Academic Year 2020-2021

Helena College, University of Montana

**Introduction**

This mental health protocol is designed to assist faculty, staff, parents, and students in learning about available resources for managing mental health issues and student crises. Depression and anxiety are prevalent problems in colleges across the country. (JED, 2020). In the past 15 years, depression has doubled and suicide tripled according to Jerald Kay, M.D., Professor and Chair of the Department of Psychiatry at the Wright State University School of Medicine.

During college, “students deal with a unique amount of stressors.” (JED, 2020). Specifically, college calls for a significant transition for traditional and non-traditional students. Harrison Davis, Ph.D., Assistant Professor of Counseling and Coordinator of the Community Counseling master’s program at North Georgia College & State University notes that “if students do not feel adequate or prepared to cope with the new environment of a college campus, they could easily become susceptible to depression and anxiety.”

When students exhibit warning signs or self-identify, it is important that the Helena College (HC) community knows how to support them and their continued academic success. Research consistently shows that support from others and getting treatment helps. Thoughts of suicide decrease, symptoms are treated, hope is instilled, academics improve, and life gets a bit less distressing.

Promoting wellbeing at Helena College takes a combined effort that emanates from our leadership, faculty and staff. Our goal is to be proactive and serve our student population by turning challenges into successes. The HC Community works together to listen, identify, assist and refer our students to internal and external resources that are unique to each student’s life situation.

This protocol was written by Deb Micu, Wellness Coordinator, TRIO and reviewed by Ann Willcockson, Director of Retention Initiatives, and the Dean’s Office.

*Additional Acknowledgements;*
*The JED Foundation*
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*RAINN*
STUDENT WELLBEING AT HELENA COLLEGE

The HC campus community provides outreach and educational services focusing on mental health, suicide initiatives and violence prevention. Services include classroom presentations, enrichment group activities, and mental health screenings. Our campus along with other college campuses across the state, through the Montana University System are implementing new resources as identified in this Handbook, that will help us continue to educate our campus and provide innovative instruments focusing on our student’s wellbeing.

Our campus provides support and assessment for at risk students that is patterned from NaBITA standards to address situations in which students, faculty, or staff are displaying behaviors that are concerning, disruptive, or threatening in nature and that potentially impede their own or others’ ability to function successfully or safely. The CARE Team is currently led by the Executive Director of Compliance and Financial Aid and chaired by the Director of Retention Initiatives. Outreach is made to community resources that provide crisis response, counseling and any other immediate needs identified to help the individual obtain direct care.

The HC Community education programming and resources included:

- Annual Health and Wellness Fair
- Tabling events, intimate partner violence, sexual assault, stalking, LGBTQAO issues
- Classroom Presentations
- Enrichment Support Groups
- Personal Wellness Screenings: (Depression, Anxiety, Eating disorders, Alcohol
- Educational programming occurs when time and staffing resources permit.

MENTAL HEALTH RESOURCES

Kognito Online Interactive Training

In partnership with the Montana University System (MUS), Helena College is developing access to Kognito for mental health, an online evidence-based virtual simulation training module for both faculty/staff and students that teaches how to recognize and respond to someone who may be experiencing distress or suicidal thinking. It is an interactive web-based module that can be accessed from any device. Watch for our marketing events here at HC introducing the product and how to use it.

Cellphone App

In partnership with MUS, Helena College offers You at College a personalized digital tool created by behavioral health experts to foster campus wide well-being to help students, faculty and staff thrive. HC is currently working on implementation – watch for the introduction of this very effective and helpful app.

Referral System

In partnership with MUS, Helena College will be using Thriving Campus, an online directory that allows students to access a list of off-campus, licensed mental health clinicians, many of whom specialize working with students. The website includes various guides and resources that
assist students through the process of securing off-campus outpatient care. The finalization of this referral system is still in the development stages, but you can review the site at the following link: [https://helenacollege.thrivingcampus.com/](https://helenacollege.thrivingcampus.com/)

**Online Screening Program**

TRIO will be piloting the Mindwise online Screening Program that allows the student community to get a “check-up from the neck up” in under two minutes and see immediate results through full suite of behavioral health screening tools with customizable resource lists on the results of the page of each screen. Screenings include but not limited to:

- Alcohol Use
- Anxiety
- Bipolar Disorder
- Depression
- Eating Disorders
- Opioid Misuse
- Problem Gambling
- Posttraumatic Stress Disorder
- Psychosis
- Substance Misuse
- Well-being

**INITIATIVES & GRANTS**

- NASPA Culture of Respect – Sexual Violence Prevention and Victim Services
- NASPA – Healthy Colleges of Montana
  - Support and develop student affairs professionals working towards cultivating wellness in institutional communities. Encompassing the areas of substance abuse prevention, violence prevention, sexual violence prevention, mental health and wellness and health promotion leadership.
  - Helena College Peer Educations Training Program
  - Helena College Fresh Check Day
  - ACHA/NCHA Survey for 2021
- TRIO
  - Community Wellness Fair on campus and virtual for 2021
  - Mindfulness Program
  - Montana 10 Project
- NaBITA
  - Helena College CARE Team response for at-risk students
- MUS Suicide and Mental Health Task Force
- Lewis & Clark County Health Department
  - QPR Training
  - Mental Health First Aid
ONLINE STUDENT REPORTING

- **During Business/Office Hours:** If you witness a HC student in crisis or needing assistance please submit a [Student in Crisis form](#).
- For student conduct or accident issues, please use the [Student Incident Reporting Form](#).
- For Title IX issues that occur on campus or at campus events please use the [Report Harassment or Sexual Assault](#).

EMERGENCIES

- **After Hours:** If you require emergency services after office hours or during the weekends and holidays, please call 9-1-1, or go to the nearest hospital emergency room for assistance.

  St. Peter’s Hospital Emergency Room  
  2475 East Broadway Ave.  
  Helena, MT  59601  
  406-444-2150

  St. Peter’s Urgent Care – North  
  3330 Ptarmigan Lange  
  Helena, MT  59601  
  406-443-5354

  St. Peter’s Urgent Care  
  2475 Broadway Ave.  
  Helena, MT  59601  
  406-442-2770
INDICATORS OF DISTRESS

Prevalence of mental health issues on college campuses is widespread. Students have identified depression as one of the top ten impediments to academic performance. In the 2018 National College Health Assessment, 53.4% of the 104,648 students surveyed reported feelings of hopelessness and 41.9% reported feeling “so depressed that it was difficult to function.”

College students, many having left home for the first time, face new experiences that put severe stress on their mental health. These concerns include: academic demands, living away from home for the first time, new financial responsibilities, and the need to build new friendships and relationships. As a result of these pressures, depression or other mental health conditions may manifest for the first time during college. Additionally some students arrive at their new schools with pre-existing mental health needs that have gone undiagnosed or untreated, while others with a history of receiving services may leave for college with no transition plan. Students often do not disclose mental health concerns to an institution because of fear of retaliation. Students and colleges often have incentives to avoid dealing with problems until they surface in disciplinary proceedings.

See NaBITA Risk Rubric used by HC CARE Team in Response to At-Risk Students

As leaders in the HC community, you may be the first to notice a student who is experiencing difficulty. In these situations, you do not have to take on the role of a counselor or attempt to diagnose a student. You need only to notice the signs of distress and communicate these to the appropriate resource. In some instances you may also choose to have a direct conversation with the student to express your concern and offer resource referral information.

Academic Indicators of Distress
- Repeated absences from class, section, lab or work study
- Missed assignments, exams or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair or confusion, essays or papers that focus on suicide or death
- Continual seeking of special provisions (extension on papers or deadlines, make-up exams)
- Patterns of perfectionism, e.g., can’t accept themselves if they don’t get an A+
- Overblown or disproportionate reactions to feedback or grades

Behavioral and Emotional Indicators
- Direct statements indicating:
  - General distress
  - Family conflict
  - Grief & Loss
  - Economic Hardships
  - Angry or hostile outbursts, yelling, or aggressive comments
  - Unusual withdrawal or animated behavior
Expressions of hopelessness or worthlessness; crying or tearfulness
Expressions of severe anxiety or irritability
Excessively demanding or dependent behavior
Lack of response to outreach from instructor
Shakiness, tremors, fidgeting or pacing
Social withdrawal

Physical Indicators
- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep in class repeatedly
- Visible changes in weight; statements about change in appetite or sleep
- Noticeable cuts, bruises or burns
- Frequent or chronic illness
- Disorganized speech, rapid or slurred speech, confusion
- Unusual inability to make eye contact
- Coming to class bleary-eyed or smelling of alcohol or other substances

Other Factors
- Concern about a student by their peers
- A hunch or gut-level reaction that something is wrong
- Lack of food and/or shelter
- Overwhelming loss or trauma (such as the death of a family member or loss of significant relationship

“HC STUDENTS ARE NOT JUST JUGGLING RIGOROUS ACADEMIC DEMANDS....MANY OF OUR STUDENTS WILL ATTEMPT TO COPE WITH GRIEF AND LOSS, TRAUMA AND ABUSE, MAJOR INJURIES, ILLNESS AND PSYCHOLOGICAL DISORDERS.”

“...THE MORE INDICATORS YOU NOTICE, THE MORE LIKELY IT IS THAT THE STUDENT NEEDS HELP,”

KNOW WHEN AND HOW TO TAKE ACTION
It is possible that any one indicator by itself, may simply mean that the student is having on “off” day.” However, with that said, use your professional experience, good judgment and instincts. If you are genuinely concerned about a student, take action by implementing the recommendations outlined below. There is no harm in offering resources to a student who is not in need; but there can be serious consequences for ignoring your instincts.
SAFETY RISK INDICATORS
A crisis may be defined as “a situation in which a persona may pose an active or immediate threat of violence to self or others” and is considered to be one of the following that has occurred within the last 24-48 hours:

- Thoughts or plans of suicide or serious harm to self- written or verbal statements that mention despair, suicide or death
- Physical or verbal aggression that is directed at self, others, animals or property
- Recent physical or sexual assault
- The situation feels threatening or dangerous to you:
  - Student is unresponsive to the external environment; they are incoherent or passed out;
  - The student is displaying unmitigated disruptive behavior

Generally, a psychological emergency involves one or more of the following conditions:

- A suicidal attempt, gesture, threat, or stated intention: “I am going to kill myself”
- A homicidal attempt, gesture, threat or stated intention: “I am going to bring a gun to the campus and shoot....”
- Behavior posing a threat to self
- Behavior posing a threat to others
- Loss of contact with reality
- Inability to care for oneself

STEP 1: CONSULT

ONCE YOU HAVE IDENTIFIED A STUDENT IN DISTRESS THE FIRST STEP IS TO CONSULT WITH THE APPROPRIATE CAMPUS DEPARTMENT AND RESOURCE. FROM THERE YOU WILL DECIDE BETWEEN ONE OF TWO PATHWAYS.

STEP 2: REFER AND/OR REPORT

REFER: SPEAK DIRECTLY WITH THE STUDENT TO OFFER SUPPORT AND REFERRALS

REPORT: STUDENT OF CONCERN REPORT, SUPERVISOR, DEAN, OR WELLNESS AND COUNSELING OFFICE
STEP 1: CONSULT
Consult with one or more of these campus resources that directly relate to the student’s immediate need. It is possible that you might learn through consultation that a student’s concerns are already being addressed by another entity.

- Immediate Supervisor
- Director of Retention or Department Director
- Student of Concern/CARE Team
- Academic Advising

STEP 2: REFER AND/OR REPORT
Speak directly with the student to offer support and referrals.
If you choose to speak directly with the student, be reminded that you will NOT be taking on a therapeutic counseling role. You need only listen, care and offer resource referral information. Follow these recommendations:

- Meet in a confidential, quiet and safe location without distractions
- Set a positive tone and stay calm. Express your concern and caring – use empath. This will help reduce student’s anxiety or agitation.
- Talk to the student in a clear, straight-forward manner. Point out specific signs you’ve observed. “I’ve noticed lately that you…."
- Ask, “How are things going for you?” Actively listen to the student’s response and encourage them to talk. “Tell me more about that.”
- Allow the student time to tell the story. Allow for silence in the conversation. Don’t give up if the student is slow to talk.
- Ask open-ended questions that deal directly with the issues without judging: “What problems has that situation caused you?”
- Restate what you heard as well as your concern and caring. Ask the student what they think would help: “What do you need to do to get back on a healthy path?”
- Suggest resources and referrals. Share any information you have about the particular resource you are suggesting and potential benefits. “I know the people in that office and they are really good at helping students work through these kind of situations.”
  - Provide name, phone number and office location of the referral resource, or if comfortable, offer to walk with the student to the location.
- Avoid making sweeping promises of confidentiality, particularly if the student presents a safety risk. Students who are suicidal need swift professional intervention; and assurances of absolute confidentiality.
- Unless the student is suicidal or may be a danger to others, the ultimate decision to access resources is the student’s. If the student says, “I’ll think about it,” it is okay. People in varying levels of distress sometimes deny their problems because it is difficult to admit they need help or they think things will get better on their own.
- Keep the lines of communication open.
- Talk with someone in HC—retention, wellness & counseling, dean, etc., or submit a “student of concern report” about the conversation and document your actions.
If there are signs of safety risk, ask if the student is considering suicide. A student who is considering suicide will likely be relieved that you asked. Asking if they are thinking of “harming” themselves is not the same. Be direct in your question. Asking the question will not put ideas in their head. See Preventing Suicide Section.

If the student appears to be dangerous to self or others, do not leave the student unattended.

Make arrangements for appropriate intervention or aid.

REPORT

Report a Student in Crisis form

If you do not really know the student, you may prefer to report the concern. When reporting, please be aware of the following:

- Information shared with a counselor is confidential. The counselor will accept information you provide, but may not be able to share the results of the follow-up with the student. While this can feel unsettling at times, it is necessary to protect the student’s privacy rights.
- It is very common that the counselor will need to phone you back to provide recommendations. The counselor may need to consult with internal staff, discuss with management, research campus policies, etc. Be aware that reporting the concern will activate a collaborative approach to finding the right resources.

In situations of imminent danger, immediate and decisive action is necessary. These simple guidelines will be helpful:

- Call 911 from a campus phone and provide as clear a description of the situation as possible.
- Signal for help or call campus support immediately.
- Stay calm, as this will help you respond more effectively, and also help to reduce the student’s anxiety or agitation.
- Talk to the student in a clear, straight-forward manner.
- Use non-confrontational speech and try to defuse the situation.
- If the student appears to be dangerous to self or others, do not leave the student unattended
- Make sure that students and staff are protected, following the Campus Safety Plan
- Do not try to remove the person from the area yourself; do not touch the student.
- Do not mention disciplinary action or police intervention if you are concerned about the person’s angry to dangerous response.

WHOM TO CALL ON CAMPUS

For Issues Related to Wellbeing, Mental Health or Community Resource Access
Director of Retention & TRIO
Ann Willcockson
447-6955 Ann.Willcockson@HelenaCollege.edu
Wellness@HelenaCollege.edu
Report a Student in Crisis form
Issues Related to Title IX on Airport Campus:

Tammy Burke  
Executive Director of Career Technical Education  
Title IX Officer  
447-6352  
Tammy.burke@HelenaCollege.edu  
Reporting Form: Discrimination, Harassment, Sexual Misconduct, Stalking, and Retaliation

Issues Related to Title IX on Donaldson Campus:

Valerie Curtin  
Executive Director of Compliance & Financial Aid (CARE Team)  
Title IX Officer  
447-6913/ Valerie.Curtin@HelenaCollege.edu  
Reporting Form: Discrimination, Harassment, Sexual Misconduct, Stalking, and Retaliation

CRISIS RESOURCES

Voices of Hope 24 hour crisis line  211 or 406-268-1330  
National Lifeline (24 Hours)  1-800-273-8255  
Crisis Text Line (24 Hour)  741741  
911

Call the Helena Police Department if you are concerned about someone’s immediate safety and ask for a Crisis Intervention Trained (CIT) Officer:

- If they are making statements or threats about killing themselves or harming others.  
- If you do not know if someone is safe based upon recent threats or current circumstances.  
- If they leave your presence when in crisis and you are concerned about their immediate safety or the safety of others.  
- You are unable to reach someone who you know is in crisis or distress.
ADDITIONAL RESOURCES

SUICIDE PREVENTION WEBSITE
A website is available that outlines prevention efforts and resources at Helena College, including risk factors, warning signs, crisis resources, and mental health counseling. If can be accessed at:

https://www.montana.edu/suicide-prevention/

QUESTION, PERSUADE, REFER (QPR)
QPR is a 60 minute presentation that teaches how to recognize warning signs and risk factor for suicide, how to instill hope, and how to refer a suicidal person to appropriate mental health care. HC provides QPR training at various times throughout the year to the campus community, and is also available to present to classes, faculty/staff/organizations to provide the training for smaller groups.

SCREENING FOR MENTAL HEALTH ISSUES
There are multiple venues for students to be screened, either anonymously or in person, for mental health symptoms:

Online Screening Program:
There is a free screening resource available at Mental Health of America which provides screenings, results and psychoeducation.

Substance Use Education/Screening
AlcoholEDU: An online, non-opinionated alcohol prevention program that empowers college students to make well informed and safe decisions about alcohol. All incoming students are required to complete AlcoholEDU, which provides substance use education and helps students assess their use, attitudes, and behaviors around substance use.

Community Referral System
Montana 211 is a mobile friendly website that can be easily searched for our city’s non-profit and government services. A student may search by organization name or keyword, based on the services they need. By phone, the 2-1-1 phone number works in some areas of Montana at this time. When dialing 2-1-1 in those areas a trained resource specialist will help the student navigate the services in their area.

Campus Resources
Student Wellbeing Moodle Resource Access: All students have access to a Student Wellbeing Moodle shell on their individual portal which is continually adapting to the needs of students and contains various subjects and referral sources such as:

- Campus Well
- Community Resources
• COVID-19
• Eating Disorders
• Financial Literacy
• Mental Health
• Mindfulness Meeting Place
• Mindfulness Training
• Nutrition
• Racial Healing and Equity
• Sexual Harassment & Assault Prevention
• Stress & Anxiety
• Student Veteran’s Resources
• Suicide Awareness and Prevention
PREVENTING SUICIDE

The American Association of Suicidology believes in the need to focus on suicide prevention every day of every year. We can do this by continuously spreading awareness and developing innovative and effective treatment tools, being kind and helping to educate others on things like resources and warning signs.

WARNING SIGNS OF ACUTE SUICIDE RISK

The following are not always communicated directly or outwardly:

- Threatening to hurt or kill oneself, or talking of wanting to hurt or kill oneself, and/or;
- Looking for ways to kill oneself by seeking access to firearms, available pills or other means; and/or
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

ADDITIONAL WARNING SIGNS:

- Increased substance use
- No reason for living; no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all of the time
- Feeling trapped – like there is no way out
- Hopelessness
- Withdrawal from friends, family and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes
- Giving away prized possessions or seeking long-term care for pets

5 Action Steps for Helping Someone in Emotional Pain

ASK
“Are you thinking about killing yourself?”

KEEP THEM SAFE
Reduce access to lethal items or places.

BE THERE
Listen carefully and acknowledge their feelings.

HELP THEM CONNECT
Save the National Suicide Prevention Lifeline number 1-800-273-8255.

STAY CONNECTED
Follow up and stay in touch after a crisis.

www.nimh.nih.gov/suicideprevention
1. **ASK:** “Are you thinking about killing yourself?” It is not an easy question, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts. If you cannot ask the question, take the student to someone who can.

2. **KEEP THEM SAFE:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, ask, “Do you have a plan?” If the individual has a plan, removing or disabling the lethal means can make a difference. You may need to seek assistance from family member, friend, spiritual advisor, police or mental health professional.

3. **BE THERE:** Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may reduce rather than increase suicidal thoughts.

4. **HELP THEM CONNECT:** Save the numbers below in your phone, so they are there when you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5. **STAY CONNECTED:** Staying in contact after a crisis or after being discharged from care can make a difference. Studies show the number of suicide deaths go down when someone follows up with at-risk individuals.

Research has shown that a brief screening tool helps identify adults at risk for suicide. Please see Appendix A.

If any of your students are exhibiting any of the above warning signs direct them to the following resources and our online screening tool. For immediate suicidal prevention call 911 and request help with a suicidal issue and need a crisis response member.

Director of Retention & TRIO
Ann Willcockson
447-6955 Ann.Willcockson@HelenaCollege.edu
Wellness@HelenaCollege.edu
Report a Student in Crisis form

Crisis Text Line: Text MT to 741-741
National Suicide Prevention Hotline: 1-800-273-8255
Suicide screening

Student Wellbeing Moodle Shell
SEXUAL VIOLENCE

It is not always obvious when someone you care about has been affected by sexual violence. Learning the warning signs for college-age adults can help you know when to act. Whether you are a parent, professor, administrator, student, coworker, or friend, you can make a difference in someone’s life by noticing the warning signs of sexual assault and abusive relationships. Sexual violence, like many other crimes, can occur on college campuses and at locations frequented by college students.

WARNING SIGNS THAT A COLLEGE-AGE ADULT MAY HAVE BEEN SEXUALLY ASSAULTED

Some of the warning signs for sexual assault in college-age adults may be caused by events that are unrelated, such as being away from home for the first time. It is better to ask and be wrong than to let the person you care about struggle with the effects of sexual assault. You can ask questions that point to a specific person or time like, “Did something happen with the person you met at the party the other night?” You can also simply reaffirm that you will believe them, when they are ready to come forward, and that it is not their fault.

If you notice these warning signs in a college-age adult, it is worth reaching out to them:

- Signs of depression, such as persistent sadness, lack of energy, changes in sleep or appetite, withdrawing from normal activities, or feeling “down”
- Self-harming behaviors, thoughts of suicide, or suicidal behaviors
- Low self-esteem
- Sexually transmitted infections
- Anxiety or worry about situations that did not seem to cause anxiety in the past
- Avoiding specific situations or places
- Falling grades or withdrawing from classes
- Increase in drug or alcohol use

The majority of sexual assaults are committed by someone the victim knows, such as a friend, family member, acquaintance or partner. Often abusive partners will try to cut the victim off from their support system. As someone outside of the relationship, you have the potential to notice warning signs that someone may be in an abusive relationship or at risk for sexual assault.

Some warning signs include:

- Withdrawing from other relationships or activities, for example, spending less time with friends, leaving sports teams, or dropping classes
- Saying that their partner doesn’t want them to engage in social activities or is limiting their contact with others
- Disclosing that sexual assault has happened before
- Any mention of a partner trying to limit their contraceptive options or refusing to use safer sexual practices, such as refusing to use condoms or not wanting them to use birth control
• Mentioning that their partner is pressuring them to do things that make them uncomfortable
• Signs that a partner controlling their means of communication, such as answering their phone or text messages or intruding into private conversations
• Visible signs of physical abuse, such as bruises or black eyes.

College-age adults may also experience sexual harassment or other unwanted behaviors through technology and online interactions. Some people use technology, such as digital photos, videos, apps, and social media to engage in harassing, unsolicited, or non-consensual sexual interactions. It can leave the person on the other end feeling manipulated, unsafe, and exposed, like when someone forwards a text, photo, or “sext” intended on for the original recipient.

RESOURCES

If any of your students are exhibiting any of the above warning signs, please feel free to contact Wellness & Counseling directly at Wellness@helenacollege.edu or 447-6962/406-662-1594. You may also direct students to the following resources:

National Sexual Assault Hotline 1-800-656-4673
Chat online at online.rainn.org

Executive Director of Compliance & Financial Aid (CARE Team)
Title IX Officer
Valerie Curtin – Donaldson Campus
447-6913/ Valerie.Curtin@HelenaCollege.edu

Executive Director of Career Technical Education
Title IX Officer
Tammy Burke – Airport Campus
447-6352
Reporting Form: Discrimination, Harassment, Sexual Misconduct, Stalking, and Retaliation

Friendship Center 1430 N Sanders St., Helena, MT 59601 442-6800
ASSISTING STUDENTS WHO REPORT SEXUAL MISCONDUCT GUIDANCE

Sexual misconduct includes actual or attempted:

- Sexual Assault (non-consensual sexual intercourse or fondling)
- Nonconsensual sexual contact
- Sexual exploitation
- Domestic and dating violence
- Stalking
- Sexual Harassment including quid pro quo harassment (this for that)

Response Checklist for Helena College

Address imminent threat. Assess situation for immediate danger or injury to the survivor, yourself, or anyone else. Contact 911 if needed.

DO NOT promise confidentiality. Before a student share confidential information:

1. Inform the student of your duty to report details of Title IX incidents (including names to the Title IX Coordinator. On HC Campus, that would be Valerie Curtin or Tammy Burke at the Airport Campus.
2. Inform student that he or she may request confidentiality from the Title IX Coordinator (including that the school not conduct an investigation).
3. Inform the student of their right to report confidentially to the HC confidential resource.

Be Supportive. Let the student know that HC wants to help, and has resources and processes to support students and investigate reports.

All incidents must be reported to the Title IX Coordinator:

- Complete the online form: https://cm.maxient.com/reportingform.php?HelenaCollege&layout_id=1 the report is private, and may be accessed only by designated Title IX staff.
- These staff will review the report carefully to determine what resources and support HC can offer to the victim (and perpetrator when appropriate). The will also consider requires for confidentiality and anonymity.
- If the apparent victim is a minor, the incident must be reported to the state. Report the incident immediately to the Title IX Coordinators.
Do not promise confidentiality: faculty and staff are “responsible employees,” which means that you must report specific incidents of which you become aware. This allows trained staff to help and protect victims.

Do not provide care, counsel, or guidance beyond your expertise: instead, promote the appropriate expert resources (Counseling, Title IX Office)

Do not discourage the student from further reporting. Do not act skeptical or defensive. If you have doubts about the incident, DO NOT express them to student.

Do not minimize the incident or its impact on the victim.

Do not speculate about motives or circumstances regarding the incident.

Do not promise an outcome.
DOMESTIC VIOLENCE

Being aware and addressing these issues in a timely and appropriate manner can help our students turn their challenges into successes. As faculty, staff and leadership we have a unique opportunity to be present in our student’s lives and be a source of connection to help them receive assistance and resources when needed. **Domestic violence, which may include sexual violence is not a Title IX action unless it occurs between two students, happened on campus or at a campus event.**

With the continued pressures of COVID-19, there is an increased impact that sexual violence is having on those trapped at home with an abuser. Sexual violence in a relationship is rarely an isolated incident and it often occurs alongside other forms of abusive behavior, including physical and emotional abuse.

Having a strong support network is important to a survivor’s psychological wellbeing. If a survivor discloses, believe them and offer non-judgmental encouragement and be aware of the resources listed at the end of this discussion. It is important to know the physical and emotional warning signs of abuse. Intimate partner sexual violence often starts with controlling behavior that can escalate to increased emotional, physical and sexual abuse.

**Warning Signs and Disclosures**

- Being isolated from friends and family
- Tries to prevent student from attending work or school.
- Tries to prevent student from making decisions for themselves
- Destroys property, had harmed a pet
- Is threatening to harm the students children or take them away
- A student who is told they are worthless and that no one could ever love them
- A student who has no control over finances.

**RESOURCES**

If any of your students are exhibiting any of the above warning signs, please contact:

Director of Retention & TRIO  
Ann Willcockson  
447-6955 [Ann.Willcockson@HelenaCollege.edu](mailto:Ann.Willcockson@HelenaCollege.edu)  
Wellness@HelenaCollege.edu  
[Report a Student in Crisis form](#)

[Montana Coalition against Domestic & Sexual Violence](http://www.montanacoalition.org) 1-800-656-4673  
[Montana Law Help](http://www.montanacockalawhelp.org)  
MSLA Domestic Violence Intake 1-800-542-0807 or 406-444-2884  
[Friendship Center](http://www.friendshipcenterhelena.org) 1430 N Sanders St., Helena, MT 59601 442-6800  
[YWCA](http://www.ywcahelena.org) 406-442-8774