

Assisting Distressed Students

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Santa Barbara City College Faculty and Staff
Resource Guide

**Provided by Personal Counseling Program
SBCC Student Health Services and Wellness Program
SS-170, 965-0581 ext. 2298**

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PART I

Introduction

As a member of the Faculty/Staff at Santa Barbara City College, you are constantly interacting with students. At times, you may encounter a student whose behavior is inappropriate, disruptive or troublesome.

Some students will have chronic problems that will affect their lives on a more regular basis. Other students will be experiencing serious and painful crises in their lives or situational frustrations, pressures or conflicts. There will also be students experimenting with, abusing and/or addicted to alcohol and/or other drugs.

All of these circumstances may interfere with students' learning processes and alter their behavior. Sometimes it is difficult to distinguish why someone is acting differently, and what they are trying to achieve or express through their behavior.

This booklet is designed to give you some techniques in dealing with distressed or difficult students. It will hopefully offer you some reassurance in recognizing that you are not alone in any situation. Referral sources are discussed.

REFERRALS

Referral Resources

There may come a time when you need to refer a student to one of the services on or off campus. The following guidelines may facilitate the referral process.

Refer a Student When:

- The problem or request for information is beyond your level of competency.
- You fear for the safety of the student or others.
- You feel like you cannot work with a student for whatever reason (e.g., you feel overwhelmed, you have reached your limit of energy or patience, or you feel manipulated or frightened).

Referral Resources On Campus

- Emergency: Security Office, 965-0581, ext. 2400. Security will call appropriate persons.
- Personal Counselors, Student Health Services, 965-0581 ext. 2298, Mon./Thurs. 8AM to 4:30PM, Tues., 8AM-6PM, Wed. 9AM-6PM and Friday 8 AM to 1 PM.
- Security: 965-0581, ext. 2264 (ext. 2400 after 4:00 PM).
- Administration: Dean of Educational Programs/Student Discipline, 965-0581, ext. 2278. (Evenings: Call Operator and ask for Evening Dean.)
- Additional SBCC support services: Student Health Services and Wellness Program, 965-0581, ext. 2298. www.sbcc.edu/healthservices

Referral Resources Off Campus

- Emergency: Dial 911 (dial 9 first to get outside line) for Police, Medical, Psychiatric assistance
- Call-Line (24-hour Crisis Hot-Line): 211 from a Land-line and 1 (800) 400-1572 from a cell.
- Student Health Services and Wellness Program can facilitate other off-campus referrals for non-emergencies. 965-0581, ext. 2298.

REFERRAL TO SBCC PERSONAL COUNSELORS

Referring a student for counseling may be intimidating for various reasons. Education and general information about college services can make the difference in a successful referral. It is helpful to remember that you are doing what you think is best for the student and that understanding your limits is important and commendable rather than something negative.

When you refer a student to a Personal Counselor, it would be helpful for the student to hear your concerns, and why you believe counseling would be of benefit. You might also tell them a few facts about Student Health Services. For instance, all services are free to enrolled students. Counseling sessions are generally 45 minutes weekly for up to six weeks. If long-term therapy is indicated, a community referral is made. All information is held confidential. No information will be released without the student's written consent except when the student presents a danger to him/herself or others.

Having the student call for an appointment increases his/her responsibility and commitment to come in for counseling. There may be situations, however, when it is more advantageous for you to call and make an appointment with the student in your office (e.g., student in crisis).

The Personal Counseling staff is also available for phone consultation to discuss students about whom you have concerns. Common presenting problems that our personal counselors work with include:

- Stress/anxiety
- Relationship issues
- Depression
- Independence transition issues
- Substance abuse
- Test anxiety
- Disordered eating
- Anger issues
- Abuse issues
- Self-esteem issues
- Low motivation
- Learning challenges
- Financial challenges
- Sexual issues

FACULTY AND STAFF CRISIS INTERVENTION GUIDELINES

A crisis situation occurs when the student feels unable to cope with the circumstances of his/her life. The more helpless the individual feels, the greater the crisis. **A psychological emergency occurs when a person is:**

- Suicidal
- Homicidal
- Gravely Impaired:
 - Confusion
 - Extreme hyperactivity
 - Hallucinations
 - Not in control of his/her behavior
 - Disorientation

SBCC provides crisis intervention as needed. A Personal Counselor makes assessments during the following hours: Mon. and Thurs. 9AM to 4PM, Tues. and Wed., 9AM-6PM and Friday 9 AM to 1 PM After office hours, contact the Security Office – ext. 2400.

PROCEDURE

The procedure for crisis intervention is as follows:

- A. **Contact Security, extension 2400 for an assessment or assistance.** Security will contact a Personal Counselor or other crisis team member.
- B. Until help arrives:
 1. **Listen.** Avoid any physical contact and allow student to talk.
 2. **Assist.** Provide a quiet atmosphere; minimize environmental stimulation.
 3. **Recognize.** Know your limitations.

Personal Counseling or Security will make an assessment and will contact the student's family or significant other, if it is necessary to protect the health and safety of the student or other persons

POSITIVE COMMUNICATION TIPS WHEN WORKING WITH UPSET STUDENTS

Clear Boundaries – Setting clear boundaries when communicating with a student who is upset or disruptive is important in terms of both setting limits with the student and taking care of yourself. If you are dealing with an angry student you might say “I understand that you are angry, but it would be easier for us to talk if you would lower your voice”. Boundaries are also important when dealing with students who demand too much of your time. To set this boundary you might say, “I see that you want a lot of help right now. I am available for ten minutes and then I need to assist another student”. You can also make appropriate referrals that meet the student’s needs.

Validation/Active Listening – This is a very important tool in diffusing disruptive behavior. Feeling validated can significantly decrease a student’s frustration, anger or fear. For example, “I can see how frustrating this situation is for you, however this is our policy”. It can be helpful to step back and imagine being in the student’s shoes. Underneath a student’s aggression is often frustration or fear. It may be helpful to say “I can imagine that this situation is very frustrating for you, however your behavior is not appropriate and I need to ask you to stop”. This separates the behavior from the individual, implying that it is the behavior that is not okay, not the person.

Calm/Unimposing Nonverbal Communication - Be sure to approach students in a calm, compassionate and unimposing manner. Be aware of your body language and tone of your voice.

Recognize Your Own Triggers – Know what “pushes your buttons”. Knowing your triggers helps to not take the student’s behavior personally. Remember, the student’s behavior usually has nothing to do with you.

Use “I” Messages – An “I” statement is a statement that begins with the word "I" that reflects your personal observation or feeling. It can be used to be assertive without putting the listener on the defensive. It takes ownership for one's feelings rather than saying they are caused by the other person. “I will not respond to threats or coercion” or “I am uncomfortable with the tone of voice you are using”. “You” statements such as “You are loud and disruptive!” can escalate, rather than diffuses a situation.

PART II

THE VERBALLY AGGRESSIVE AND POTENTIALLY VIOLENT STUDENT

Aggression can take many forms ranging from very subtle and passive acts to violent outbursts. Aggression is the result of being frustrated and feeling out of control. It is important to remember that the student is generally not angry with you personally, but is angry at his/her world, and you may be the object of pent-up frustrations. Some of the most difficult situations involve dealing with potential danger to self or others, especially when the danger is associated with aggressive behavior. Aggressive behavior occurs in many contexts and varies from verbal abuse to severe physical abuse. In most situations it is difficult to predict aggression until the person's behavior changes. For example, (a) a person could be quiet, reserved, hard working and intelligent but prone toward hostile aggressive outbursts; (b) a person could have social resentment, a lack of moral inhibitions, suspiciousness, and intermittent explosive episodes; (c) another person could have rigid control of his/her emotional expressions, an inability to verbally express him/herself and over-controlled responses to hostility but sporadic and extremely assaultive episodes; or (d) a person with no history of violence may have aggressive outbursts that occur only in association with substance intoxication or substance withdrawal.

When you encounter a verbally aggressive or potentially violent student:

Do:

1. First determine if you feel safe with the student. If you feel unsafe, remove yourself from the situation and call 911 or Campus Security ext. 2400.
2. Remain in an open area, preferably with an exit door near you.
3. Directly and clearly explain the behaviors that are acceptable and unacceptable.
4. Instruct the student to lower his/her voice if he/she is screaming.
5. Stay calm and gain control of the situation by clearly setting limits and addressing the issue of concern.
6. If the student remains aggressive, tell him/her to make an appointment with you after he/she has calmed down.
7. Debrief the situation with a colleague.
8. Consult with Student Health Services, ext. 2299.
9. When appropriate, contact the Dean of Educational Programs, Student Discipline at ext.2278

Do not:

1. Remain in a place that you do not feel is safe.
2. Engage in a screaming match.
3. Make promises you cannot keep.
4. Ignore warning signs that the person's anger is escalating.
5. Threaten, dare, taunt or back a student into a corner.
6. Allow yourself to be backed into a corner.
7. Touch the student or crowd his/her personal space.
8. Meet alone with the student.

THE DEPRESSED STUDENT

Depression is a pervasive problem in our society. It affects 17 million Americans each year and does not discriminate demographically. Depression differs from feeling sad or struggling with life events. Depression has symptoms of significant duration and severity. The most common features of depression are feeling empty, hopeless, helpless, worthless and unloved; a deep sense of sadness and emotional pain; the inability to experience pleasure in many activities; irregular sleep and eating patterns; difficulty concentrating, retaining information and making decisions; and fatigue and social isolation. Some depressed students experience agitation, anxiety, and intense anger. Some have recurrent thoughts of destruction and are preoccupied with death. Some desire to escape the pain through suicide. Fortunately, depression responds to treatment, and 80-90 percent of those treated show improvement.

When dealing with a depressed student:

Do:

1. See the student in private, if possible.
2. Validate the student's feelings and experience.
3. Listen to the information the student is sharing.
4. Be supportive and express your concern about the situation.
5. Be directive and concise about a plan of action.
6. Initiate the action plan, such as having the student call from your office for a counseling appointment.
7. Ask if the student has any thought of hurting him/herself.
8. Refer the student to Student Health Services, SS-170, ext. 2298
9. Be willing to consider a request for, or offer, an accommodation (e.g., extension on a paper, exam or project) if you feel it is appropriate.

Do not:

1. Ignore the student.
2. Minimize the situation.
3. Argue with the student.
4. Provide too much information for the student to process and retain.
5. Expect the student to stop feeling depressed without some form of intervention.
6. Assume the family knows about the student's depression.

THE SUICIDAL STUDENT

Suicide is the second leading cause of death among college students. Suicidal states are temporary and usually associated with major depression, a combination of acute anxiety and severe depression, post-traumatic stress disorder and bipolar disorder. Though approximately 90 percent of suicidal persons may be suffering from depression and/or anxiety, suicide occurs because of physiological changes in the brain, which distort rational thinking and decision making, not from lack of character or courage. Suicidal persons tend to give clues to those around them. Approximately 80 percent of people who have attempted suicide discussed their intent to do so with someone around them. The initiation of the suicidal event is likely to be triggered by a major life stress such as a loss or threat of loss (e.g., death of family/friend, end of a significant relationship, flunking out of school). Some indicators of potential suicidal behavior include: talk of ending things (e.g., quitting school, work); giving things away; taking care of business; statements of hopelessness and a lift in depression, surge of energy. Students with a specific plan and means (medication, knives, or gun) to carry out the plan have a high level of lethality.

Facts about suicides:

1. College students have higher suicide rates than non-college people of the same age.
2. More men commit suicide but more women attempt suicide.
3. There are more attempts at the beginning and end of semesters.
4. People committing suicide rarely want to die; they want to end the pain.
5. Talking about suicide will not plant the idea in a person's mind, but will probably relieve some of the tension they are experiencing.
6. Suicides rarely occur without warning.
7. Feeling isolated (no support group) increases the likelihood for suicide.
8. The more developed the suicide plan, the greater the likelihood.
9. If the student has made attempts in the past, he/she is at higher risk for future attempts.

Do:

1. When possible, see the student in private.
2. Remain calm and in control of the situation.
3. Take the student seriously and acknowledge that the threat is a serious plea for help.
4. Listen to the student and respond with concern and care.
5. Reassure the student that you will help him/her find psychological care.
6. Accompany the student to Student Health Services, SS-170. If you are unable to accompany the student, you may request that a counselor come to your office.
7. If Student Health Services is closed call Security at ext. 2400 and/or 911.

Do not:

1. Minimize the situation. All threats need to be handled as potentially lethal.
2. Argue with the student about the merits of living.
3. Be afraid to ask the student about his/her intent and/or plans of suicide.
4. Agree to be bound by confidentiality.
5. Over commit yourself and not be able to deliver what you promised.
6. Allow friends to take care of the student without getting a professional opinion.

THE STUDENT OUT OF TOUCH WITH REALITY

Some of the features of being out of touch with reality are disorganized speech, disorganized behavior, increase in odd or eccentric behavior, inappropriate or no expression of emotion, expression of erroneous beliefs that usually involve a misinterpretation of reality, expression of bizarre thoughts that could involve visual or auditory hallucinations, withdrawal from social interactions, an inability to connect with people and an inability to track and process thoughts that are based in reality. Many of the disorders that involve psychotic features have an onset between the late teens and the mid-30's.

When you encounter a student who demonstrates a gross impairment in reality testing:

Do:

1. Call Student Health Services at ext. 2298 or Security at ext. 2400.
2. Speak to the student in a concrete and direct manner.
3. Tell the student the plan for getting him/her to a safe environment, and repeat the plan emphasizing the safe environment.
4. Be aware that the student may show no emotions or intense emotions.
5. Be aware that the student may be extremely fearful to the extent of paranoia.
6. Be aware that the student may not understand you or understand only pieces of what is being said.
7. Be aware that a student in this state may pose a danger to self or others.

Do not:

1. Crowd the student's personal space.
2. Assume the student will be able to take care of him/herself when out of touch with reality.
3. Agitate the student. Be flexible in the manner you proceed with the student.
4. Argue with the student's erroneous thought processes.
5. Assume the student can understand you.
6. Chase after a student who decides to run. Call Security ext. 2400 for assistance.
7. Allow friends to take care of the student without getting a professional opinion.
8. Assume the family knows about the student's condition.

THE ANXIOUS STUDENT

Anxiety disorders are the most common psychiatric conditions in the United States, affecting more than 23 million people. Anxiety disorders are grouped into twelve distinct diagnostic categories, among which are generalized anxiety, social anxiety, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias. Some symptoms of anxiety include: intense tension or fear when there is no danger, feelings of losing control and a sense of doom, confusion, excessive worry, irrational thoughts, catastrophic thinking, avoidance behavior, hyper-vigilance, physical agitation, and the inability to sleep and eat. Some students may have generalized anxiety, which can impact their ability to perform academically by affecting concentration, memory, the processing of information, the ability to recall information, and the ability to comprehend. Others may struggle with a specific type, such as performance anxiety, that can affect an oral presentation, or test taking anxiety, that impacts the ability to perform on a test. Research suggests that when treating persons with high levels of anxiety, the most effective treatment is the combination of psychotherapy and psychotropic medication.

When you encounter a student who you suspect is struggling with an anxious condition:

Do:

1. Talk to the student in private, when possible.
2. Remain calm.
3. Assume control over the situation in a soothing manner.
4. Focus on the relevant information.
5. Respectfully help the student focus on items that can be addressed.
6. Speak in an explicit, concrete and concise manner.
7. Assist the student in developing an action plan.
8. Contact or refer the student to Student Health Services, SS-170, ext. 2298.

Do not:

1. Make solutions complicated.
2. Overwhelm the student with information.
3. Argue with irrational thoughts or catastrophic thinking.
4. Crowd the physical personal space.
5. Try to solve all problems presented.
6. Devalue the information presented.
7. Assume the family knows about the student's anxiety.
8. Assume the student will get over his/her anxiety without treatment.

It is not uncommon for students with a great deal of anxiety to experience a panic attack. A panic attack is an overwhelming sense of dread and fear and is the extreme result of feeling anxious. Some of the physiological and psychological components of general anxiety and a panic attack are:

- Rapid heartbeat
- Sweating
- Fear/worry
- Memory distortions
- Dizziness
- Difficulty concentrating
- Choking
- Cold, clammy hands
- Chest pain or discomfort
- Trembling or shaking

MANIPULATIVE / DEMANDING STUDENT

Demanding students can be difficult to interact with because they can be intrusive and persistent. Demanding traits can be associated with anxiety, agitated depression and/or personality disorders. Some characteristics of demanding students are a sense of entitlement, an inability to empathize, a need to control, difficulty dealing with ambiguity, a strong drive for perfection, difficulty respecting structure, limits, and rules, persistence after hearing “no”; dependency on others to take care of them and a fear of dealing with the realities of life. These students may demand a lot of time and attention.

When dealing with a demanding student:

Do:

1. When possible, talk to the student in a place you feel safe and comfortable.
2. Remain calm and in control of the situation.
3. Set clear limits and hold to them.
4. Directly and clearly explain to the student the behaviors that are acceptable and unacceptable.
5. Be clear about the time you will give them.
6. Request that they treat you with respect.
7. Contain disruptive behavior that disturbs the class, study group, etc.
8. Be aware of manipulative behavior.
9. Refer the student to resources that can address his/her needs.
10. If excessive student demands become disruptive, consult the Disruptive Student Policy.

Do not:

1. Argue with the student.
2. Accommodate inappropriate requests.
3. Ignore the problem and the impact that it has on you and the other students.
4. Adjust your schedule to accommodate the student.
5. Feel obligated to take care of him/her.
6. Feel guilty about not doing more.
7. Allow the student to intimidate you.

THE SUBSTANCE ABUSING STUDENT

Alcohol is the most widely used psychoactive drug. It is common to find alcohol abusers in college populations also abusing other drugs, both prescription and illicit. Fads and peer pressure affect patterns of use. Currently, alcohol is the preferred drug on college campuses. The effects of alcohol on the user are well known to most of us. Substance abuse problems often come to the attention of faculty when irresponsible, unpredictable behaviors begin to affect the learning process or environment (i.e., drunk and disorderly in class). Because of the denial that exists in most substance abusers, it is important to express your concern in terms of specific changes in behavior or performance rather than in terms of suspicions.

Do:

1. Confront the student with the behavior that is of concern.
2. Address the substance abuse issue if the student is open and willing.
3. Offer support and concern for the student's overall well-being.
4. Maintain contact with the student after a referral is made.

Do not:

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

Note: Being under the influence of alcoholic beverages and/or illegal narcotics/drugs on college premises, or college-sponsored events is against the Standards of Student Conduct and subject to disciplinary actions.

THE STUDENT WITH DISORDERED EATING

Both anorexia and bulimia involve a significant disturbance in the perception of body shape and weight, which leads to an abnormal or obsessive relationship with food, exercise, and self-image. Anorexia is characterized by the refusal to maintain a minimum normal weight for age and height (weight less than 85% expected), an intense fear of gaining weight, a denial of the seriousness of the current low body weight, and loss of menstrual cycles. Bulimia is characterized by recurrent episodes of binge eating followed by unhealthy behaviors to prevent weight gain such as self-induced vomiting, misuse of laxatives, diuretics, and enemas, fasting and/or excessive exercise. Depression anxiety and substance abuse often accompany these disorders. If a student's eating disorder jeopardizes his/her physical and emotional health, the student may need to leave school and enter intensive treatment. Some of the symptoms associated with eating disorders are significant weight loss (15% or more) from original body weight, the inability to concentrate, chronic fatigue, decreased strength of immune system and susceptibility to illness, an obsession with food that dominates the student's life, extreme moodiness, excessive vulnerability to stress, tendency to socially withdraw, repetitive injuries and pain from compulsive exercise, and excessive perfectionism and/or rigidity.

When you suspect a student may have an eating disorder:

Do:

1. Speak to the student in private, if possible.
2. Be supportive and express your concern about the student's health. Provide specific examples of behaviors or symptoms that are of concern.
3. Refer the student to the Student Health Services SS-170 or ext. 2298.
4. Consult Health Services counseling or nursing staff if you want advice on how or when to intervene with a student.

Do not:

1. Reassure a student that his/her obsessions are normal and therefore nothing to worry about.
2. Scare the student into changing or getting help. With eating disorders, fear seldom motivates change.
3. Make jokes about eating disorders or about fat people to students.
4. Make positive comments about a student's weight loss. It is difficult to discern if you are rewarding health behavior or encouraging a hidden disorder.

Part III

GUIDELINES FOR INTERVENING WITH THE STUDENT WHO IS THE VICTIM OF AN UNSAFE SITUATION

THE VICTIM OF AN ABUSIVE DATING RELATIONSHIP

Physical and sexual violence in early adult relationships often start during teenage dating-when adolescent boys and girls form their first conclusions about what to expect and accept from each other. In many cases, teenagers are predisposed to accept physical abuse because of their exposure to it in their homes, either as victims or witnesses. Lesbians and gay males experience violence in their intimate relationships at about the same rate as heterosexuals. Only one in twenty-five adolescent victims seeks professional help. Abusive relationships often involve a pattern of repeated verbal, sexual, emotional, and physical abuse that continues to escalate the longer the relationship continues. Some of the indicators of an abusive relationship are verbal abuse, isolation from friends and loved ones, fear of the partner's temper, fear of abandonment by the partner, accepting the partner's controlling behavior, fear of intimidation, distortion of the partner's hurtful behavior, assuming responsibility for the partner's abusive behavior, feeling trapped and fear of leaving the abusive partner. Some abusive relationships include behaviors that are in violation of the college codes of conduct and/or state laws.

When you become aware that a student is in an abusive relationship:

Do:

1. Meet with the student in private, if possible.
2. Be aware that the student may be feeling vulnerable and fearful.
3. Be supportive of the student and aware that being a victim of an abusive relationship involves many psychological factors.
4. Be aware that interventions from numerous sources are the best approach to dealing with abusive relationships.
5. Be aware that each intervention increases the probability of a student leaving an abusive relationship.
6. Be aware that denial and distortion enable a person to remain in an abusive relationship.
7. Encourage the student to call the police, when rape or violence is involved.
8. Consult with Student Health Services, Campus Security or the police if concerned about a student's safety.
9. Encourage the student to connect with family, friends, or some other support system.
10. Refer student to Student Health Services, SS-170, ext. 2298.

THE VICTIM OF SEXUAL ASSAULT

Sexual assault is sexual contact by one person against another without consent. The law defines consent as positive cooperation in act or attitude pursuant to an exercise of free will. Consent may not be inferred from silence or passivity. A current or previous relationship does not constitute consent. The most recent national study by the Justice Department found that the number of incidents in which female college students were sexually assaulted occurred at a rate of 35.3 incidents per 1,000. The survey defined sexual assault as completed or attempted rape,

threats of rape, sexual coercion, unwanted sexual contact with force or the threat of force and stalking. The report's found that nearly 60% of the rapes on campuses took place in the victims' residences.

Fewer than 5% of rapes and attempted rapes are reported to law enforcement officials. Sexual assaults are predominantly committed by men against women, although men are assaulted by women and same-sex assaults do occur. The majority of assaults are committed by an acquaintance of the victim and involve the use of alcohol by one or both persons.

When you become aware that a student has experienced a sexual assault:

Do:

1. Be aware that when a student discloses information about an assault to you, she/he is demonstrating trust in you and the desire for help.
2. Be aware that victims can feel shame and anger towards themselves. Listen without conveying judgment.
3. Speak to the student in private if possible.
4. Empower the survivor by providing them with their options.
5. Refer students to Student Health Services, SS-170, ext. 2298

Do not:

1. Minimize the situation.
2. Convey negative judgment even when high-risk behavior such as intoxication is involved.
3. Tell other staff about the incident except on a need to know basis.

THE VICTIM OF A HATE CRIME OR HATE INCIDENT

A hate crime is a criminal act against a person or his/her property targeted because of the person's real or perceived race, color, religion, nationality, country of origin, disability, gender or sexual orientation. Under California law, for a crime to be considered a "hate crime" and for the penalty enhancement provisions of the law to take effect, a prosecutor must prove that the motivation of the perpetrator in committing the crime was bias against the person or persons in a protected category, and that this bias was a "substantial factor" (and not an incidental factor) in the crime. Hate incidents are considerably more common on college campuses than hate crimes. Unlike hate crimes, there is no formal legal definition for a hate incident. They are generally the same types of behaviors and crimes as described above except that one or more of the formal legal criteria described above are not met. Regardless, the victims tend to experience the same range of emotions and benefit from the same level of caring response.

When you are aware that a student has experienced a hate incident or hate crime:

Do:

1. Meet with the student in private, when possible.
2. Be aware that the student may be experiencing a wide range of emotions including shame, anger, fear and denial.
3. Advise the student to report the incident to the Dean of Educational Programs/Student Discipline. SS-260, ext. 2278.

4. Advise the student that counseling is available through Student Health Services. SS-170, ext. 2298.
5. Advise the student that she/he may report the incident the Campus Security, ext. 2400.

Do not:

1. Try to explain or get caught up in the technical differences between a “hate crime” and “hate incident”. These differences are generally immaterial to the feelings being experienced by the student and his/her need for support and information.
2. Minimize the situation or indiscriminately share information about the crime or incident with others without the permission of the student.
3. Express personal biases.

THE VICTIM OF STALKING

Stalking is a pattern of legal and/or illegal goal-directed behavior, which can be influenced by irrational and/or delusional thought processes. Stalkers have an emotional obsession with the victim and tend to hold a selfish perception of the relationship. Through stalking they empower themselves to feel omnipotent and in control of the relationship while creating a state of vulnerability in the other person. The legal definition of stalking is “willful, malicious and repeated following and harassment combined with the credible threat intended to make the victim fear death or serious injury”. Stalking behavior includes following the victim to school, the theater, the grocery store, home, etc.; repeated harassing attempts to communicate via phone, e-mail, FAX, or letters; giving of unwanted gifts; vandalizing the victim’s property; and unwanted hyper-attentiveness to the victim. Stalkers can be male or female and their target can be a member of the same or opposite sex.

If you become aware of a student who is feeling unsafe around another person and believes she/he is being stalked:

Do:

1. Encourage the student to trust his/her instincts.
2. Refer the student to Student Health Services, SS-170, ext. 2298
3. Advise the student to call the Campus Security, ext.2400.
4. Advise the student to document each stalking incident and save correspondences to be used as evidence.
5. Advise the student to change his/her routes to and from work and/or school frequently to protect him or herself.
6. Advise the student to walk with an escort whenever possible. Campus Security escorts can be reached by calling ext. 2400.

Do not:

1. Ignore or minimize the situation.
2. Blame the student for inviting the obsession.
3. Feel responsible for protecting the student.