

RESILIENCE
EMPOWERING
SURVIVORS
ENDING SEXUAL
VIOLENCE

PREVENTING SEXUAL VIOLENCE IN HIGHER EDUCATION

Resilience

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

[Ourresilience.org](https://www.ourresilience.org)

Resilience

Founded 1974 by Dr. Natalie Stevens

- **Volunteer-based**

Programs & Services

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

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

Content Warning



Supporting Student Survivors:

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

Lauren Milburn, LPC, R-DMT

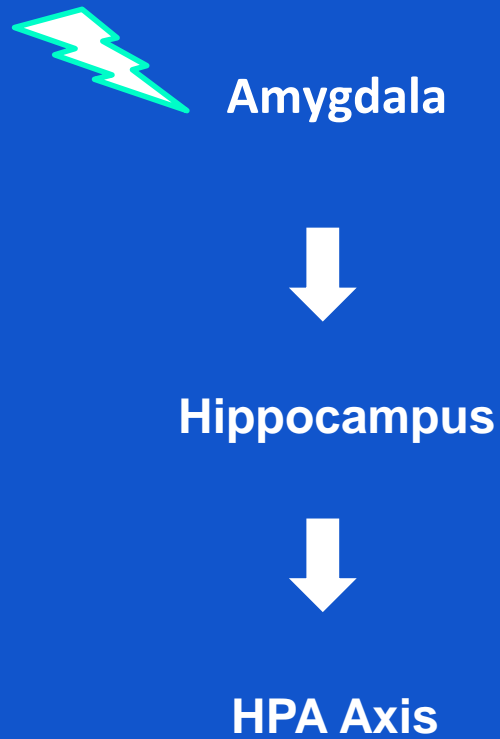
Trauma Therapist and Dance/Movement Therapist



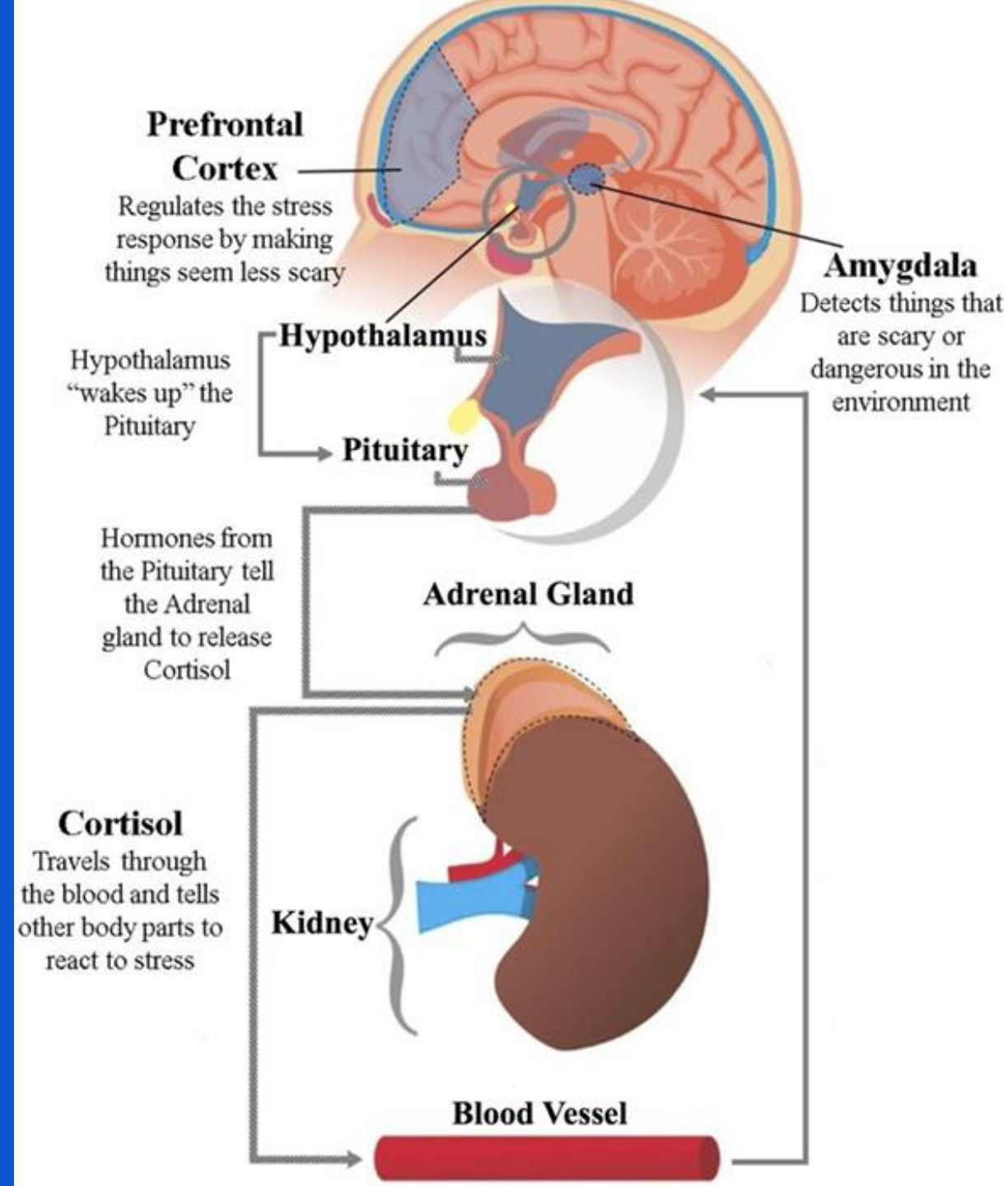
Understanding the Impact of Trauma



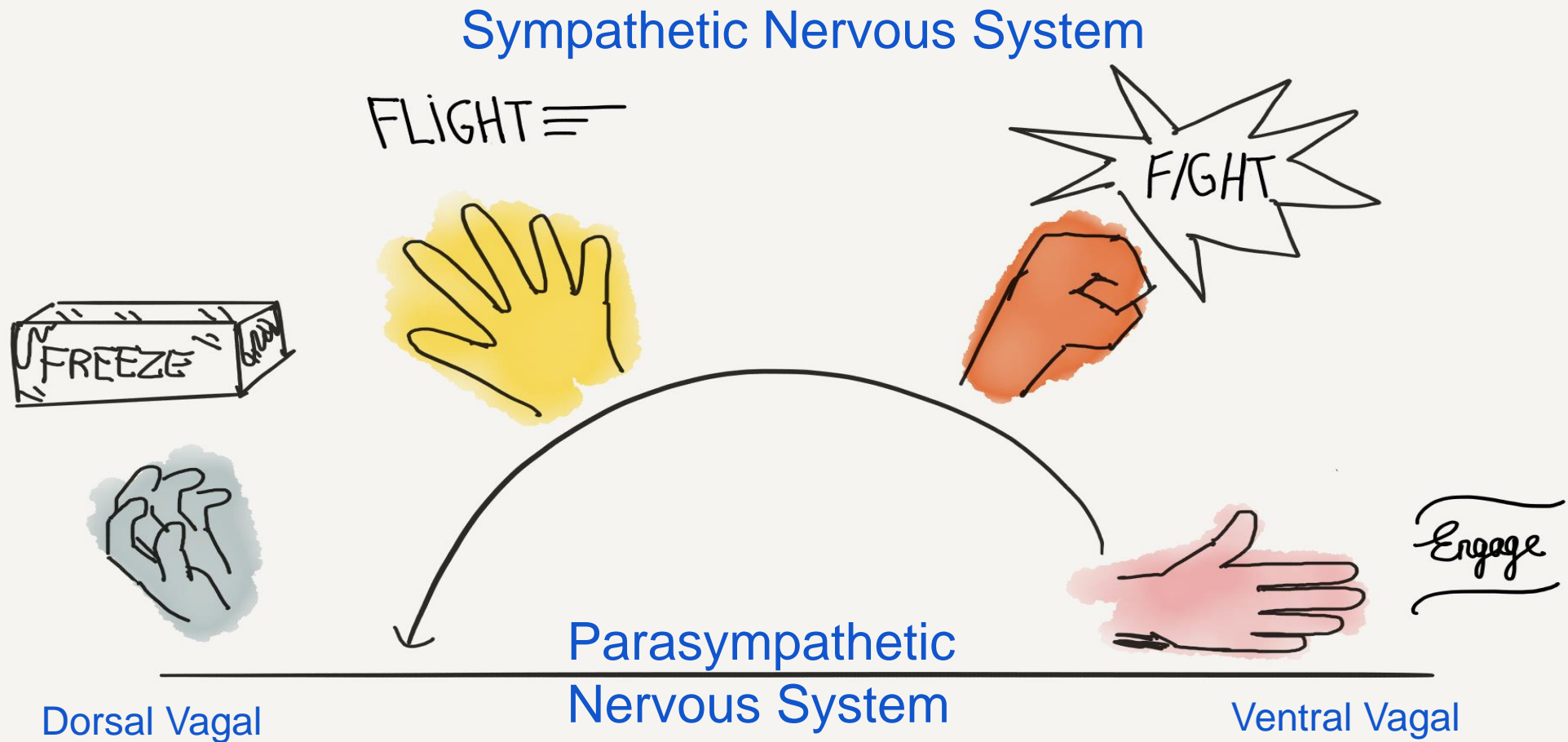
Neurobiology of Trauma

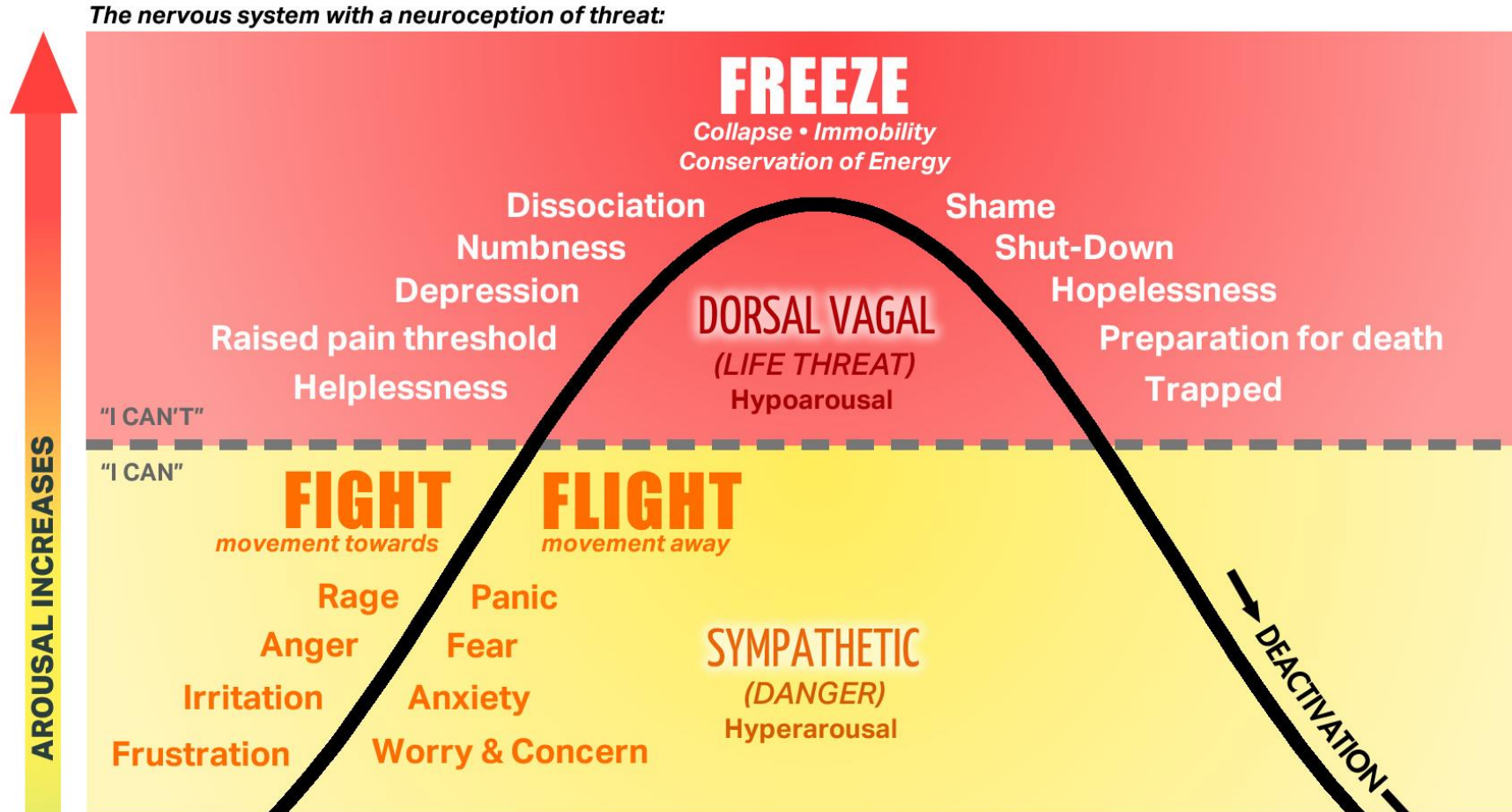


(Prefrontal cortex functions are not prioritized)



Polgyvagal Theory (Porges)





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

FREEZE: Tonic Immobility

“Rape-induced paralysis”

12-15% of survivors experience tonic
immobility during assault

~More common in survivors with a prior
sexual trauma history



Case example:

What happened to Samantha?

**All responses to trauma/danger are
neurobiologically programmed
survival mechanisms**



Impact of rape culture....

How do you think
Willa's response has
impacted Samantha?

BLAMING RAPE SURVIVORS

I felt isolated
I felt silenced
I was blamed
I doubted myself

You are not alone
We are listening
It's not your fault
We believe you

SUPPORTING RAPE SURVIVORS

WHICH CULTURE DO YOU WANT TO LIVE IN?

Support the change you want to see: <http://kck.st/1qIkXzC>
TheMonumentQuilt.org



Impaired memory

Implications for first responders

(Physiological/Emotional responses +
Fragmented and nonlinear memory)

x

Rape culture context

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“They aren’t making sense” or are not believed

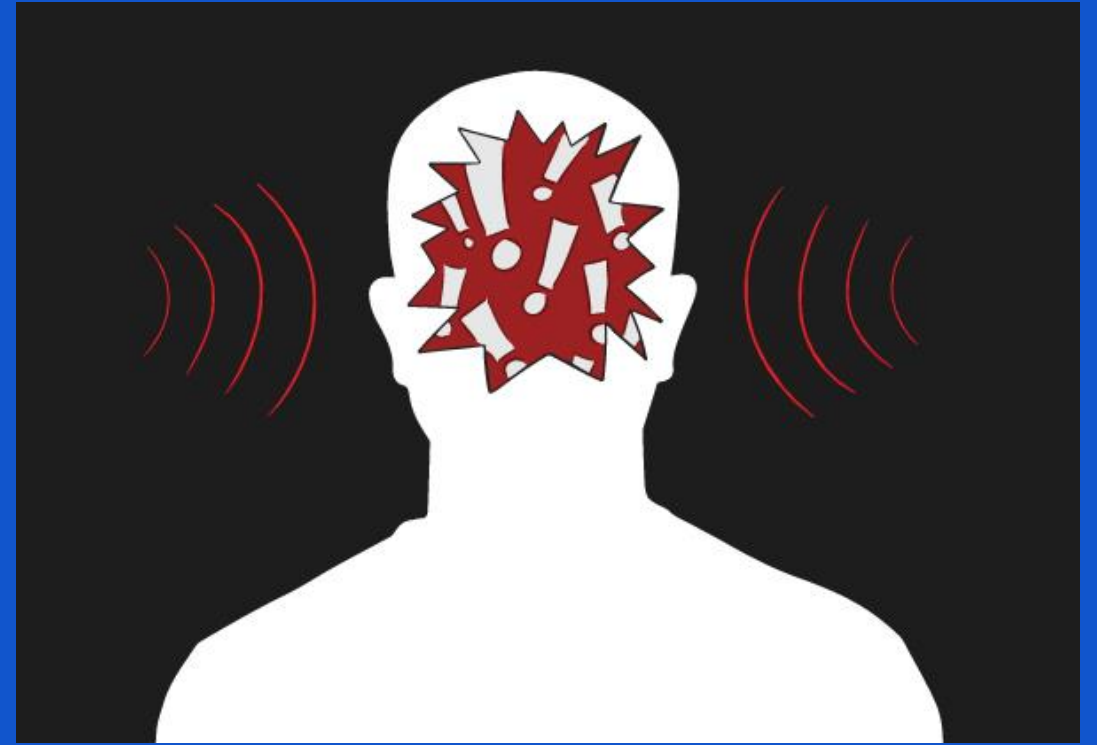
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Secondary victimization from the helper/system



**Survivors need time and patience for recall of events
...and decision making processes**

Triggers



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

Responses when triggered:

Emotional charge

Anxiety

Panic attack

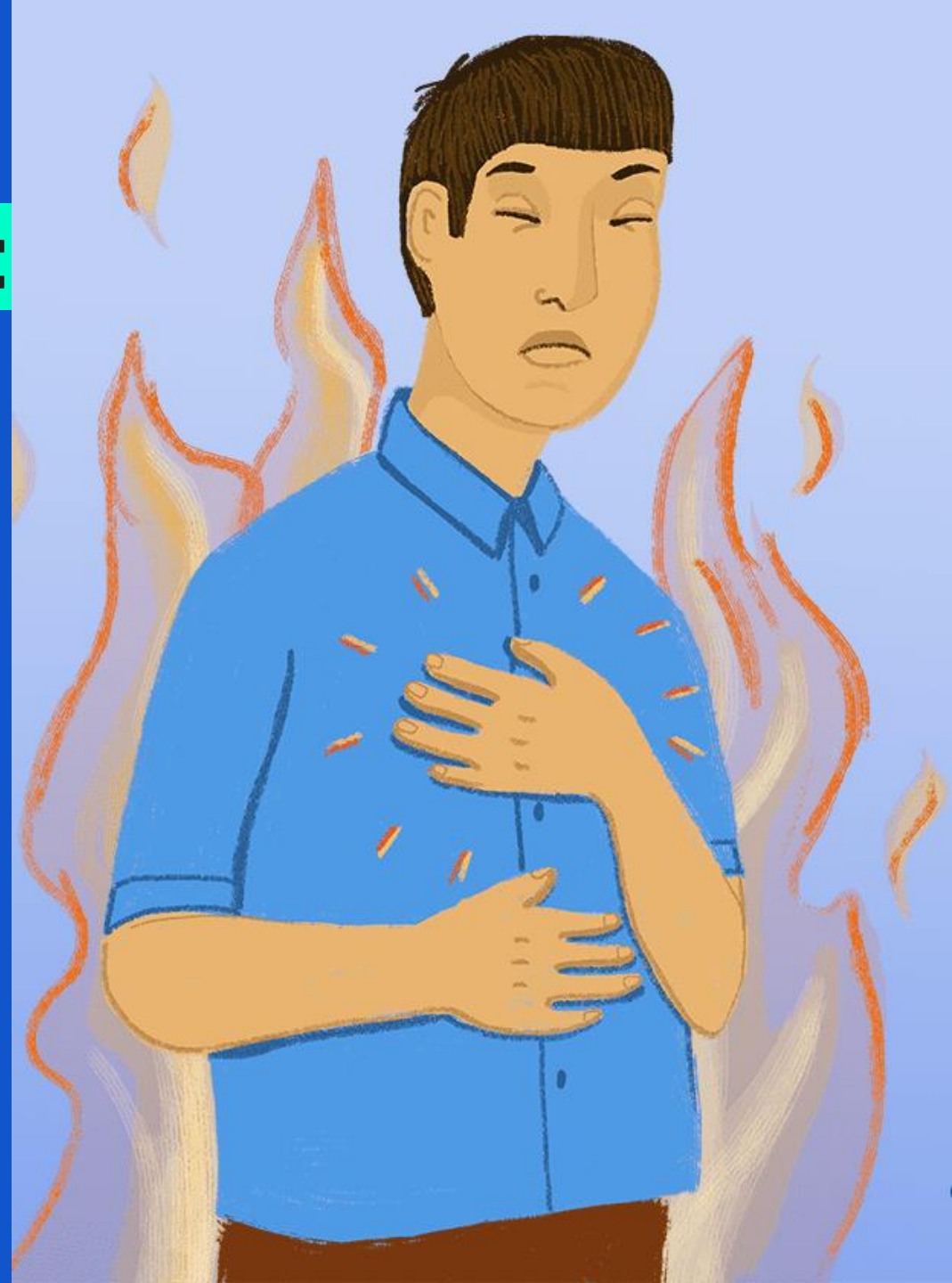
Dissociation

Nightmares

Intrusive thoughts

Flashbacks

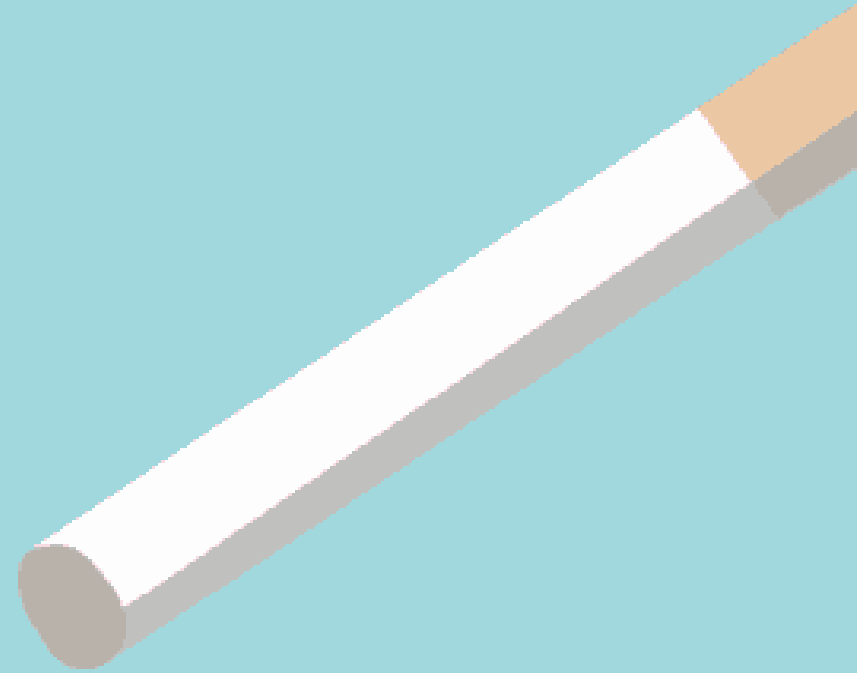
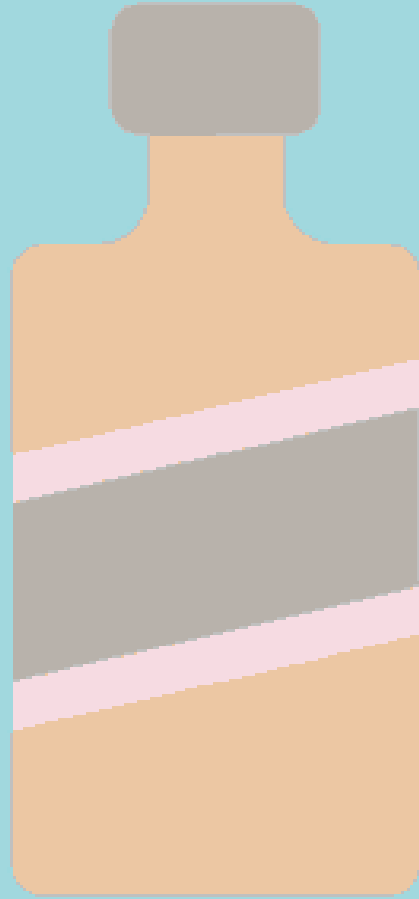
Bodily memories



Survivors in the Classroom...

What is it like for Samantha?

Consent under the influence



CONSENT IS:

CLEAR COHERENT
WILLING ONGOING

CLEAR

Consent is active.

It's expressed through words or actions that create mutually understandable permission.

Consent is never implied, and the absence of a no is not a yes.

Silence is NOT consent.

"I'm not sure," "I don't know," "Maybe" and similar phrases are NOT consent.

COHERENT

People incapacitated by drugs or alcohol cannot consent.

Someone who cannot make rational, reasonable decisions because she or he lacks the capacity to understand the "who, what, when, where, why or how" of the situation cannot consent.

People who are asleep or in another vulnerable position cannot consent.

WILLING

Consent is never given under pressure.

Consent is not obtained through psychological or emotional manipulation.

Consent cannot be obtained through physical violence or threat.

Someone in an unbalanced power situation (i.e. someone under your authority) cannot consent.

ONGOING

Consent must be granted every time.

Consent must be obtained at each step of physical intimacy. If someone consents to one sexual activity, she or he may or may not be willing to go further.

Drug-facilitated rape

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Incapacitated rape



Drugs on Campus

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

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

How does this support rape culture?

Alcohol

A background image showing a group of people, mostly men, sitting at a table and drinking beer from white plastic cups. The image is overlaid with a semi-transparent blue filter.

Perpetrators:

- May use alcohol for liquid courage
- Coercive tool to incapacitate victim
- Means to justify/normalize their behavior and diminish level of responsibility

Impact:

- Most commonly used substance in DFSA
- Incapable of giving or withholding consent
- Increased physical vulnerability and less ability to resist

Other substances

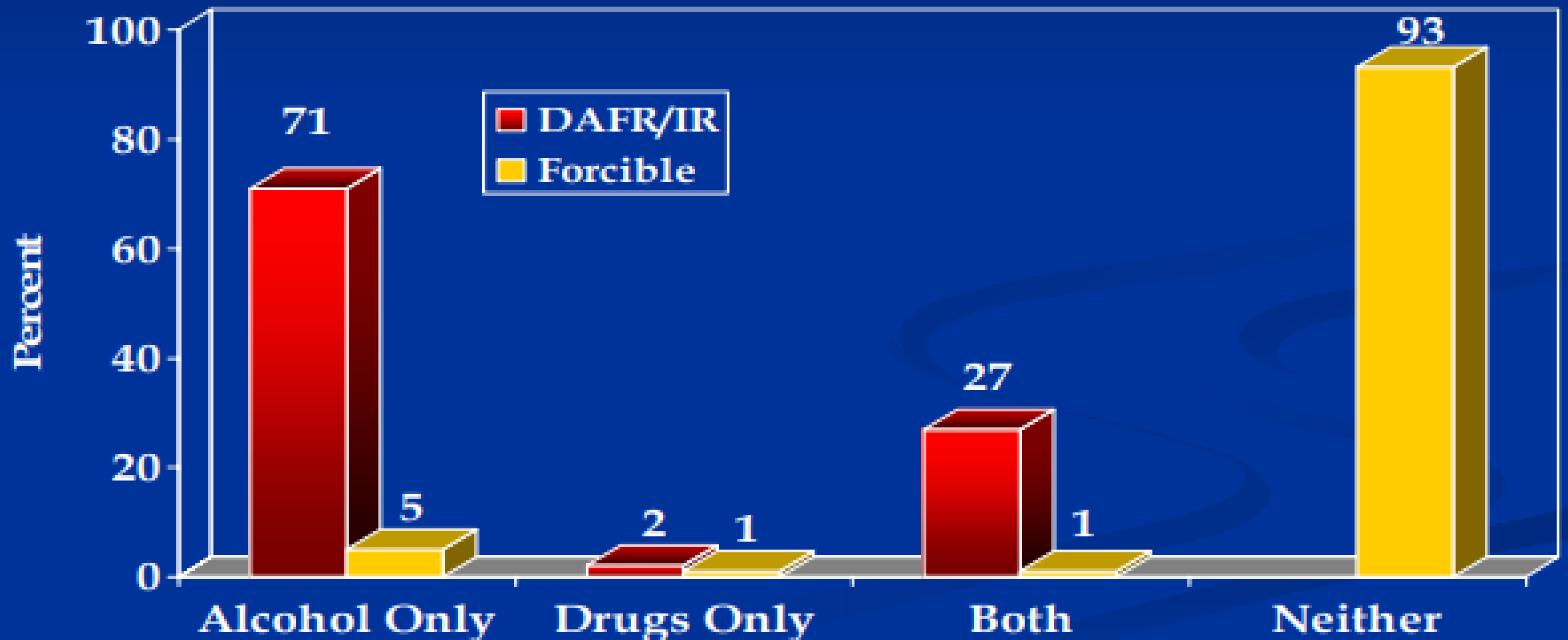
Rohypnol and GHB

Odorless, colorless, tasteless

Work synergistically with alcohol



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



Case example:

“she didn’t say no...”

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

(Source: P.A. 96-1551, eff. 7-1-11.)

An illustration of three stylized human figures from the chest up, positioned behind the text. The figure on the left has dark skin and long, wavy dark hair, wearing a light purple top. The central figure has light skin and short, spiky purple hair, wearing a grey and white striped shirt. The figure on the right has dark skin and long, straight grey hair, wearing a dark grey jacket over a light blue shirt. The text "Responding to disclosures" is centered in a blue, sans-serif font over the figures.

Responding to disclosures

Barriers to hearing a disclosure

Inconsistent, non-linear, or confusing narrative

Self-blaming/minimizing/denying from the survivor

Biases or stereotypes held by listener

Believe and Reassure

Believe the survivor

Reassure the survivor that the violence
was **not their fault**

Start by
Believing



Establish Safety and Build Trust

Address immediate concerns around safety

Be clear about limits of confidentiality

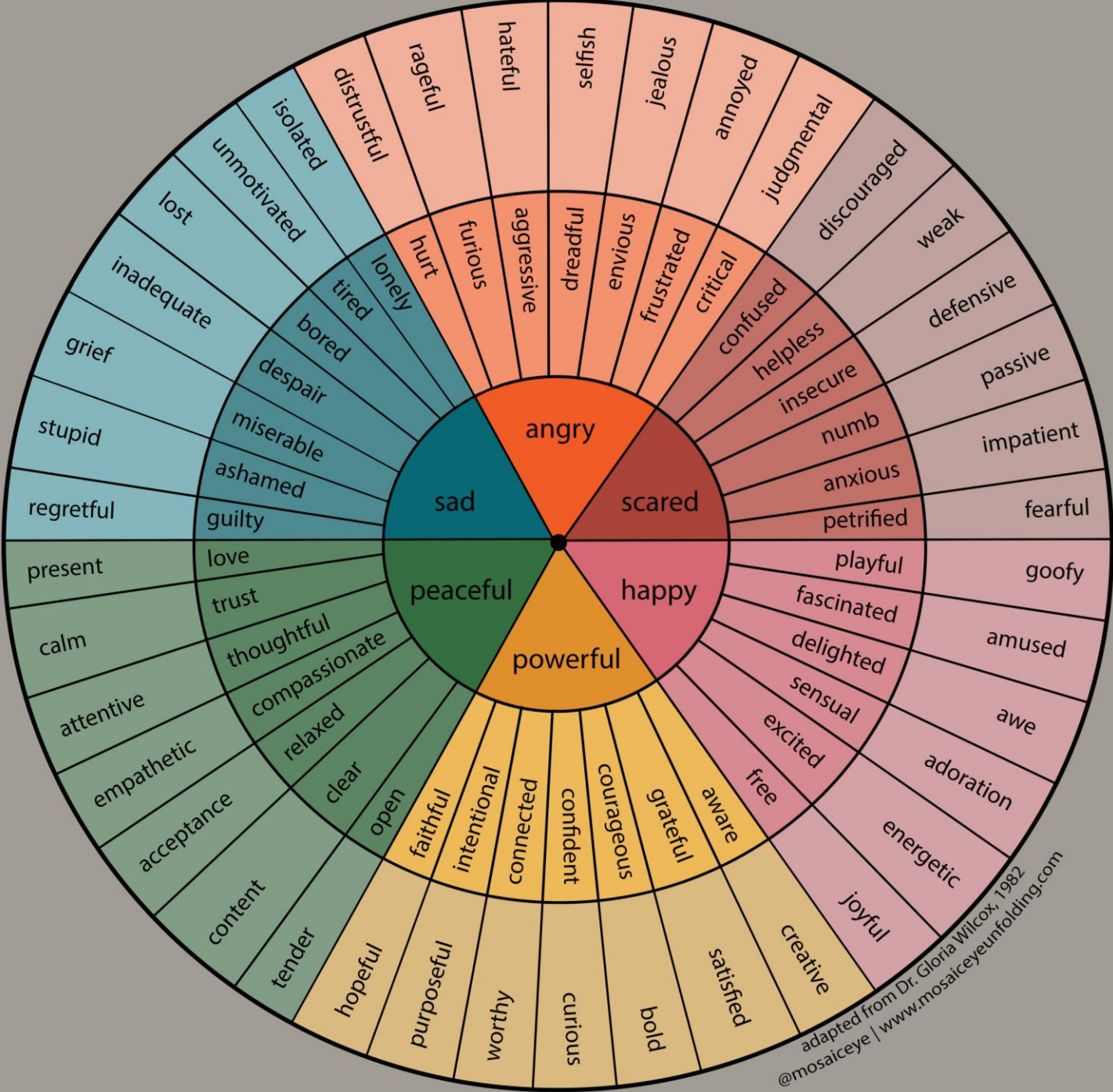
Be aware of potential triggers



Validate emotions

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Identify supports



adapted from Dr. Gloria Wilcox, 1982
@mosaiceye | www.mosaiceyeunfolding.com

Listen with Compassion



Using attending skills

Be comfortable in silence

Ask and listen to how survivors want to be supported

Do not interrogate

Respect and Empower

Respect survivor as expert of experience

Attend to survivor's concerns and priorities

Restore survivor's power and agency by educating options

Respect survivor's decision making ability



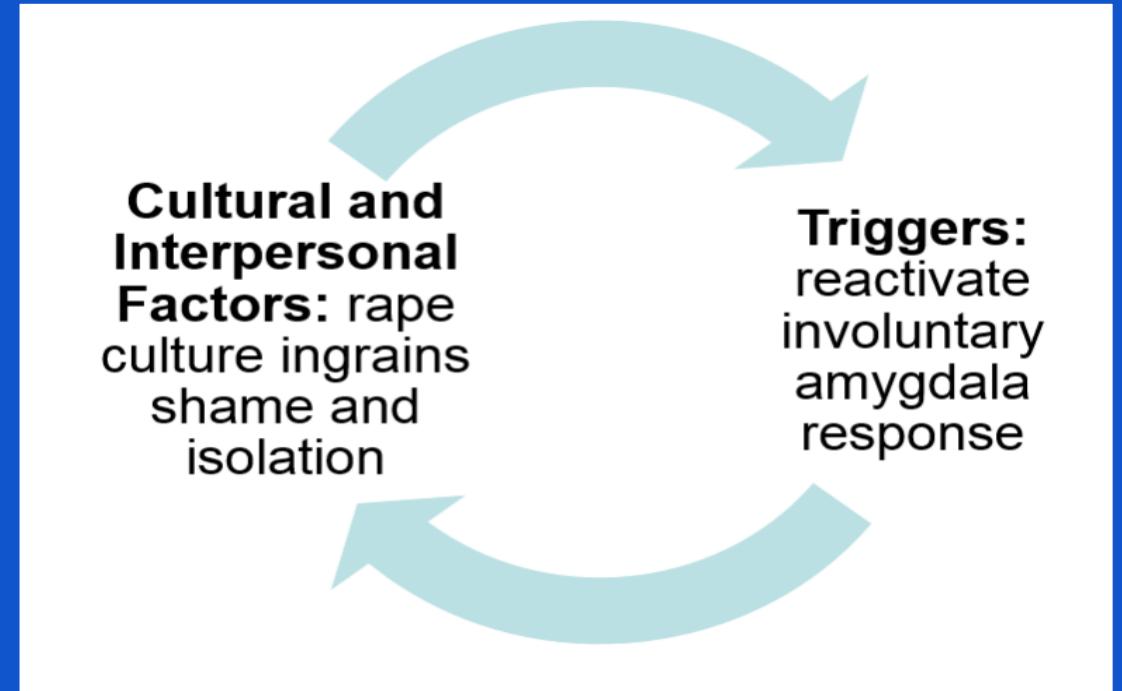
Signs to be aware of:

Acting nervous, disconnected, overwhelmed (trigger responses)

60% of survivors didn't acknowledge they had been raped

May not have "typical" description for what happened/is happening

Impact of first responders....



Posttraumatic growth

Resilience Resources

Resilience

Phone: 312.443.9603

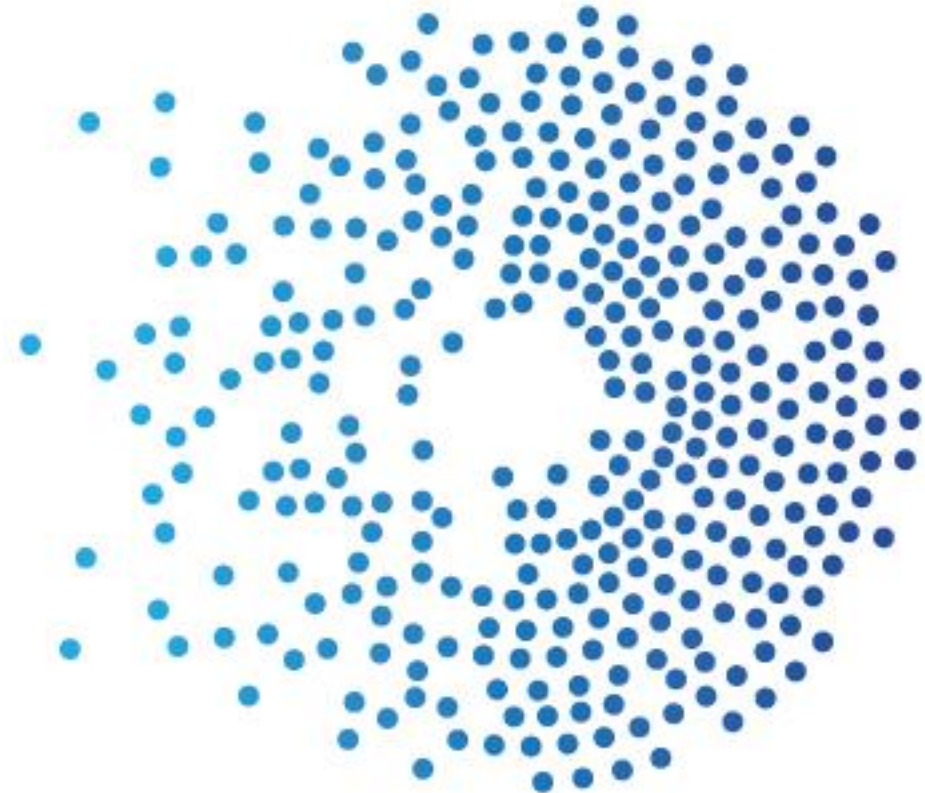
Website: www.ourresilience.org

Email: Info@ourresilience.org

Chicago Rape Crisis Hotline: 1-888-293-2080

Find your local crisis center

www.icasa.org



IIT Resources

Office of Student Affairs

Katherine Stetz, Vice Provost for Student Affairs & Dean of Students

Email: dos@iit.edu

312.567.3080

Office of Community Standards

Raul Fernandez, Assistant Director

Email: rfernandez1@iit.edu

312.567.5172

Office of Title IX Compliance

Virginia Foster, Title IX Coordinator

Email: foster@iit.edu

312.567.5725

Student Health & Wellness Center

student.health@iit.edu

312.567.7550

