuse. The child abuser cannot find out who made the report of child abuse.

**Remember that suspected child abuse is sufficient reason to make a report to authorities. You do not need proof. Your call may save the life of a child.**

For more information, see [Indiana Department of Child Services](#)

**Indiana  
Adult Protective Services  
Sentinels For Those Most In Need**

In 1985 the Indiana legislature enacted legislation to specifically address the protection of endangered adults from **abuse, neglect, and exploitation** by creating the **Adult Protective Services** program.

**Program Highlights**

Investigates reports of **abuse, neglect, and exploitation to endangered adults**

**Hotline** always available at **1-800-992-6978**

**Mandatory reporting requirements\***

**Indiana** is the **only** state in which **APS** program is a **criminal justice function**

The program's success comes from the relationship between Indiana's **prosecuting attorneys, law enforcement,** and the **Family and Social Services Administration**

Pioneered the use of a true **case management system** software

**Spotlighted** in national organization's periodical\*\* as a "**system that works.**"

\*\* (National Association of APS Administrators)

**\*All persons are required by law to report all cases of suspected Abuse, Neglect, or Exploitation to either the nearest APS office or to Law Enforcement.**

**Whether reporting abuse of a child or dependent adult, the following information is typically requested:**

1. Name of the child or dependent adult being abused or neglected
2. Name of the perpetrator, if known, or description/relationship to abused
3. Type of abuse or neglect
4. Location of abuse or neglect - address if known
5. Source of information
  - a. Who you heard it from
  - b. What you witnessed

For answers to frequent questions about child abuse and neglect in Indiana, [click here](#).

## Domestic/Relationship Violence

Unlike some other states, there is *no mandatory reporting law for domestic violence in Indiana*. Violence or abuse that occurs to individuals 18 years of age and older does not fall under the mandatory reporting laws cited above, unless that person is legally assigned a guardian.

However, there are several legal options for the victims of domestic abuse, IF they chose to pursue them. Many victims of domestic/relationship violence do not make police reports for many reasons. They may blame themselves for the situation, or be fearful of more intense abuse if they confront the situation.

Students in abusive relationships may come to the attention of faculty or staff through personal disclosure, journal entries or papers. *Prevention* and *intervention* can be accomplished by helping students recognize healthy relationship patterns, signs of and tendencies for relationship violence, and resources on campus and within the community. See below for further information.

**When talking with someone in a domestic/relationship violence situation, it is *helpful* to:**

**Approach** in an understanding, non-blaming way. Tell the person that they are not alone, there are many individuals in similar situations, and it takes strength to survive and trust someone enough to talk about it.

**Acknowledge** that it is scary and difficult to talk. Tell the person that he/she does not deserve to be threatened, hit or beaten. Nothing justifies violence or intimidation.

**Share** information. Refer to: 'Characteristics of Healthy Relationship', 'Warning Signs of Relationship Violence', and the 'Power and Control Wheel'.

**Support** and be a good listener. Allow the person to make her/his own decisions, even if it means she/he isn't ready to leave the relationship.

**Ask** the person if they have suffered physical harm. Offer to help in securing treatment and/or report to the police if s/he chooses to do so.

**Provide** information on available resources both on/off campus

**Assist** the individual in completing a safety plan.

[Click here for more information on safety plans](#)

[Click here for a printable version of a personal safety plan](#)

**It is *not helpful* to:**

Blame the individual for provoking the abuser.

Criticize the individual for being or staying in the relationship.

Tell the person they must leave if they want your help.

Ignore bruises or signs of violence.

### Studies Reveal:

An act of domestic violence occurs at least once every 9 seconds.

Almost half of all incidents of domestic violence against women are not reported.

Anytime a mother is abused her children are also affected in both overt and subtle ways.

Children of abused women are at high risk of being abused themselves.

Children of battered women show their distress in a range of physical and emotional problems.

Children (particularly boys) of battered women are at a great risk of repeating the patterns they saw as children when they become adults.

### Characteristics of a Healthy Relationship

Communication is open and spontaneous  
 Feelings and needs are openly expressed  
 Individuality, freedom and personal identity are enhanced  
 Each enjoys doing things for self, as well as for the other  
 Neither attempts to 'fix' or control the other  
 Each is self-confident and secure in own worth  
 Both are open to constructive feedback  
 Both are able to let go of need to 'be right'  
 Each is trustful of the other

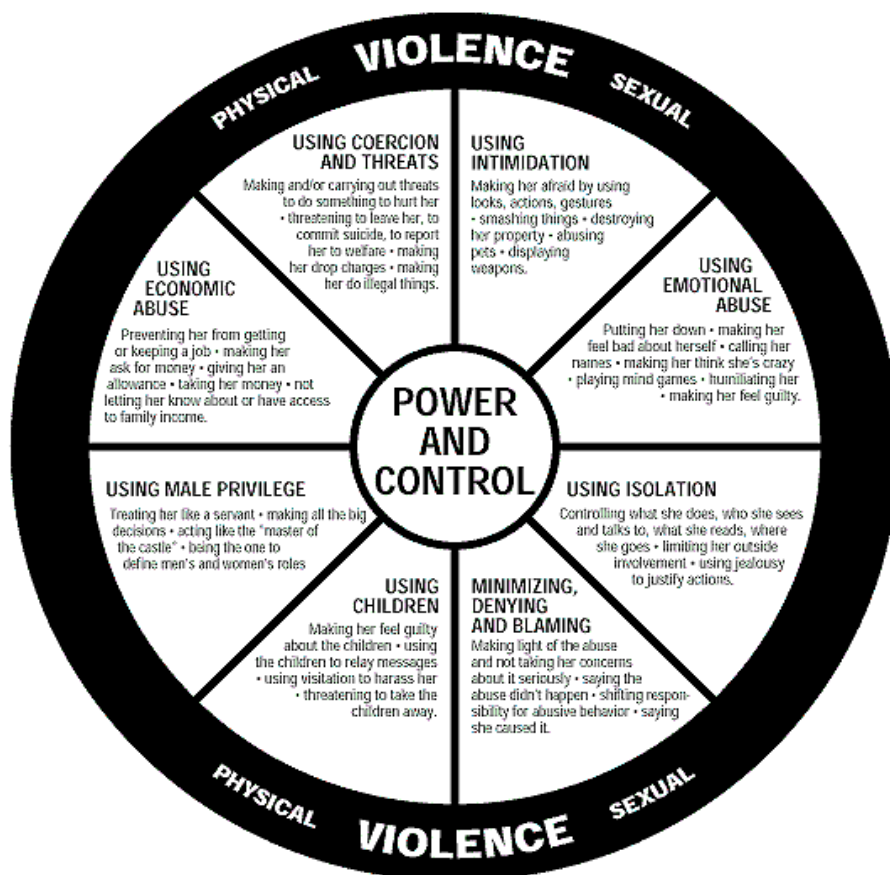
Giving and receiving are in balance  
 Negotiations are fair and democratic  
 Tolerance is present: a forgiveness of self and other  
 Mistakes are accepted and learned from  
 Change and exploration is encouraged  
 Continuity and consistency is present in the commitment  
 Responsibility is taken for own behaviors and happiness – lack of blaming  
 Both recognize that developing healthy relationships is an important life skill

### Warning Signs of Relationship Violence

Power struggle and control  
 Verbal attacks: criticism, minimizing, denying, blaming  
 Intimidation  
 Coercion  
 Behavioral and/or Verbal Threats

Isolation from family & friends  
 Addictions  
 Physical/Verbal Aggression  
 Explosive Anger  
 Repetitive/unrealized promises to change

**Power and Control Wheel** - Developed by the Domestic Abuse Intervention Project



## **Selected Relevant Domestic Violence Statutes**

### **Intimidation.** I.C. 35-45-2-1.

A Person who threatens another person with the intent of placing the other person in fear of retaliation for a prior lawful act, commits the crime of Intimidation, a *Class A misdemeanor*. If the intimidation involves a witness (or spouse of child of a witness) in any pending criminal case against the person making the threat, it is a *Class D felony*. If the intimidation is committed while using a deadly weapon, it is a *Class C Felony*.

### **Harassment.** I.C. 35-45-2-2.

A person who makes a telephone call, sends email, or otherwise communicates with a person with the intent of harassing, annoying, or alarming that person, commits the crime of Harassment, a *Class B misdemeanor*.

### **Stalking.** I.C. 35-45-10-5.

The crime of stalking is defined by law as any repeated or continuing harassment causing the victim to feel terrorized, frightened, intimidated, or threatened, and is a *Class D felony*. If the act of stalking involves a threat placing the victim in fear of sexual battery, serious bodily injury or death; is in disregard of a protection order issued in Indiana or by another state or tribal court; or occurs while a criminal case of stalking against the same victim is pending in court, the crime is a *Class C felony*.

If the act of stalking occurs while the offender is armed with a deadly weapon, or if the offender has a previous conviction of stalking the same victim, the crime is a *Class B felony*.

### **Victim Rights.** I.C. 35-40.

Officers responding to domestic violence scene are required to provide a victim with a written notice of their statutory rights. This information is also available on ICADV's website in English or Spanish: <http://www.violenceresource.org/victimrights.doc>

## **IUPUI Resources**

***IUPUI Counseling and Psychological Services (CAPS)*** [life.iupui.edu/caps](http://life.iupui.edu/caps)

Union Building (UN) 418

Phone: 274-2548

Email: [capsindy@iupui.edu](mailto:capsindy@iupui.edu)

***IUPUI Police Department*** [www.police.iupui.edu](http://www.police.iupui.edu)

Emergency: 911 or 274-7911

TTY 274-1387

Non-emergency: 274-2058

***Student Advocate Office*** [www.life.iupui.edu/advocate](http://www.life.iupui.edu/advocate)

University College (UC) 002

Phone: 274-7594

***IUPUI Student Health Center*** [www.iupui.edu/~iupuishc](http://www.iupui.edu/~iupuishc)

Coleman Hall (CF) 100

Phone: 274-8214

***Office for Women*** [www.opd.iupui.edu/ofw.index/htm](http://www.opd.iupui.edu/ofw.index/htm)

University Library (UL) 1140

Phone: 278-3600

***IUPUI Human Resource: Work/Life Balance*** [www.hra.iupui.edu/worklife](http://www.hra.iupui.edu/worklife)

Phone: 274-5466

***IUPUI HR: Employee Relations***

Union Building (UN) 368

Neelam Chand

Phone: 274-8931

## Community Resources

### **Centers for Hope:**

“Where victims receive medical and legal assistance in a private, quiet and compassionate environment.”

Wishard Hospital and Health Services

(317) 630-2445

St. Francis Hospital

(317) 865-5440

St. Vincent Hospital

(317) 338-3756

Riley Hospital for Children

(317) 274-4673

Community Hospital East

(317) 621-HOPE

Methodist Hospital

(317) 962-3600

**Indiana Coalition Against Domestic Violence (ICADV):** [www.violenceresource.org](http://www.violenceresource.org)

Toll Free 24-hour hotline

Voice and TTY: 800-332-7385

Resource Center: (317) 917-3685

### **Indiana Family Helpline:**

800-433-0746

**The Domestic Violence Network of Greater Indianapolis:** [www.domesticviolencenetwork.org](http://www.domesticviolencenetwork.org)

317-926-4357

**Indiana Coalition Against Sexual Assault (INCASA):** [www.incasa.org](http://www.incasa.org)

317-423-0233

**The Julian Center:** [www.juliancenter.org](http://www.juliancenter.org)

Domestic Violence Shelter and Women’s Counseling Center

Shelter: 317-920-9320

**Prevent Child Abuse Indiana:** [www.PCAIN.org](http://www.PCAIN.org)

CARE Line: 800-962-2798

**Protective Order Pro Bono Project – Victim Advocacy:** [www.popbp.org](http://www.popbp.org)

Provides victim advocacy services including assistance in court, safety planning and referrals to services

Phone: (317) 327-6999

(317) 638-7671

Email: [abiesecker@popbp.org](mailto:abiesecker@popbp.org)

## Sexual Assault

### FACTS about sexual assault:

An American is sexually assaulted *every two and a half minutes*.

There was an average of *204,370 sexual assaults* in 2003-2004.

*One in six American women* has been the victim of an attempted or completed rape.

About *10%* of sexual assault victims are *men*.

About *44%* of rape victims are *under age 18*; 80% are under age 30.

Sexual assault is *one of the most underreported crimes*, with more than half still being left unreported.

From the Rape, Abuse, and Incest National Network (RAINN) [www.rainn.org](http://www.rainn.org)

### Relationship between Victim and Perpetrator

In 8 out of 10 rape cases, the victim knows the perpetrator (Tjaden and Thoennes 2000).

A national survey found that 10% of women were victims of rape or attempted rape by a husband or intimate partner in their lifetime (Basile 2002).

Of people who report sexual violence, 64% of women and 16% of men were raped, physically assaulted, or stalked by an intimate partner. This includes a current or former spouse, cohabitating partner, boyfriend/girlfriend, or date (Tjaden and Thoennes 2000).

### *If you encounter a person that has been sexually assaulted, it is **helpful** to:*

1. Make sure the individual is in a place where he or she feels safe.
2. Respect the individual's confidentiality.
3. Listen to the individual. Find out what his or her most critical concern is and respond in a non-judgmental way. Don't question the individual or ask "Why?"
4. If the individual is a minor, the sexual assault must be reported to authorities and a legal guardian.
5. If the individual is not a minor, report to others **ONLY** if that is the decision of the individual.
6. If the assault occurred on campus, federal law requires that the assault be reported to the IUPUI Police. The Police will a) provide a police report and assistance as needed, and, b) notify proper authorities.
7. Advise the individual of options regarding further steps. If the assault has just occurred, some medical issues may need to be addressed quickly. The individual should be encouraged to take steps to preserve evidence immediately, regardless of their current intent to prosecute. Options may include:
  - a. Contacting the police
  - b. Contacting the Center of Hope
  - c. Going to an emergency room or Student Health Center
  - d. Contacting CAPS
  - e. Informing the Dean of Students
  - f. Calling family or friends
  - g. Contacting legal services
  - h. Take no action

### *It is **not helpful** to:*

- Blame the victim.
- Question the individual or ask "Why?"
- Tell the person they must file a police report.

### **If you've just been sexually assaulted:**

1. Get to a safe place.
2. Contact someone who can help you, a friend, the police, a relative, the campus counseling or health center, anyone you can trust. Ask her or him to meet with you for a while.
3. Do not shower, drink, eat, douche, urinate, or change your clothes, if you plan to make a police report. If you must urinate, try to capture the urine in a plastic or glass cup for evidence testing. If you must change clothes, put the items in separate paper bags, again to be used in evidence testing. Do not use plastic bags; they contaminate evidence. Try not to disturb the scene, if the assault occurred in your residence.
4. Consider if you want to report the crime to the police or other officials.

Reporting a crime can help you regain a sense of personal power and control. It can also help to ensure the safety of other potential victims. If you report the assault within 72 hours, in most localities the police will take your statement and you will be entitled to a forensic/evidentiary medical examination at no expense to you. To report the assault, call 911. The police can either take you to the hospital or meet you there.

Regardless of whether or not you call the police or press charges, academic and judicial intervention may be available to you.
5. Seek medical attention.

It is important to receive medical attention, whether or not you plan to report the crime to police. You may have received injuries of which you are not aware. Also a doctor or nurse can examine you and give you information about possibility of pregnancy and the risk of exposure to sexually transmitted diseases.

If you want to make a police report. A complete forensic examination will be performed at the local hospital. These exams include good medical attention as well as the collection of evidence specimens.

If you do not make a police report, you may not be entitled to this forensic exam, but you can choose to have a medical exam that will examine and assess you for any health risks that you may have encountered during the sexual assault.
6. If you suspect that you may have been given a date rape drug (such as [Rohypnol](#), [GHB](#), [Ketamine](#), or Valium), ask the hospital or clinic to take a urine sample as soon as possible. These drugs quickly pass through the body once ingested.
7. As soon as you have a quiet moment, write down everything that you remember happening during the sexual assault, including a description of the assailant.
8. Talk with a counselor or victim advocate who is trained to assist sexual assault victims about the emotional, physical, and legal impact of an assault. You may contact the campus or community counseling center, or local Center for Hope.
9. If you want information about legal issues, medical care, or other concerns related to the assault, a sexual assault hotline can help a great deal. (**ICADV 24-hour Hotline: 800-332-7385**)
10. Remember: The assault was not your fault! You are not to blame!

**If you've been sexually assaulted some time ago:**

1. You may just now be realizing that you still have options available to you.
2. Medical attention may still be needed for treatment of physical symptoms.
3. Seek counseling. Unresolved experiences of sexual assault can have long-term psychological and social effects.
4. Consult with a sexual assault center or counseling center to explore the following options: (See [Community Resources](#))
  - a. Reporting the incident to the police
  - b. Pursuing campus judicial intervention
  - c. Academic or administrative intervention
  - d. Medical care
  - e. Your emotional well-being

**REMEMBER THAT SEXUAL ASSAULT IS NEVER THE VICTIM'S FAULT.**

**RESOURCES ARE THERE FOR YOU.**

**BELIEVE IN YOURSELF.  
GET SUPPORT.  
IT TAKES TIME TO HEAL.**

## **Emotional Distress**

While they may not be immediately life-threatening, symptoms of emotional distress often significantly interfere with an individual's ability to perform optimally in the academic, work, and personal environments. Left untreated, these symptoms may escalate to levels that constitute a risk to self or others. Faculty and staff are encouraged to be familiar with the signs and symptoms of emotional distress, and to respond to students demonstrating these symptoms. For additional information, [click here](#).

## **Depression Symptoms**

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex and school
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, being "slowed down"
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain
- Inconsistent class attendance
- Decline in personal hygiene

### ***It is helpful to:***

- Let the student know you're aware she/he is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to discuss how she/he is feeling.
- Offer options to further investigate/manage the symptoms of depression.
- Encourage the individual to seek help, possibly suggesting CAPS or a medical consultation.
- Do not ignore remarks about suicide. Refer to section on dealing with suicidal behaviors.

### ***It is not helpful to:***

- Minimize the student's feelings (everything will be better tomorrow).
- Bombard the student with "fix it" solutions or advice.
- Be afraid to ask whether the student is suicidal if you think she/he may be.

## **Anxiety Symptoms**

Anxiety is a normal response to a perceived danger or threat to one's well-being or self-esteem.. Regardless of the cause, one or more of the following symptoms may be experienced:

- rapid heartbeat
- chest pain or discomfort
- dizziness
- sweating
- trembling or shaking
- cold clammy hands
- difficulty concentrating
- always being "on edge,"
- having difficulty making decisions
- sleeping problems
- being too fearful to take action

### ***It is helpful to:***

- Let the person discuss his or her feelings and thoughts. Often this alone relieves some of the pressure.
- Provide reassurance.
- Talk slowly and remain calm.
- Be clear and directive.
- Provide a safe and quiet environment until the symptoms subside.
- Encourage the individual to seek help, possibly suggesting CAPS or a medical consultation.

### ***It is not helpful to:***

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for their emotional state.
- Overwhelm them with information or ideas to "fix" their condition.
- Become anxious or overwhelmed yourself.

## **The Hyper or Manic Student**

These students are characterized by:

- lofty or irritable moods
- seeing themselves in a grand light
- believing that they are famous or that the work they are doing is awe-inspiring
- being overly talkative
- racing thoughts or disjointed and tangential speech
- high energy
- impaired sleep
- overly involved in pleasurable activities, such as sex or spending money

Generally, these students are not dangerous, but symptoms should be taken seriously, especially if alcohol or other drugs are involved. Attempting to put their rapid thoughts and words into action, may place these individuals in risky or unsafe situations.

### ***It is helpful to:***

- Sound calm and be direct
- Talk with them in a quiet but openly accessible physical space.
- Assess their safety (e.g., can they get home safely?)
- Connect them back to a supportive friend or family member.
- Discuss the student's behavior with your supervisor or department chair.
- Contact CAPS at 274-2548 and/or walk the student to CAPS.

### ***It is not helpful to:***

- Enter their physical space or touch them.
- Try to out-talk them.
- Challenge their thinking.
- Be confrontational.
- Ignore them.

## The Suspicious Student

Usually these students are focused or concerned about something other than their psychological difficulties. Suspicious students may appear:

- tense
- cautious
- distrustful
- have few friends
- interpret minor oversights as significant personal rejection
- overreact to insignificant occurrences
- see themselves as the focal point of everyone's behavior
- believe everything that happens has special meaning
- overly concerned with fairness and being treated equally
- project blame on to others
- easily angered
- feel worthless and inadequate

### *It is **helpful** to:*

- Send clear, consistent messages regarding what you are willing to do and what you expect.
- Express compassion without being overly friendly or familiar.
- Be aware of personal boundaries and space when interacting (keep a comfortable distance, both physically and emotionally).
- Be aware of your own anxiety about how the student is acting or communicating.
- Let them know that you are concerned.

### *It is **not helpful** to:*

- Be overly warm or sympathetically close to the student.
- Flatter the student, laugh with them or be humorous.
- Assure the student that you are their friend or advocate.
- Assure them that you will be fair in your treatment of them – what you considered fair and what they consider fair may be very different and cause more conflict and lack of trust. .

## **The Student in Poor Contact with Reality**

These students have difficulty distinguishing “fantasy” from reality. In addition, thinking is typically illogical, confused or irrational emotional responses may be incongruent or inappropriate behavior may be bizarre and disturbing

This student may experience hallucinations, often auditory, and may report hearing voices

***While this student may elicit alarm or fear from others, individuals with such behaviors are generally not dangerous or violent.***

If you cannot make sense of their conversation, consult with or refer to Counseling and Psychological Services as soon as possible. Call the IUPUI Police if you believe the individual is at risk of harming themselves or others due to their poor contact with reality.

### ***It is helpful to:***

Acknowledge their feelings or fears without supporting the misperceptions (e.g., “I understand you think someone is following you, and it must seem real to you, but I don't see anyone and I believe you are safe.”).

Remove extra stimulation from the environment, (turn off the radio, go to quiet room).

Acknowledge your concerns and verbalize your desire for them to seek help.

Acknowledge your difficulty in understanding them and ask for clarification.

Respond with warmth and kindness.

Use firm reasoning.

Focus on the “here and now”.

### ***It is not helpful to:***

Argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of the false perception.

Play along (e.g., “Oh yes, I hear voices, devil, etc.”).

Encourage further discussion of the delusional processes.

Demand, command or order them to do something to change their perceptions.

Expect customary emotional responses.

## Medical Care and Prescriptions

A student's health plays an important role in success in the academic environment.

IUPUI Health Services has been committed to providing the highest quality routine care to students and the highest quality occupational care to employees since the first Student Health Service was developed at the IU Medical Center Campus for medical students in the 1950s. They provide a range of medical services on a fee-for-service basis. Call 274-8214 for more information, or go to: [health.iupui.edu](http://health.iupui.edu)

Many IUPUI students do not have basic health insurance coverage. In those situations, students may qualify for assistance through Health Advantage, "a managed care program providing high quality, seamless medical care to low-income and uninsured residents of Indianapolis." See more information at: [www.hhcorp.org/adv.htm](http://www.hhcorp.org/adv.htm)

### To Apply for Health Advantage (from: [www.hhcorp.org/adv\\_how.htm](http://www.hhcorp.org/adv_how.htm))

All Marion County residents that fall at or below 200 percent of the federal poverty level and do not qualify for any other assistance program are eligible.

Go to any of the 20+ Health Advantage Provider Sites and tell the staff that you are interested in applying for the Health Advantage Program. You will have to choose a primary care site for each member of your family. Your doctor will coordinate all of your health care, including: Giving check-ups and immunizations, Writing prescriptions, Referring you to a specialist, Taking care of you when you are sick.

When you apply for Health Advantage, you will be asked to provide documentation demonstrating that:

1. You are a resident of Marion County.

Current utility bill such as gas, electric or phone.  
Current lease agreement or mortgage statement.  
Recent item delivered by U.S. Postal Service.  
Current Marion County library card or Voter's Registration Card.

2. You meet the income guidelines.

Pay-check stubs or statement from employer with current gross income.  
Current statement from INET (unemployment office) if unemployed.  
Social Security or SSI Award letter (call 1.800.772.1213 if it is lost).  
Quarterly or annual tax records.  
Verification of pensions or retirement benefits.  
Verification of child support received.  
Bank statements.  
Verification of student loans and grants.  
Divorce decree.  
Signed and dated statement from person assisting with household expenses.  
Signed and dated statement from person providing room and board.

The costs of prescriptions can often prevent students from pursuing appropriate medical treatment. Assistance may be available from:

Partnership for Prescription Assistance which “offers a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies.” For more information, see:

[www.pparx.org](http://www.pparx.org)  
or 1-888-4PPA-NOW (1-888-477-2669)

Rx For Indiana, “a program that connects qualified, low-income people with discount prescription medicines, direct from the pharmaceutical manufacturer.” This service provides a single point of accesses to more than 150 Patience Assistance Programs for major drug manufacturers. Eligibility requirements vary by program. For more information, see:

<http://rxforindiana.org/>

## **Food and Shelter**

At IUPUI, it is not uncommon for students to be in need of food, shelter, or other community services. A free and confidential online and phone referral network can be accessed through:

**Connect2Help**, “a nonprofit agency...dedicated to facilitating connections between people who need human services and those who provide them.”

To access **Connect2Help**, simply dial **2-1-1**  
Available 24 Hours a Day, 7 Days a Week  
If dialing 2-1-1 does not work from your phone, dial (317) 926-4357.

More information is available at: [www.connect2help.org](http://www.connect2help.org)

**The CENTRAL INDIANA HUMAN SERVICES DATABASE** hosted by the Indianapolis Marion County Public Library is a searchable database of area health and human services, provided as a free service to the community. This database can be found at:

<http://www.imcpl.org/cgi-bin/irntop.pl>

The IUPUI *Student Advocate Office* will assist students in connecting with community services and resources to address basic needs.

University College (UC) 002  
Phone: 274-7594

[www.life.iupui.edu/advocate](http://www.life.iupui.edu/advocate)

## Departmental Safety Plan

Prevention and planning ahead for difficult situations are key factors in minimizing the impact of potentially dangerous situations. It is recommended that each department consider developing a Safety Plan to supplement any current crisis or emergency response plans. Such a plan will allow you to consider how to most effectively respond to potentially threatening individuals. Trial implementations, either table top or “real,” will help you to determine if your plan is effective, or just “looks good.” An effective plan may save lives!

**First and foremost, call on the campus police department to help with setting up a plan**

Following are some types of behaviors or situations you should consider:

- Unwilling to leave the building
- Interrupting the business of the department
- Bizarre statements/actions
- Angry/ verbally abusive/ yelling
- Behaving suspiciously
- Threatening
- Violent
- Expect possible anger

There are at least three types of responses open to you:

1. **Individual response:** Do what you can to get the person to stop the behavior; try to handle it yourself (if person is violent or potentially violent, call the police).
2. **Get assistance from others within your department** and elsewhere in the building.
  - Have someone come and stand near you for support.
  - Have someone come to help you deal with the person.
  - Call or speed-dial a designated person for help.
  - Have someone find a designated person to help.
3. **Get assistance from the campus police** (in cases of violent or potentially violent behaviors)
  - Push the panic button\* (if available in your office) or call 4-7911.
  - Have another person push the panic button or call 4-7911.
  - Retreat to a locked office or another safe space while waiting for the police.

## Questions to Consider as You Develop Your Departmental Safety Plan

1. What specific areas do you need to prepare in your department?
  - a. Reception
  - b. Individual offices
2. How can we in the department help each other when faced with difficult situations?
  - a. What will the procedures be for getting help from others within your area?
  - b. What do you expect of the person when s/he comes to a colleague's assistance?
3. When you need another level of assistance - more than can be provided from within your department
  - a. Who will be your designated "helpers," and are they readily available?
  - b. How will you reach them?
4. What should someone do while waiting for help?
5. What should be the protocol if someone observes an individual disturbing other people by yelling, acting bizarrely, etc.?
6. How will you coordinate planning and support with nearby departments?
7. What does your department need to carry out these plans? Specifically, what kinds of training do you think would help?

### **An Example of a Possible Scenario**

You are a receptionist at a window in the financial aid office. One week ago, a student waiting in line began speaking very loudly and abusively about how the financial aid office "screwed up," and now he has to pay for it. By the time the student reached your window he was quite agitated. As you tried to explain to the student what he needed to do, he said "the next time I'm here, I'm gonna blow up the place." Today he is at your window again.

How could you have prepared for this?

What do you do?

This scenario (or one that may be more appropriate for your specific department), discussed in your group setting, can help you prepare and implement a safety plan

## Appendices

[Assessment of Perceived Dangerous Situations and Coping Strategies](#)

[Dealing with Difficult Behavior](#)

[Frequent Questions and Answers: Child abuse and neglect](#)

[Personalize Safety Plan](#)

## ASSESSMENT OF PERCEIVED DANGEROUS SITUATIONS AND COPING STRATEGIES

Faculty and staff generally do not need to be concerned about their health and safety when working with people with psychiatric conditions. The education environment does not support aggressive or violent behavior, nor does it generally tolerate drug and alcohol abuse. However, because violence by this group of individuals is a common fear, assessment of threatening situations and coping strategies are important.

If feelings of uneasiness about the student arise, however slight, meet with the student where there are other people and where you can remove yourself. If you have to have a private meeting with someone, ask that a mental health professional or other qualified person sit in with you. Your first responsibility is to yourself and your own sense of safety.

When dealing with students who may be threatening:

**Do not** argue with the student.

**Do not** threaten the student.

**Do not** try to touch the student.

**Do not** minimize the student's feelings with statements like, "It isn't that bad."

**Do not** make promises that won't be kept (Portland Community College, 1994-1995).

### Assessing dangerousness

Assess the person's sobriety. Has he or she been using drugs or alcohol?  
Has the person stopped using his or her medications?  
Does he or she have a history of violent behavior?  
Is he or she highly agitated or incoherent?

### Managing dangerousness

Trust your own instincts. If you feel unsafe, remove yourself from the situation or get help.  
Be honest with yourself. It is normal to be afraid. It is not wise to try to deal with a situation that you are not trained to handle.  
Violence is often the product of anger and fear. Try not to make it worse.  
Back off if you are in a power struggle or an argument.

If you cannot remove yourself or the other person from the situation, remain calm. If you are in danger, it is a good idea to ask the person what he or she would like you to do.

Don't confirm or challenge delusions or hallucinations. It is appropriate for you to say, "I believe these things are real to you."

Help the individual to find words to express his or her feelings: angry words, scared words, sad words, hopeless words. etc. Words will help express the feelings safely and to calm the individual.

Keep the person in the here and now. What can be done now to make the situation better for the person right this minute? Help the person to focus on what can be done now.

The most important idea is, if you feel unsafe. Remove yourself from the situation and get help. Call the campus police or dial 911.

(From If you fear violence from a mentally ill family member. (1990). *The Journal of the California Alliance of the Mentally Ill*, 2. 7; adapted by permission)

## Dealing with difficult behavior

Similar to all other students, each student with psychiatric conditions is an individual. The student's behavior and how his or her symptoms are manifested are unique. However, the experiences of college staff have led them to identify patterns of behavior that run across the entire student body including those with psychiatric difficulties and that require specific notice and interventions. *Canada College (Redwood City, California), Portland Community College (Portland, Oregon), and DeAnza College (Cupertino, California) recommended the following additional hints for managing particular types of behavior:*

### 1. Verbally Aggressive

A student may become verbally aggressive when he or she feels frustrated or out of control. He or she will lash out at others as a way to express these feelings.

**Do** allow the student to vent and describe what is upsetting him or her but indicate that verbally abusive behavior is not acceptable. If the student gets too close to you, sit down and ask him or her to move back. Be aware of the closest exit. If necessary, walk the student to a quieter, but public place.

**Do not** enlist the aid of other students to quiet the student down.

**Do not** threaten, taunt, or push the student.

**Do not** press for an explanation of the student's behavior.

**Do not** get physically cornered.

### 2. Violent or Physically Destructive

A student may become violent when he or she feels totally frustrated and unable to do anything about it. Being frustrated over a long period of time may erode the student's control over his or her behavior. This behavior may present the most immediate danger to staff and to other students.

**Do** get help immediately from Campus Police.

**Do** present a calm appearance and let the student talk. Respond to him or her calmly and quietly. Explain that only behaviors that are safe for others are acceptable. Call for assistance, but first tell the student of your intention.

**Do not** threaten, taunt, or push the student.

**Do not** press for an explanation of the student's behavior.

**Do not** confront or threaten the student.

**Do not** get physically cornered.

### 3. Poor Contact with Reality

A student in poor contact with reality may be having hallucinations or delusions or have difficulty separating fact from fantasy. He or she may behave in strange or unusual ways and is most likely scared, frightened, and overwhelmed; he or she probably is not dangerous.

**Do** respond to the student with care and kindness, and maintain eye contact. Acknowledge the student's fears without either supporting or contradicting his or her misconceptions. Try to change the focus from the student's delusion to the immediate reality. Contact the CAPS or AES offices.

**Do not** argue or try to convince the student that he or she is irrational.

**Do not** play along with the student's delusions.

**Do not** demand, command, or order the student.

**Do not** expect customary responses.

#### **4. Depressed**

A student who is depressed may go unnoticed. His or her behavior may indicate low energy, lack of interest in what is going on around him or her, feelings of sadness and hopelessness, and difficulties with eating and sleeping. His or her personal hygiene may be poor.

**Do** express concern and privately inquire if he or she is receiving any help. If not, make a referral or escort the student to CAPS office.

**Do not** discount the significance and intensity of the student's feelings.

**Do not** say things such as, "Crying won't help."

**Do not** discount a suicide threat. If the student says he or she is contemplating suicide, notify CAPS office or campus police.

**Do not** leave the student unattended unless he or she has agreed to a positive course of action, such as calling a family member, friend, or a mental health service provider.

#### **5. Anxious**

A student who is anxious appears overly concerned with trivial matters. He or she may require very specific guidelines and seek more structure in assignments. Unfamiliar or new situations often raise his or her anxiety. Apprehension over assignments and concerns about perfection may be a result of unreasonably high self-expectations.

**Do** be clear and explicit about expectations. Let the student express his or her feeling and thoughts. Remain patient with the student's demands for clarification and structure.

**Do not** discount the student's anxiety by saying, "It's not really that bad, is it?"

**Do not** blame yourself for the student's anxiety.

#### **6. Suicide**

The student who talks about suicide may mention in an offhand way that he or she wants to kill him or herself or that he or she thinks about being dead or in a better place. The student may feel depressed and hopeless. He or she may threaten to do something that will end his or her life.

**Do** take these threats or comments seriously. If the student mentions specifics about how or when he or she will kill him or herself or if he or she has made a previous attempt, consider the risk very serious and get help. Express your concern for the student and strongly encourage him or her to see a counselor immediately. Escort the student to the counselor or to someone who can facilitate an appropriate referral.

**Do not** make light of suicide threats.

**Do not** discount the significance of the student's feelings of depression and hopelessness.

## QUESTIONS AND ANSWERS – Child abuse and neglect

### **Q. 1. How is child abuse and neglect defined in state law?**

Any child who is found to be a victim of child abuse or neglect is automatically defined as a Child In Need of Services (CHINS). A CHINS child is one whose (who):

- 1) Physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision;
- 2) Physical or mental health is seriously endangered due to injury by an act or omission of an act by the child's parent, guardian, or custodian;
- 3) Is the victim of a sex offense;
- 4) Parent, guardian, or custodian allows the child to participate in an obscene performance; or
- 5) Parent, guardian, or custodian allows the child to commit an act of public indecency, indecent exposure, prostitution, voyeurism or to patronize a prostitute.

### **Q. 2. What are the three major categories of child abuse?**

Child abuse is often categorized as physical, sexual, or psychological. There are differences among these categories but it is important to remember that both physical and sexual abuse of children have psychological consequences for the abused child and that some children are abused physically, sexually and psychologically within the same general time frame.

### **Q. 3. Is abuse a single act?**

It can be. Abuse always starts with a single act. If that act is serious or the child is vulnerable, a single act may injure, maim, or even kill a child. It is not unusual, however, for a continuing pattern of abusive behavior to develop over a period of time. Within that pattern, the intensity of abuse may also escalate over time. Even if the seriousness of the abuse does not escalate, the damage over time may be cumulative. The longer the abuse continues, the more serious the injury to the child. However, it should be remembered that a single act of abuse may have a lasting and profound impact.

### **Q. 4. What is physical abuse?**

Child physical abuse is any injury resulting from the act or failure to act of the child's parent or guardian that seriously endangers a child's physical or mental health. Physical abuse of children includes any non-accidental physical injury caused by the child's caretaker. Physical abuse may result from punishment that is overly punitive or inappropriate to the child's age or condition. In addition, physical abuse may also result from purposeful acts that pose serious danger to the child's physical health. (I.C. 35-42-2-1, 35-46-1-4)

### **Q. 5. What are the major clues of physical abuse?**

The major clues of physical abuse are:

- 1) Physical damage to the body (e.g. bruises, burns, bite marks, abrasions) that is unexplained or inconsistent with the explanation given;
- 2) Evidence of an accumulation of injuries over time (e.g. injuries at various stages of healing);
- 3) Patterned injuries that show the mark of an instrument (e.g. neat round cigarette burns);
- 4) Damage in unlikely places (e.g. a rope burn around the wrist or ankle);
- 5) Excessive damage to eyes or mouth;
- 6) Injuries to a child that are excessive for the child's age and condition.

Most of the above would indicate possible physical abuse but might also be found with sexual abuse.

**Q. 6. What are the major behavioral clues of physical abuse?**

The following are some of the behavior clues that may be associated with physical abuse. The educator should be alert for the child who:

- 1) Is wary of physical contact with adults. In the classroom, most children accept physical closeness with a teacher. The abused child will often avoid it, sometimes even shrinking at the touch or approach of an adult;
- 2) Becomes apprehensive when other children cry, and/or demonstrates extremes in behavior -- extreme aggressiveness or extreme withdrawal, which lie outside the range expected for the child's age group;
- 3) Seems frightened of the parents;
- 4) States he/she is afraid to go home, or cries when it is time to leave; and/or
- 5) Reports injury by a parent.

**Q. 7. What is child sexual abuse?**

Child sexual abuse which constitutes a crime is:

- 1) any sexual contact with a child under the age of 14; or
- 2) any sexual contact with a child at least 14 years of age but under 16 by a person at least 18 years of age; or
- 3) sexual intercourse or deviate sexual conduct (i.e., oral intercourse) with a child who is 16 or 17 years of age by a perpetrator who is at least 18 years of age and either related to the child as a parent, step parent, adoptive parent/grandparent, child, grandchild, sibling, aunt, uncle, niece, nephew, or is the child's guardian or custodian (i.e., any person responsible for a child's welfare who is employed by a public or private residential school or foster care facility); or
- 4) any forcible sexual contact; or
- 5) involvement in the production or distribution of materials depicting sexual conduct by a child under the age of 16;
- 6) possession of any material which depicts/describes sexual conduct of a child under the age of 16 or who appears to be under the age of 16;
- 7) causing a child under the age of 16 to engage in any sexual activity when the person causing or directing the activity is at least 18 years of age;
- 8) solicitation of a child under age of 14 to engage in sexual conduct when the person soliciting the child is at least 18 years of age. (I.C. 35-42-4-3 through 35-42-4-8; I.C. 35-46-1-3)

**Q. 8. What are physical clues that may indicate sexual abuse?**

- 1) Signs of difficulty in walking or sitting;
- 2) Torn, stained or bloody underclothing;
- 3) Indications of internal injury or bleeding (this may also indicate physical abuse);
- 4) Complaints of pain or itching in the genitalia, vaginal, or anal area;
- 5) Venereal disease, particularly in a child under 13;
- 6) Pregnancy, especially in or before adolescence;

**NOTE:** Most cases of sexual abuse leave no physical signs.

**Q. 9. What are the major behavioral clues of sexual abuse?**

- 1) Appearing withdrawn; engaging in fantasy or infantile behavior; or appearing retarded.
- 2) Having poor peer relationships.
- 3) Engaging in delinquent acts (i.e., running away, alcohol abuse).
- 4) Displaying of bizarre, sophisticated, or unusual sexual knowledge or behavior.
- 5) Verbal disclosure.
- 6) Self mutilation.
- 7) Engaging in sexual activities with another child.

**Q. 10. What is psychological (emotional) child abuse?**

Psychological abuse is, by definition, non-physical, although both physical and sexual abuse are also psychologically damaging.

Psychological maltreatment is usually reflected by indicators such as extreme behaviors, inappropriate behaviors, severe or sudden changes in behavior, and/or attempted suicide.

**Q. 11. What is child neglect?**

Neglect involves inattention to the basic needs of a child under the age of 18 or a mentally/physically disabled person such as food, clothing, shelter, education, supervision, medical or dental care. While neglect is sometimes due to the lack of knowledge or adequate resources to provide these necessities, at other times neglect is the result of a lack of concern for the child's well-being. Neglect may or may not be malicious in intent. Legally, neglect is when a person:

- 1) with the care of a dependent (i.e., child under the age of 18 and/or mentally or physically disabled person of any age)
- 2) knowingly or intentionally;
  - a) places the dependent in a situation that may endanger their life or health, or
  - b) abandons or cruelly confines the dependent, or
  - c) deprives the dependent of necessary support, or
  - d) deprives the dependent of education as required by law (I.C. 35-46-1-4)

**Q. 12. How can a neglected child be recognized?**

Neglected children usually display many of the following characteristics:

- 1) Constant hunger, malnutrition, poor hygiene, inadequate or inappropriate clothing;
- 2) Consistent lack of supervision, especially when the child engages in dangerous activities, or when lack of supervision continues over extended periods of time;
- 3) Constant fatigue or listlessness (e.g. may often fall asleep in class);
- 4) Unattended physical problems, dental or medical needs (e.g. untreated or infected wounds);
- 5) Frequent absenteeism; and/or
- 6) Suicide ideation, unattended counseling needs.

## Personalized Safety Plan

This information was generalized from a plan found at [Metro Nashville Police Department](#). Below is a seven step safety plan. Please take the time to print this and fill it out with a friend, family member or a woman in need. Even if you feel you will never need this information...

### Step 1. Safety during violence.

#### I can use the following options:

a. If I decide to leave, I will \_\_\_\_\_

See [Your Safety Plan](#).

b. I can keep a bag ready and put it \_\_\_\_\_ so I can leave quickly.

c. I can tell \_\_\_\_\_ about the violence and have them call the police when violence erupts.

d. I can teach my children to use the telephone to call the police and the fire department.

e. I will use this word code \_\_\_\_\_ for my children, friends, or family to call for help.

f. If I have to leave my home, I will go \_\_\_\_\_. (Be prepared even if you think you will never have to leave.)

g. I can teach these strategies to my children.

h. When an argument erupts, I will move to a safer room such as \_\_\_\_\_. See [Your Safety Plan](#).

i. I will use my instincts, intuition, and judgement. I will protect myself and my children until we are out of danger.

### Step 2. Safety when getting ready to leave.

#### I can use the following strategies:

a. I will leave money and an extra set of keys with \_\_\_\_\_.

b. I will keep important documents and keys at \_\_\_\_\_.

c. I will open a savings account by this date \_\_\_\_\_ to increase my independence.

d. Other things I can do to increase my independence are: \_\_\_\_\_

e. The domestic violence hotline is \_\_\_\_\_.

f. The shelter's hotline is \_\_\_\_\_.

g. I will keep change for phone calls with me at **ALL** times. I know that if I use a telephone credit card, that the following month the telephone bill will tell the batterer who I called after I left. I will keep this information confidential by using a prepaid phone card, using a friend's telephone card, calling collect, or using change.

h. I will check with \_\_\_\_\_ and \_\_\_\_\_ to know who will let me stay with them or who will lend me money.

i. I can leave extra clothes with \_\_\_\_\_.

j. I will review my safety plan every \_\_\_\_\_ (time frame) in order to plan the safest route. I will review the plan with \_\_\_\_\_ (a friend, counselor or advocate.)

k. I will rehearse the escape plan and practice it with my children.

### **Step 3. Safety At Home**

#### **I can use the following safety methods:**

a. I can change the locks on my doors and windows as soon as possible.

b. I can replace wooden doors with steel doors.

c. I can install security systems- i.e. additional locks, window bars, poles to wedge against doors, electronic sensors, etc.

d. I can purchase rope ladders to be used for escape routes from the second floor.

e. I can install smoke detectors and buy fire extinguishers for each floor of my home.

f. I can install an outside lighting system that lights up when someone approaches my home.

g. I will teach my children how to use the phone to make collect calls to me and to \_\_\_\_\_ (friend, family, minister) if my partner tried to take them.

h. I will tell the people who care for my children, who has permission to pick up my children. My partner is NOT allowed to. Inform the following people:

**School** \_\_\_\_\_

**Day Care** \_\_\_\_\_

**Babysitter** \_\_\_\_\_

**Sunday School** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**And** \_\_\_\_\_  
**Others** \_\_\_\_\_

i. I can tell my the following people that my partner no longer lives with me and that they should call the police if he is near my residence:

**Neighbors** \_\_\_\_\_  
**Church Leaders** \_\_\_\_\_  
**Friends** \_\_\_\_\_  
**Others** \_\_\_\_\_

#### **Step 4. Order of Protection**

**The following steps will help enforce the order of protection:**

a. I will keep the protection order \_\_\_\_\_ (the location). Always keep it with you.

b. I will give my protection order to police departments in the areas that I visit my friends, family, where I live, and where I work.

c. If I visit other counties, I will register my protection order with those counties.

d. I can call the local domestic violence agency if I am not sure how to register my protection order with the police departments.

e. I will tell my employer, my church leader, my friends, my family and others that I have a protection order.

f. If my protection order gets destroyed, I know I can go to the County Courthouse and get another copy.

g. If my partner violates the protection order, I will call the police and report it. I will call my lawyer, my advocate, counselor, and/ or tell the courts about the violation.

h. If the police do not help, I will call my advocate or my attorney AND I will file a complaint with the Chief of the Police Department.

i. I can file a private criminal complaint with the district judge in the jurisdiction that the violation took place or with the District Attorney. A domestic violence advocate will help me do this.

#### **Step 5. Job and Public Safety**

**I can do the following:**

a. I can tell my boss, security, and \_\_\_\_\_ at work about this situation.

b. I can ask \_\_\_\_\_ to help screen my phone calls.

c. When leaving work I can do the following:

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d. When I am driving home from work and problems arise, I can:

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e. If I use public transportation, I can:

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f. I will shop at different grocery stores and shopping malls at different hours than I did when I was with my partner.

g. I will use a different bank and bank at different hours than I did when I was with my partner.

h. I can also do the following:

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### **Step 6. Drug and Alcohol Use.**

**I can enhance my safety if I do the following:**

a. If I am going to use, I am going to do it in a safe place with people who understand the risk of violence and who are committed to my safety.

b. I can also \_\_\_\_\_

c. If my partner is using, I can \_\_\_\_\_

d. I can also \_\_\_\_\_

e. To protect my children, I can \_\_\_\_\_

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### **Step 7. Emotional Health**

**I can do the following:**

a. If I feel depressed and ready to return to a potentially violent situation/ partner, I can

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I can call

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**b.** When I have to talk to my partner in person or on the phone, I can

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**c.** I will use "I can..." statements and I will be assertive with people.

**d.** I can tell myself

" \_\_\_\_\_ "

when I feel people are trying to control or abuse me.

**e.** I can call the following people and/ or places for support:

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**f.** Things I can do to make me feel stronger are:

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