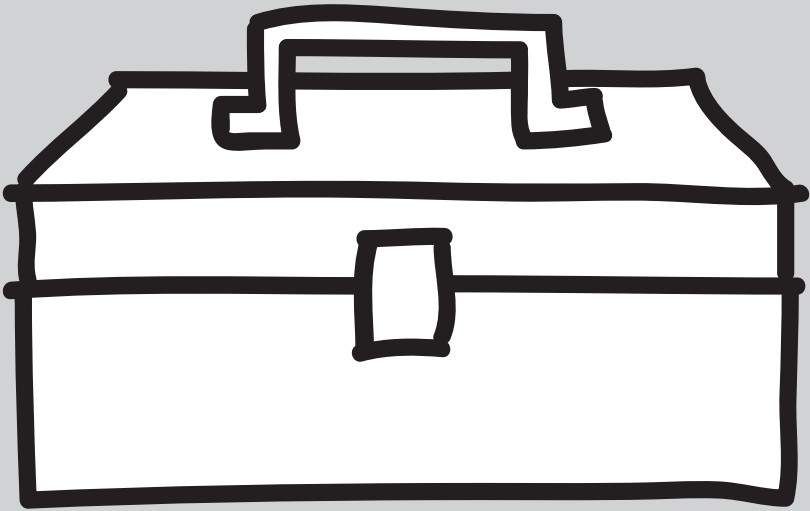


OBERLIN

COLLEGE & CONSERVATORY

The Essentials

A Program for
Oberlin College Students

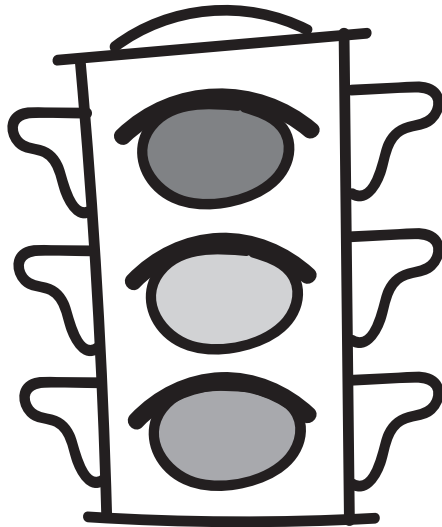


By PRSM, Preventing and Responding
to Sexual Misconduct, through the
Office of Equity, Diversity, and Inclusion

Hello and Welcome!

Checking in to Ourselves and Each Other

We think it's important to always be challenging ourselves in our learning, but not at the expense of our personal health and well-being. True learning doesn't happen in the **GREEN** zone where you're totally comfortable and not challenging yourself. Ideally, you'll be in the **YELLOW** zone as much as possible, where you feel a little bit vulnerable because your heart and mind are open to new and exciting things. But if you find yourself veering towards the **RED** zone where you feel overwhelmed, then please do whatever you need to do to take care of yourself; step outside, get a drink of water, take a nap, talk to someone you trust, eat some chocolate, or whatever else. There is a Resources page at the end of this workbook that has on and off campus resources that may be helpful to check out! In short, take care of yourself **ALWAYS!**



Tea & Consent

"If you're still struggling with consent, just imagine instead of initiating sex, you're making them a cup of tea. You say, "hey, would you like a cup of tea?" and they go, "oh my god, I would **LOVE** a cup of tea! Thank you!" then you know they want a cup of tea.

If you say, "hey, would you like a cup of tea?" and they're like "um I'm not really sure..." then you can make them a cup of tea or not, but be aware that they might not drink it, and if they don't drink it then – and this is the important part – **don't make them drink it**. Just because you made it doesn't mean you are entitled to watch them drink it.

And if they say "No thank you" then don't make them tea. At all. **Just don't make them tea**. Don't make them drink tea, don't get annoyed at them for not wanting tea. They just don't want tea, ok?

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

And if they are unconscious, don't make them tea. Unconscious people don't want tea and can't answer the question "do you want tea" because they're unconscious. Ok, maybe they were conscious when you asked them if they wanted tea, and they said yes, but in the time it took you to boil the kettle, brew the tea, and add the milk, they are now unconscious.

You should just put the tea down, make sure the unconscious person is safe, and this is the important part again – **don't make them drink the tea**. They said yes then, sure, but unconscious people don't want tea. If someone said yes to tea, started drinking it, and then passed out before they'd finished it, don't keep on pouring it down their throat. **Take the tea away and make sure they are safe**. Because unconscious people don't want tea. Trust me on this.

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

If you can understand how completely ludicrous it is to force people to have tea when they don't want tea, and you are able to understand when people don't want tea, then how hard is it to understand it when it comes to sex? **Whether it's tea or sex, Consent is Everything.**



Elements of Effective Consent Defined



INFORMED:

Being aware of what is actually going to happen. This may necessitate a discussion about safer sex (STI and/or pregnancy prevention) or what each partner wants to get out of the experience. Know that while these conversations are important and can help keep you and your partner safe, there is always an underlying risk in having sex. For example, it's possible someone may not know they have an STI.

MUTUALLY UNDERSTANDABLE:

Consent is given clearly and unambiguously, so that all partners understand each other, without any doubts or uncertainty. While consent can be verbal or nonverbal, verbal consent is ideal, especially when one or more people have used substances prior to having sex.

SPECIFIC TO A GIVEN SITUATION:

Consenting to something in the past doesn't imply that you're consenting to it now.

FREELY & ACTIVELY GIVEN:

Consent is given of someone's own free will.

BARRIERS TO EFFECTIVE CONSENT:

Age, Force, Coercion, Incapacitation

What's in a Drink?

How many drinks do you think people in your friend group have in a week?

How does that compare to the amount you drink?

Sometimes it can be hard to keep track of how many drinks you've had, especially in a setting where drinks might not be served in standard measures. Here are some helpful tips and facts for keeping track of your drinking!

Easy to remember: the higher the percentage of alcohol, the smaller the serving!



Image adapted from the U.S. Department of Health and Human Services.

And in a Bottle?

There are 5 standard drinks in a bottle of wine and 17 standard drinks in a fifth of hard liquor.

The suggested limit for drinks within a week is:

- 14 for people designated male at birth.
- 7 for people designated female at birth.

Did You Know...?

Physical attributes affect how our bodies process alcohol. It's important to know how your body may react differently than your partners' body, so you can be clear about incapacitation. In addition to ones we mentioned in the workshop, here's some more info! is important all of the time.

People who have higher levels of estrogen usually also have more fat pound-per-pound in their bodies (i.e., less water per pound), and fewer enzymes in their bodies that break down alcohol.

→ This means they have a **decreased ability to process alcohol** and get intoxicated more quickly/with fewer drinks.



Hormones like estrogen influence intoxication. For example, one week before menstruation, peak intoxication is maintained for longer periods of time than during any other time of the month. A similar pattern of extended peak intoxication is seen in people who take oral contraceptives. Trans folks taking hormones may also experience changes in how they process alcohol, although more research is needed.

Practicing Consent

Practicing consent applies in all of our interactions, not just sexual ones!

These cartoons help show why consent is important all of the time.



How do these relate to what we learned about incapacitation?



Cartoons from Everyday Feminism.

What does incapacitation mean to you?



How would someone recognize when I'm intoxicated versus incapacitated?

What are my own personal limits?

How many drinks is too many?

Am I taking medications that interact with alcohol or other substances?

How high is too high?

“But consent is soooo awkward!”

What do you think?

“I really want this to be good for you. What do you like? Do you want to _____? I think that would be hot. Would you be into that? I don’t want to do anything unless you’re really into it.”

Consent MadLibs (from Scarleteen.com, “Rescripting Sex”)

_____ (name) and _____ (name) are alone together. _____ (name) detects (or wishful-thinks) the whiff of _____ (word for sexual desire) in the _____ (noun). _____ (name) says to _____ (name), “You’re super _____ (adjective), you know that? I’d really like to _____ (sexual or other intimate activity).” _____ (name) answers by passionately _____ (the sexual or other intimate activity just agreed to) them. _____ (name) puts a _____ (body part) on _____ ’s (name) top button and asks “ _____ (question to ask for sexy permission)?” with a _____ (adjective) grin and a _____ (adjective) _____ (body part). They nod and open _____ ’s (pronoun) _____ (type of clothing), _____ (verb, present participle) and _____ (sexy thing permission was given to do) _____ ’s (pronoun) _____ (body part). “Shall we take this to the _____ (place)?” _____ (pronoun) asks, looking up at them, _____ ’s (pronoun) _____ (body part) brushing their _____ (body part). _____ (name) responds by taking _____ ’s (pronoun) _____ (body part) and leading them there. _____ (name) sits on the _____ (place) and starts _____ (verb, present participle) their _____ (item of clothing). _____ (name) pulls _____ (name) into the _____ (place) with them. “Do you want to _____ (kind of sexual activity)?” _____ (name) asks. “ _____ (affirmative answer - otherwise known as some kind of “Hell to the yes.”);” _____ (name) says, and starts _____ (already-agreed to sexual activity) _____ (name) again. _____ (pronoun) brings their _____ (body part) down to _____ (place on the body) but hesitates, making eye contact before going further. “Hang on,” _____ (name) says, “just so you know, I really don’t like _____ (limit or boundary).” “Okay,” _____ (name) says, “but can I _____ (verb) with your _____ (body part)?” “ _____ (affirmative answer);” _____ (name) replies, and slips a _____ (adjective) _____ (body part) into _____ ’s (pronoun) _____ (item of clothing).

This is a chart to help you reflect on your own needs, desires, and boundaries. These can be sexual or not, involve partner(s) or not, and can change over time.

For fun: Compare lists to see where you and your partner(s) overlap. It’s an opportunity to learn about common ground between you and your partner(s) and discover fun, new, exciting things to do together!

WANT: “Yes, yes, yes! This sounds super good to me! I really want to make this happen.”

WILL: “This isn’t necessarily exciting to me, but I’m open to it and I’m willing to try it out if my partner is into it.”

WON’T: “Absolutely no. This is a hard limit for me, so don’t ask me again.”

Prohibited Sexual Misconduct: Definitions

Match the following terms to the definitions.

- a. Sexual Harassment
- b. Sexual Assault
- c. Coercion
- d. Sexual Exploitation
- e. Intimate Partner Violence
- f. Gender-based Harassment
- g. Stalking

1. ____ An act of violence or threat of violence against someone who is, or has been, in a relationship with the person causing harm. This includes assault, threat of suicide, and threat of violence to friends or family of the partner.
2. ____ The improper use of pressure to make someone have sex against their will. This includes behaviors like intimidation, blackmail, and threats.
3. ____ A course of conduct considered likely to alarm or frighten a person. This includes physical, emotional, and psychological fear. Includes use of Internet, cell phones, texts, and more to pursue or harass another person.
4. ____ Unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and/or other verbal, nonverbal, or physical conduct of a sexual nature.
5. ____ Having or trying to have sexual intercourse or contact with someone without their consent. This includes having sex with someone who is incapacitated.
6. ____ Verbal, nonverbal, or physical aggression, intimidation, or hostility based on gender, sex, and/or sex or gender stereotyping.
7. ____ Taking non-consensual or abusive sexual advantage of another for one's own advantage or benefit. Includes non-consensual sharing of sexual images or video, knowingly exposing someone to a STI without their knowledge, and more.

Intimate Partner Violence

Questions to think about for past, present, and future relationships:



What are my boundaries and expectations?

What does feeling physically and emotionally safe mean to me?

How can I explain my boundaries and expectations?

How can I ask my partner about their expectations and boundaries?

What We're Gonna Say *(from Autostraddle.com)*

Please refer to my gender as:

Please never refer to my gender as:

When you want me to keep going, hearing the following makes sense to me:

When I want you to keep going, I say:

When I want you to stop, I say:

When you want me to stop, hearing the following makes sense to me:

When you want to check in, hearing the following makes sense to me:

When I want to check in with you, I say:

ABUSIVE EXPECTATIONS: Makes impossible demands, requires constant attention and constantly criticizes.

AGGRESSING: Name calling, accusing, blames, threatens, or gives orders, and often disguised as a judgmental “I know best” or “helping” attitude.

CONSTANT CHAOS: Deliberately starts arguments with you or others. May treat you well in front of others, but changes when you’re alone.

REJECTING: Refusing to acknowledge a person’s value, worth or presence. Communicating that he or she is useless or inferior or devaluing his or her thoughts and feelings.

DENYING: Denies personal needs (especially when need is greatest) with the intent of causing hurt or as punishment. Uses silent treatment as punishment. Denies certain events happened or things that were said. Denies your perceptions, memory and sanity by disallowing any viewpoints other than their own which causes self-doubt, confusion, and loss of self-esteem.

DEGRADING: Any behavior that diminishes the identity, worth, or dignity of the person such as: name-calling, mocking, teasing, insulting, ridiculing.

EMOTIONAL BLACKMAIL: Uses guilt, compassion, or fear to get what he or she wants.

TERRORIZING: Inducing intense fear or terror in a person, by threats or coercion.

INVALIDATION: Attempts to distort your perception of the world by refusing to acknowledge your personal reality. Says that your emotions and perceptions aren’t real and shouldn’t be trusted.

ISOLATING: Reducing or restricting freedom and normal contact with others.

CORRUPTING: Convincing a person to accept and engage in illegal activities.

EXPLOITING: Using a person for advantage or profit.

MINIMIZING: A less extreme form of denial that trivializes something you’ve expressed as unimportant or inconsequential.

UNPREDICTABLE RESPONSES: Gets angry and upset in a situation that would normally not warrant a response. You walk around on eggshells to avoid any unnecessary drama over innocent comments you make. Drastic mood swings and outbursts.

GASLIGHTING: A form of psychological abuse involving the manipulation of situations or events that cause a person to be confused or to doubt his perceptions and memories. Gaslighting causes victims to constantly second-guess themselves and wonder if they’re losing their minds.

From Salem on mental-health-advice.tumblr.com

What Can I Do?

Bystander Intervention

Community can be a lot of things; empowering, fun, challenging, healing, education, and so much more...but a community cannot be any of these things if it doesn’t feel safe. At Oberlin, we exist in many different communities and spaces, and as members of these communities we have a responsibility to be active bystanders and step up when we see potential sexual misconduct.

Splitchers is so much fun, isn’t it?

Yeah, that song is MY JAM!

Wow, did you see Alex over there with CJ?

They are the cutest couple. They’re always all over each other on the dance floor, but CJ is really going for it tonight, don’t you think?

Yeah... did you think Alex seemed kind of not into it?

Yeah, but Alex is always like that, they’re fine.

Hmm, I guess... I guess maybe I don’t know them as well as you do.

How can I address a situation that doesn’t feel right?

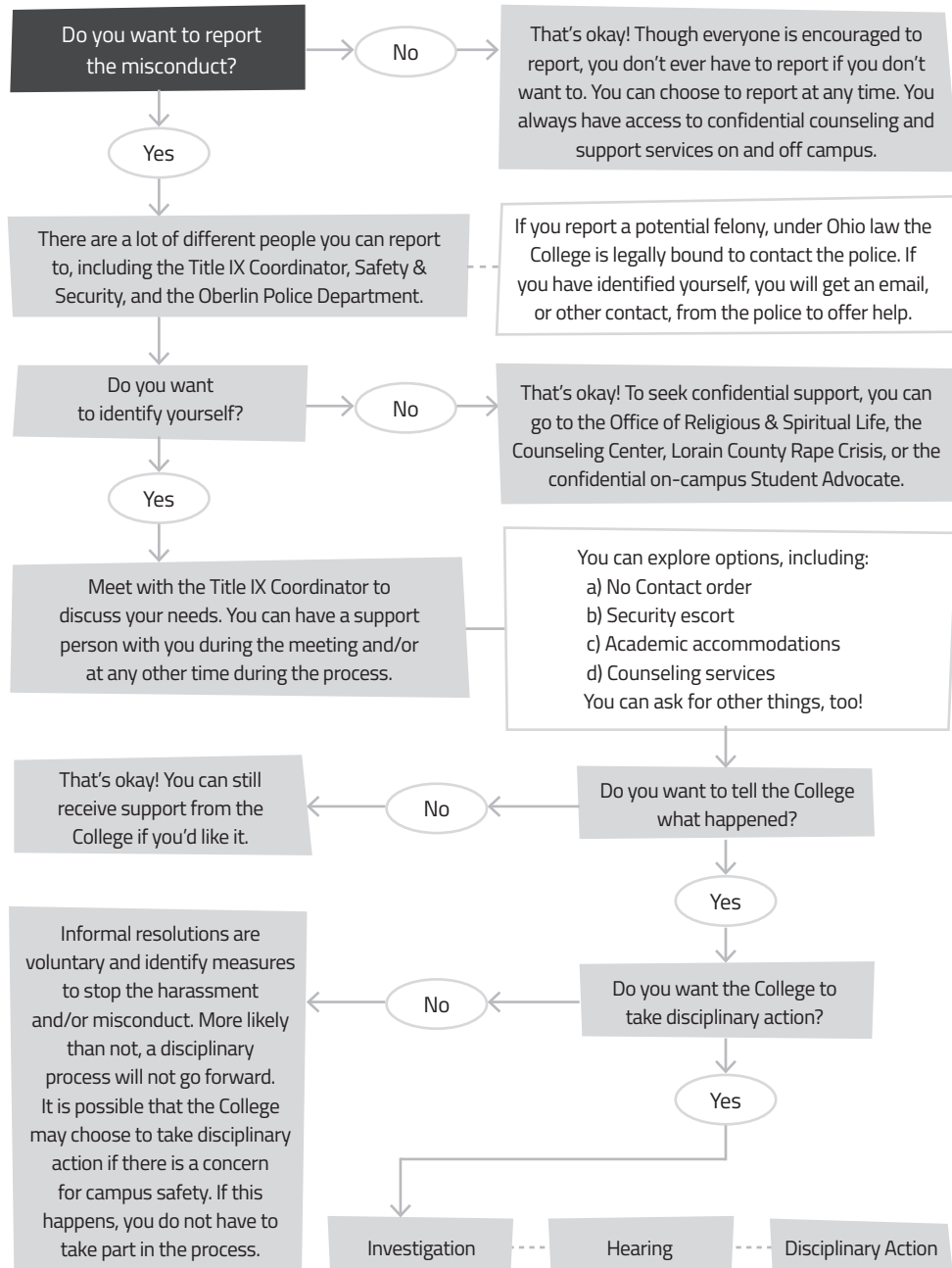
Things to say:

Actions to take:

When to stop:

The Medical Amnesty Policy means that there will be no judicial sanction for underage drinking or drug use if Safety & Security is called to intervene in a situation. This applies to the person who calls, as well as everyone else involved. The policy is in place so that when someone is in harm’s way, there are no barriers to getting them the support they need. If someone you know is drunk to the point where they are incapacitated, don’t hesitate – call S&S for help!

Reporting Sexual Misconduct at Oberlin



Supporting One Another

Someone opens up to you. Maybe it's a little bit of information, maybe it's a lot. Either way, knowing what to say or do can be hard in the moment. Here are some helpful examples:

Info adapted from The Monument Quilt, "Knowing how to support Survivors"

THE BEST THINGS YOU CAN SAY

- Nothing. Listen. Be present with the person and their pain.
- I believe you.
- Is there anything that would help you feel safe right now, while we are talking? A more private space, a different chair, a sweater, a worry stone or a beanbag to hold?
- Would you like a hug? It's ok to say no.
- It's not your fault.
- I am so sorry that that happened to you.
- You did not deserve this.
- Thank you for trusting me with your story
- You are not taking too much time or attention. I am so glad you feel brave and comfortable enough to talk with me.
- How can I help you right now?
- The only way through is through. It takes as long as it takes.
- It's not fair that you have to go through this.
- Your feelings are totally valid.
- You are having a normal response to a messed up situation.
- You are brave and resilient for surviving what happened to you.

AVOID

- Pressing for details of the assault/s.
- Questioning why the survivor did or did not do _____ during or after their assault.
- Taking charge or being over-protective.
- Insisting the survivor take any action: report to the police, go to a support group, [or] call a crisis line
- Blaming, accusing or judging.
- Asking too many questions.
- Jumping into rescue mode.
- Assuming the survivor does or doesn't want to be touched. Some people can't stand a hug at this point; others can't make it without one.
- **Telling anyone else about your conversation without permission.**
- Offering support beyond your limitations.

Resources

If you or someone you know has experienced sexual misconduct, or if you just need someone to talk to, there are a variety of places and people who can help.

Emergency Assistance

911 Emergency Services

Oberlin College Safety & Security (440) 775-8911 (24 hour)

The Nord Center Sexual Assault Care Unit (800) 888-6161 (24 hour hotline)

Lorain County Rape Crisis (800) 888-6161 (24 hours)

Lorain County Mental Health Crisis Hotline (800) 888-6161 (24 hours)

Confidential Resources & Support

Confidential On-campus Student Advocate (440) 204-4359 or college_advocate@nordcenter.org

Oberlin College Counseling Center (440) 775-8470

Oberlin College Counseling Center After-Hours Telephone Support (440) 775-8470 (press option 2)

Office of Religious and Spiritual Life (440) 775-8103

Lorain County Rape Crisis (800) 888-6161 (24 hour hotline)

Reporting Options

On Campus

Safety and Security (440) 775-8911(24 hours)

Dean of Students (440) 775-8462

Title IX Coordinator, Rebecca Mosely (440) 775-8555

Human Resources (440) 775-8430

Off Campus

Oberlin Police Department (440) 774-1061

Mercy Allen Hospital (440) 775-1211

Lorain County Prosecutor (440) 329-5389

Related Student Organizations

Multicultural Resource Center (MRC) (440) 775-8802

Sexual Information Center (SIC) sic@oberlin.edu

Preventing & Responding to Sexual Misconduct (PRSM) prsm@oberlin.edu

OSCA Sexual Health Information Liaison (440) 707-6342 shil.oberlin@gmail.com

**To read more about Oberlin's Sexual Misconduct Policy,
visit go.oberlin.edu/edi or contact PRSM trainers at prsm@oberlin.edu.**