TITLE IX
CRISIS INTERVENTION, HEALTH AND WELLNESS RESPONSE
INTERDENOMINATIONAL THEOLOGICAL CENTER
The Interdenominational Theological Center (ITC) is a Christian Africentric ecumenical consortium of seminaries and fellowships that educates students who commit to practicing justice and peace through a liberating and transforming spirituality to become leaders in the church and local/global communities.

To be the preeminent world center for Africentric theological engagement and developing leaders to advance God’s mission of love, justice and restoration in the world.

Institutional Notice

All supervisors, the President, Vice Presidents, President-Deans, Executive Directors, Directors and Managers, have a major role in ensuring a workplace free from harassment. These responsibilities include but are not limited to:

1. Understanding, communicating and enforcing the ITC’s policy on harassment;
2. Setting a clear example of appropriate workplace behavior and communicating zero tolerance of harassment;
3. Being aware of what is going on in the workplace and monitoring signs of harassment;
4. Reporting immediately any inappropriate actions of which you become aware, that you believe may constitute harassment.

The initiation of a harassment complaint will not have any adverse impact on the complainant nor will it affect such person’s future business dealings with the ITC, his or her employment, compensation or future work assignments. Complaints of retaliation will also be promptly investigated and disciplinary action will be undertaken as warranted.

All employees are required to join the ITC in implementing this policy. All complaints of harassment as well as the investigation of such complaints will be kept confidential.

Delivering student services in the least restrictive environment
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INTRODUCTION

Statement of Encouragement
Untreated and undertreated relational health challenges can be limiting, debilitating and even life threatening. Many of us can arrive with such conditions in-tow because we have not had the time to address the normalcy of our conditions. Seminary presents us with such opportunities.

Seminary life adds to the academic challenges with changes in location, family adjustments, economic stresses layered upon coursework while one is trying to accomplish the work of their faith, belief and practice. All of us are susceptible to the emotional impact without accurate and proper support, care and appropriate conversation, as well as, healthy awareness and spiritual affirmation. All of this is tantamount to seminary life.

There is nothing more challenging than to be introduced to life in the academy and experience everything about you adjusting to new knowledge and perspectives. Students will also be challenged to be in a process wherein one is confronted with the reality that they did not arrive fully exposed to the will of God for their life. All of this works out for the better when all of us discover that we have resources and we can become members of mutually supportive cohort groups.

Oftentimes, persons who experience the benefit of their sojourn discover the benefits of the practice and multiple levels of discipline chaplaincy, pastoral counseling and in-depth pastoral care. They discover the benefit for themselves, their families, and the church itself. With such awareness comes the attunement to the search that has been on-going and finally the means to quench a thirst. Practitioners of the discipline discover variable opportunities for differing implications for biblical interpretation. The outcome is a wider and deeper sense of their vocation, they and the church are better off for it.

Purpose of Emergency Protocols
The purpose of emergency protocols are to provide a basic procedural guide to assist faculty, staff and students with a consistent process for supporting students in emergency situations. The Office of Student Services (OSS) provides 24-hour crisis management services to ITC students through a variety of sources. Individuals in need of support should be aware that there are measures in place for students to access services by contacting Campus Security at 404/614-7194. Campus Security will contact the Office of Student Services’ on-call staff for all cases involving students that need transport to the hospital and/or incidents that they deem appropriate for follow up by an OSS staff member. All incident reports in the residence halls will be sent to the AVP of Student Services, Resident Life and Student and Community Life Coordinator, the Provost and Human Resources.

Students involved in incidents on campus can also contact the Resident Life and Student and Community Life Coordinator. The Resident and Student Life Coordinator will follow the on-call emergency protocol by contacting Campus Security and working with the department to assess whether the call is an emergency that needs to be handled in the manner detailed in this protocol.

Responding to On-Campus Emergency or Crisis Situations
The Office of Student Services coordinates the Seminary’s response in situations involving death, critical incidents, serious injury, family emergencies, or sudden illness of students. In serious student situations, the Office of Student Services may convene the Critical Incident Response Team (CIRT) to assess the situation and to coordinate an appropriate intervention. This team includes the Chief Human Resource Officer and the Vice of President of Administrative Services who in turn engages Campus Security. Other institutional officers and personnel will be so engaged as necessitated toward incident resolution.

The Office of Student Services phone number is 404/614-6329. Dial the ITC Main Gate phone number at (404) 614-7194 for after-hours contact. The ITC Security Officer can also connect you to the Office of Student Services contact person who will respond in the case of a serious emergency or situation where a
student’s family members would need to be contacted. As soon as you learn of an emergency situation (day or night), please call the ITC Campus Security at the Main Gate (404) 614-7194 so that one of the following people can be contacted as soon as possible.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Office Location</th>
<th>Office Phone</th>
<th>Emergency Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITC Main Gate</td>
<td>MLK Entrance</td>
<td>On-campus call</td>
<td>off-campus call</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(404) 614-7194</td>
<td>(404) 527-7797</td>
</tr>
<tr>
<td>Willie Goodman</td>
<td>Classroom Building</td>
<td>(404) 527-5735</td>
<td>(404) 401-1829</td>
</tr>
<tr>
<td></td>
<td>#101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angelecia Heath-McKenzie</td>
<td>Classroom Building</td>
<td>(404) 527-5725</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#101</td>
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</tr>
</tbody>
</table>

The first priority in responding to on-campus emergency and/or crisis situations is to insure the safety of every actively involved persons, as well as, active or inactive bystanders. Insuring the safety of all persons enables more direct assistance for all active involved persons. Additionally, it allows for effective management of the situation, ease of data and information collection and scene processing. Only move persons from the scene after it is determined to be no danger or physical harm to active participants and bystanders. The move continues the provision of support for those persons directly involved and observing bystanders.

**Steps for Immediate Support**

1. **Get to a safe place**  
   Why? Take yourself out of danger

2. **Call someone for support:**  
   Why? Build a support network for now. You will definitely need one later.

3. **Who to call**  
   Why? Call a friend, family member or any person listed here as a resource.

4. **Get medical care**  
   Why? Instances of sexual or dating violence may require medical attention. You do not have to report and instance for sexual assault in order to seek medical care.

5. **Get medical care now or later**  
   Why? If you want to collect possible evidence with a forensic exam, it is better to go the hospital sooner rather than later.

6. **File a report**  
   Why? Filing reports for on and off campus incidences are important for your physical safety and on campus emotional wellbeing.

7. **Anonymous online reporting is available**  
   Why? Sometimes it feels safer.
Reporting Incidents

Incidents of sexual misconduct, gender based violence, or discrimination are handled by Title IX Coordinator, Idell Henderson and Deputy Title IX Coordinator Willie Goodman. Ms. Henderson works with employees and students. Dr. Goodman works primarily with students.

Upon receipt of a report, either one will take all reasonable steps to ensure the support and safety of those involved, as well as the campus community.

This usually involves reaching out to the survivor of the misconduct to offer campus resources and any necessary protection.

After reporting an incident:

You will have an initial meeting with either Ms. Henderson or Dr. Goodman.

You will immediately discuss safety concerns. You will be linked to potential support resources.

You will be treated with respect and dignity as you think through how you would like to proceed.
REPORTING A TITLE IX INCIDENT

Community Well-being

ITC encourages reporting sexual misconduct and gender based violence in all cases.

Students or survivors who report misconduct will generally not be held responsible for actions that might constitute a violation of the Social Code, as long as their actions did not put another student or the community at risk.

Reporting Responsibilities

Responsible Employees and Students must report sexual misconduct to Ms. Idell Henderson, the Title IX Coordinator or Dr. Willie Goodman to make sure that the survivor is offered appropriate resources and necessary protection.

Responsible employees and students should not disclose information to local law enforcement.
Processing Sexual Misconduct or Gender-Based Violence Complaints

The Interdenominational Theological Center’s internal procedures are intended to address, promptly and fairly, concerns and complaints about harassment at this institution. All complaints will be handled without delay as undue delay may seriously hinder this institution’s ability to promptly review and investigate such allegations. All complaints are considered confidential and will be handled as such.

At the beginning of each academic year, the Chief Human Resources Officer and Associate Vice President Student Services coordinate and deliver a series of mandatory in-service training sessions for students, staff, faculty, and administration. The in-service training equips members of these groups who are likely to receive requests for information and/or grievance notification that this policy has been violated. Expected reporting possibilities include but are not limited to Graduate Assistants, Academic Advisors, Counselors, and Supervisors.

ITC Compliance Team
Pursuant to Title IX of the Education Amendments of 1972 and the U.S. Department of Education’s implementing regulations at 34 C.F.R. Part 106, ITC’s Title IX Coordinator has primary responsibility for coordinating ITC’s efforts to comply with, and carry out, its responsibilities under Title IX, which prohibits sex discrimination in all the operations of this institution, as well as retaliation for the purpose of interfering with any right or privilege secured by Title IX. Sexual misconduct against students, including sexual harassment, sexual assault, rape, and sexual exploitation, can be a form of sex discrimination under Title IX. The Title IX coordinator oversees ITC’s response to reports and complaints that involve possible sex discrimination to monitor outcomes, identify and address any patterns, and assess effects on the campus climate, so ITC can address issues that affect the wider school community.

A student should contact the Title IX Coordinator or Deputy Title IX Coordinator in order to:

1. Seek information or training about students’ rights and courses of action available to resolve reports or complaints that involve potential sex discrimination, including sexual misconduct,
2. File a complaint or make a report of sex discrimination, including sexual misconduct,
3. Notify ITC of an incident or policy or procedure that may raise potential Title IX concerns,
4. Get information about available resources (including confidential resources) and support services relating to sex discrimination, including sexual misconduct,
5. Ask questions about ITC’s policies and procedures related to sex discrimination, including sexual misconduct.

Ms. Idell Henderson is ITC’s Title IX Coordinator and can be reached in person in the Costen Building located at 700 MLK Jr. Dr. SW, Atlanta, GA 30314, by telephone at 404-614-6360, or by email at TitleIXCoordinator@itc.edu. The Title IX Coordinator is responsible for overseeing the Seminary’s response to all Title IX complaints.

Dr. Willie Goodman is ITC’s Deputy Title IX Coordinator and can be reached in person in the Classroom Building 700 MLK Jr. Dr. SW, Atlanta, GA 30314, by telephone at 404-527-5735, or by email at DeputyTitleIXCoordinator@itc.edu. The Deputy Title IX Coordinator is responsible for ITC student complaints.

Employees and Students should contact Campus Safety immediately whenever an incidence of violence or sexual misconduct has occurred or in any situation where the employee or student feels threatened or in danger. Nonviolent harassment concerns should be directed to the appropriate Title IX Coordinators.
What Happens When I Report An Incident?

Incidents of sexual misconduct, gender based violence, or discrimination are handled by Title IX Coordinator, Ms. Idell Henderson and Deputy Title IX Coordinator Dr. Willie Goodman. Ms. Henderson works with employees and students. Dr. Goodman works with students. Upon receipt of a report, either one will take all reasonable steps to ensure the support and safety of those involved, as well as the campus community. This usually involves reaching out to the survivor of the misconduct to offer campus resources and any necessary protection.

After reporting an incident:
- You will have an initial meeting with either Ms. Henderson and Dr. Goodman
- You will immediately discuss safety concerns
- You will be linked to potential support resources
- You will be treated with respect and dignity as you think through how you would like to proceed

ITC encourages reporting sexual misconduct and gender based violence in all cases. Students or survivors who report misconduct will generally not be held responsible for actions that might constitute a violation of the Social Code, as long as their actions did not put another student or the community at risk.

Formal Complaint Process

All Title IX Complaints are immediately considered formal complaints. The full detailed investigation of the incident is immediately set under way. All complaints involving students begin in the Office of Student Services and should be brought as soon as possible after the most recent incident to the Deputy Title IX Coordinator, the Associate Vice President (AVP) of Student Services. The Title IX Coordinator in collaboration with the Deputy initiates the process of resolution of the formal complaint. This initiation and process of resolution will:

- Provide information and assistance to the aggrieved student(s), faculty or staff with regard to the alleged misconduct.
- Evaluate the severity of the incidents comprising the basis for the complaint. Interview all persons that are essential to understanding the circumstances and the person(s) filing the allegations (Students and other staff, faculty and administrative personnel will be informed of the allegations that include them.).
- Inform the person against whom the complaint is brought, of its existence.
- On a need-to-know basis, disclose appropriate information to others. Disclosures will be consistent with state and federal law.
- The Coordinators may investigate the complaint without identifying the complainant, if in the judgment of the Resolution Official this would increase the likelihood of satisfactory resolution of the complaint.

The Coordinators have the following responsibilities including the receipt of procedures for documenting and resolving the complaint.

- Ensure there is a written complaint that is to be signed by the complainant within 2 days* of the filing of the complaint. If the complainant gives a verbal report of harassment, Coordinators assist the complainant with preparation for a written complaint. The written complaint at minimum includes details concerning the incident(s) or conduct giving rise to the complaint; date(s) and location(s) of incident(s); and any witness(es) to the alleged incident(s) or conduct.
- Notify the alleged offender, within 3 days of receiving the complaint, of the nature of the allegation and include a copy of the harassment policy and process. The alleged offender must provide a written response to the allegations within 3 days of receiving this notice.
- Conduct an investigation of the complaint, including without limitation, interviewing parties and other witnesses, supervisor, and/or other persons who may have information about the alleged incident and may review personnel records relevant to the complaint.
• The Coordinators at their discretion may meet several times with involved students and/or other persons to insure the receipt of accurate and correct data.
• The Coordinators weigh gathered information via the standard of preponderance of evidence to insure the likelihood of harassment, sexual based misconduct or gender based violence having occurred and policy or policies were violated. The Coordinators in consultation with the President, other administrative personnel including denominational deans, as dictated by the circumstance of the allegation and terms of resolution.
• Coordinators will report in writing to the parties their findings and the nature and scope of any disciplinary actions to be taken. Appropriate discipline may range from an oral reprimand, up to and including termination/dismissal or any other appropriate remedial action.

The AVP Student Services in the OSS and Chief Human Resource Officer in the OHR maintain and house the confidential records of the reporting, investigation and resolution of the complaint in their respective offices.

*All references to “days” refer to working days that exclude holidays and weekends.

Appeal Process
Either the complainant or the alleged offender may file an appeal of any decision concerning the resolution of the harassment complaint to the President. All appeals must be in writing and must be filed in the office of Human Resources (for staff and faculty) or Office of Student Services (for students) within seven (7) days of the notice of resolution of the complaint.

The President will review the documentation of the material and interview the appealing student for the purposes of process and resolution review. The President conducts this review and interviews as needed in an expeditious manner, considering all the circumstances. The President will render the final decision for the institution. No final disciplinary action shall be taken against the alleged offender prior to the completion of the appeals process, unless the employee or student waives the appeal. During the appeal process, temporary, interim measures may remain in place. As indicated here, the institution at its discretion may at any point in the complaint process elect to place the alleged offender on administrative leave, with pay, implement a temporary reassignment or place a student under suspension.

REPORTING RESPONSIBILITIES

Responsible Students and Employees
Employees and students must report sexual misconduct to Ms. Idell Henderson or Dr. Willie Goodman. We are asked to be so compliant so as to make this an environment that induces healthful engagements for employees and students. This process is in place in so as to ensure that the survivor is offered appropriate resources and necessary protection. Responsible employees and students should not disclose information to at least one of the coordinators or campus security. Employees and students are not to disclose information to local law enforcement.

Other On-campus Confidential Report Recipients
The institution also provides other on campus personnel as additional confidential report recipients. Confidential refers to the degree of responsibility these person have in hearing and receiving reports of dangerous activities and experiences among and between employees as well as students. Their responsibility as an additional confidential report recipient is the reduction of harm or danger in ways to insure the safety of all involved person and the community.
<table>
<thead>
<tr>
<th>Contact</th>
<th>Office Location</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brenda Twyner-Robinson</td>
<td>Costen 212</td>
<td>(404) 403-4806</td>
<td><a href="mailto:btrobinson@itc.edu">btrobinson@itc.edu</a></td>
</tr>
<tr>
<td>Angelecia Heath-McKenzie</td>
<td>Classroom Building #101</td>
<td>(404)527-5725</td>
<td><a href="mailto:aheath@itc.edu">aheath@itc.edu</a></td>
</tr>
</tbody>
</table>

**Bystanders**

Bystanders are witnesses to incidents of sexual assault or gender based violence. They have the opportunity to intervene and make a difference on campus.

Active bystanders may choose to check in with the people involved, if it is safe to do so create a distraction to keep a situation from escalating.

Bystanders are encourage to reach out for additional help (e.g. call ITC Security, 911 and Ms. Henderson or Dr. Goodman). They also have the opportunity to formally or informally file reports with the coordinators. Contact them in person, via telephone or email in order to make a report or to understand the reporting process.

You may also choose to report the incident using the Online Reporting Form. Reporters may remain anonymous through the online form under the heading:

Student Life >Student Safety and Wellbeing> Title IX.

**TITLE IX Coordinators**

Because complaints of sexual harassment, sexual misconduct or gender-based violence implicate Title IX, as well as other applicable non-discrimination and harassment laws, the ITC has designated certain individuals to coordinate its efforts to comply with equal opportunity and affirmative action laws. Questions or concerns about Title IX, Section 504 or other aspects of ITC’s equal opportunity or affirmative action or harassment policy should be directed to:

Idell Henderson  
Chief Human Resources Officer/Title IX Coordinator  
700 Martin Luther King, Jr. Dr. SW  
Atlanta, GA 30314  
(404)614-6360  
ihenderson@itc.edu

In addition, for alleged sex discrimination, sexual misconduct, or gender based violence complaints involving students and student employees, inquiries or complaints may be made to:

Dr. Willie Goodman  
AVP Student Services, Title IX Deputy Coordinator  
700 Martin Luther King, Jr. Dr. SW  
Atlanta, GA 30314  
(404) 527-5735  
wgoodman@itc.edu
Complaints of sexual harassment, sexual misconduct or gender based violence must be brought to any of the individuals listed in this policy, and if against a non-student, will be handled pursuant to the Complaint Resolution Procedure outlined above. Complaints of sexual harassment, sexual misconduct or gender-based violence by a student will be handled pursuant to the procedures set forth in the Student Handbook (*policy is currently under revision).

Further information about Title IX and sex discrimination in education is available from the Office for Civil Rights, 400 Maryland Avenue, SW, Washington, DC 20202-1100

Customer Service Hotline: (800) 421-3481
Fax: (202) 453-6012
TDD: (877) 521-2171
Email: OCR@ed.gov
Web: http://www.ed.gov/ocr
Sexual Misconduct and Gender Based Violence Report Form

This form is used to report incidents of sexual misconduct or gender based violence at ITC. Please fill this out with only the information you have or are willing to share. **All questions are optional and you may choose to answer only the questions with which you comfortable. You may also choose to remain anonymous.** If you do not provide contact information, the report is used for statistical purposes.

Ms. Idell Henderson, Title IX Coordinator or Dr. Willie Goodman, Deputy Title IX Coordinator will receive these reports. For more information on what happens when you submit a report, please the “What happens when I report section of this document”.

**Reporter's Information: Reporter and Survivor may be different persons**

**Would you like to report this incident anonymously?**
If you provide contact information you will be contacted by either Ms. Henderson or Dr. Goodman, who will offer support and resources.

___ Yes, I would like to remain anonymous. Thank you for all of your help.
___ No, I will provide my contact information

**Reporter's Information**
First ____________________ Last ____________________ Email _______________ Tel _____________

**Survivor's Information**
Note: If a survivor's name is provided, Ms. Henderson or Dr. Goodman will contact that person to offer support, provide resources, and answer any questions.

___ I am the survivor ___ I am not the survivor ___ I prefer not to answer

**Survivor's Contact Information**
First ____________________ Last ____________________ Email _______________ Tel _____________

**Survivors Affiliation with ITC**
___ Student ___ Faculty ___ Staff ___ Administrator ___ Not Affiliated
___ Other (____________________________________)

ITC provides support services for persons experiencing instances including, but not limited to sexual misconduct, gender based violence, harassment, stalking, intimate partner/relationship violence, and unequal opportunities based on gender.

**Accused’s Information**

Note: If an accused's name or affiliation is listed, the institution **will** take action with the accused(s) or group. That action will include a meeting between coordinators and other institutional personnel as dictated by the situation and necessary institutional response. This meeting will initiate a fact-finding opportunity. Putting down a name does not constitute a formal complaint. If you would like to make a formal complaint, or are interested in understanding your options, please contact either Ms. Henderson at 404/614-6360 or Dr. Goodman at 404/527-5735.
Sexual Misconduct and Gender Based Violence Report Form

First Name ____________________ Last Name ____________________

Accused affiliation to ITC
___ Student   ___ Faculty   ___ Staff   ___ Administrator   ___ Not Affiliated
___ Other (____________________________________)

Is there another accused person?
___ Yes    ___ No

List the additional accused here along with their affiliation with ITC

First ____________________ Last ____________________

Accused affiliation to ITC
___ Student   ___ Faculty   ___ Staff   ___ Administrator   ___ Not Affiliated
___ Other (____________________________________)

First ____________________ Last ____________________

Accused affiliation to ITC
___ Student   ___ Faculty   ___ Staff   ___ Administrator   ___ Not Affiliated
___ Other (____________________________________)

ITC provides support services for persons experiencing instances including, but not limited to sexual misconduct, gender based violence, harassment, stalking, intimate partner/relationship violence, and unequal opportunities based on gender.

Incident Information

Enter a date: ______________

Location of Incident (Check all that apply)
___ Survivor’s Room   ___ Campus Building   ___ Off Campus Apt/House
___ Accused’s Room   ___ Car/Vehicle   ___ Outdoors
___ Workplace   ___ Residence Hall   ___ Parking Lot
___ Other ____________________________________________
Sexual Misconduct and Gender Based Violence Report Form

Nature of Incident

___ Penetrative   ___ Non-penetrative   ___ Prefer not to say

Was the survivor given alcohol or drugs without consent or knowledge?

**Note:** The survivor of a sexual assault will generally not be held accountable for policy violations related to alcohol or drug usage.

___ Yes Alcohol   ___ Yes Drugs   ___ Yes Alcohol and Drugs

___ No Alcohol or drugs   ___ Unknown

Did the survivor feel pressured to consume or use?

___ Yes   ___ No

Please provide any additional information that you think would be helpful

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

ITC provides support services for persons experiencing instances including, but not limited to sexual misconduct, gender based violence, harassment, stalking, intimate partner/relationship violence, and unequal opportunities based on gender.

I (the person filing this report) would like to be contacted by someone from one of these ITC offices

___ Relational Health Services   ___ Office of Residence and Community Life

___ Office of Human Resources   ___ Office of Student Services

Please contact me via

___ Phone _________________________   ___ Email ____________________

Email this report to the confidential mailbox for Ms. Henderson and Dr. Goodman.

ITC provides support services for persons experiencing instances including, but not limited to sexual misconduct, gender based violence, harassment, stalking, intimate partner/relationship violence, and unequal opportunities based on gender.
GLOSSARY

It is important that we have clear definitions around our relationships and the engagements that comprise them. It is important that individuals and communities have clear indicators for appropriate and inappropriate interactions in order to form and maintain healthy and accurate relations. It is important that we live in this community in ways that help each other care for and respect our personal histories with varied forms of trauma and the ways we are continually resolving its impact on our personal and corporate lives, as well as, relationship building and maintenance. It is important we have basic skills in our responses to persons we observe to be in some degree of pain or under duress.

SEXUAL HARASSMENT, SEXUAL MISCONDUCT & GENDER-BASED VIOLENCE

Sexual harassment, sexual misconduct and gender-based violence, in particular, warrant special mention within this policy. ITC is committed to providing its students, faculty and staff with a community and place of study and work which is free of sexual harassment, sexual violence, intimidation, and exploitation. ITC cannot thrive unless individual rights are respected and each member of the community is treated with civility. Members of ITC should understand that this standard must shape our interactions regardless of whether it is backed up by some threat of legal sanction. Sexual misconduct, including sexual harassment and sexual violence, is not simply inappropriate behavior proscribed by ITC policy; it is also prohibited by law.

The Interdenominational Theological Center will not tolerate any form of sexual harassment, sexual misconduct or gender based violence by faculty, staff, students, or campus visitors, whether they are guests, patrons, independent contractors, vendors, or clients. ITC policies provide ways for all members of the ITC community to file complaints of sexual harassment, sexual misconduct and gender based violence for investigation and resolution of such complaints. Because of the importance of this matter, information is provided to all new employees at orientation, and to all employees on an annual basis, including a description of prohibited conduct, an explanation of options available to employees for resolving complaints of sexual harassment, sexual misconduct or gender based violence, and a list of resources available to employees who have concerns or questions about sexual harassment, sexual misconduct or gender based violence. Additional information for students can be found in the Student Handbook.

It is illegal for any employee to sexually harass another employee and for any supervisory employee to permit any act of sexual harassment, sexual misconduct, or gender base violence in the workplace by anyone, whether or not it is an employee.

DEFINITION OF SEXUAL HARASSMENT

In the case of students, sexual harassment includes unwelcome contact of a sexual nature that substantially interferes with the student's participation in ITC's programs or activities, their living or learning environment or work study employment. A single instance of unwelcome conduct of a sexual nature may constitute sexual harassment if it is sufficiently serious.

In the context of employees, sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
DESCRIPTION OF SEXUAL HARASSMENT

The following type of conduct is considered to be sexual harassment and is not permitted. Unwanted sexual advances, propositions, or sexual comments, such as:

1. Sexually oriented gestures, suggestive or lewd noises, remarks, jokes or comments about a person’s sexuality or sexual experience.
2. Preferential treatment or promise of preferential treatment to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for compensation or reward.
3. Subjecting, or threats of subjecting, an employee to unwelcome sexual attention or conduct or intentionally making performance of that employee’s job more difficult because of that employee’s sex.
4. Sexual or discriminatory displays or publications anywhere on campus or in the workplace by employees such as: pictures, posters, calendars, graffiti, objects, promotional materials, reading materials, or other materials that are sexually suggestive, sexually demeaning, or pornographic, or bringing into the work environment or possessing any such material to read, display, or view at work,
5. Reading or otherwise publicizing in the work environment materials that are in any way sexually revealing, sexually suggestive, sexually demeaning or pornographic.
6. Displaying signs or other materials purporting to segregate an employee by sex in any area of the workplace (other than restrooms and similar semi-private locker/changing rooms).
7. Acts of verbal, nonverbal or physical aggression, intimidation or hostility based on sex or sex stereotyping, even if those acts do not involve conduct of a sexual nature.

DEFINITION AND DESCRIPTION OF SIGNIFICANT TERMS ASSOCIATED WITH SEXUAL MISCONDUCT AND GENDER-BASED VIOLENCE

Same-Sex harassment is strictly prohibited:

The Supreme Court ruled that sexual harassment against a member of the same sex is just as illegal as sexual harassment against a member of the opposite sex (Oncale v. Sundowner Offshore Services, Inc., 118 S. Ct. 998 1998). Contrary to the decisions of other courts, the Supreme Court ruled the harasser need not be homosexual and need not be motivated by sexual desire to be in violation of the law. To be considered harassment, behavior must be so hostile or so abusive that it alters the conditions of a person’s employment. This is judged from the perspective of a “reasonable person” considering all the circumstances.

Similarly, harassment based upon a person’s gender differentiation is strictly prohibited.

The following type of conduct is considered to be sexual misconduct and gender based violence and is not permitted:

Physical assaults and violence of a physical nature, such as: Rape, sexual battery, molestation, or attempts to commit these assaults; and intentional physical conduct which is sexual in nature, such as: touching, pinching, patting, grabbing, brushing against another person’s body, or poking another person’s body.

Further definitions of sexual misconduct, gender based violence and other relevant definitions include:

Sexual Misconduct is a broad term encompassing “Sexual Exploitation,” “Sexual Harassment,” “Non-Consensual Sexual Contact,” and “Non-Consensual Sexual Intercourse,” as defined in this Policy. Sexual Misconduct can occur between strangers or acquaintances, including people involved in an intimate sexual relationship. Sexual Misconduct can be committed by someone of any gender, and it can occur between people of the same or different sex.

Non-Consensual Sexual Contact means Sexual Contact that occurs without Effective Consent.
Non-Consensual Sexual Intercourse means Sexual Intercourse that occurs without Effective Consent.

Sexual Contact means the deliberate touching of a person’s intimate parts (including genitalia, groin, breast or buttocks, or clothing covering any of those areas), or using physical force, violence, threat, intimidation or coercion to cause a person to touch their own or another person’s intimate parts.

Sexual Exploitation means taking sexual advantage of another person without Effective Consent, and includes, without limitation: causing or attempting to cause the Incapacitation of another person in order to gain a sexual advantage over such other person; recording, photographing or transmitting identifiable images of private sexual activity and/or the intimate parts (including genitalia, groin, breasts or buttocks) of another person; allowing third parties to observe private sexual acts; engaging in voyeurism; and/or knowingly or recklessly exposing another person to a significant risk of sexually transmitted infection.

Sexual Intercourse means penetration (anal, oral or vaginal) by a penis, tongue, finger or an inanimate object.

Effective Consent means words or actions that show a knowing and voluntary agreement to engage in mutually agreed-upon sexual activity. Effective Consent cannot be gained by physical force, violence, threat, intimidation or coercion, by ignoring or acting in spite of the objections of another, or by taking advantage of the Incapacitation of another, where the person alleged to have engaged in sexual misconduct knows or reasonably should have known of such Incapacitation. The use of alcohol or other drugs will never function to excuse behavior that violates this Policy. Effective Consent is also absent when the activity in question exceeds the scope of Effective Consent previously given. In addition, certain states have designated a minimum age under which a person cannot give Effective Consent.

Incapacitation means the physical and/or mental inability to make informed, rational judgments. States of Incapacitation include, without limitation, sleep, blackouts, and flashbacks. Where alcohol [or other drug] is involved, Incapacitation is determined by how the alcohol [or other drug] consumed impacts a person’s decision-making capacity, awareness of consequences, and ability to make informed judgments.

Gender Based Violence is a broad term encompassing “Dating Violence,” “Domestic Violence,” and “Stalking.” Gender Based Violence can occur between strangers or acquaintances, including people involved in both long term and brief intimate partnerships. Gender Based Violence can be committed by men or women, and it can occur between people of the same or different sex.

Dating Violence is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship will be determined based on consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship. Dating violence includes, but is not limited to, sexual abuse, physical abuse, emotional violence or the threat of such violence and does not include acts that meet the definition of “domestic violence.

Domestic Violence means felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic law of Georgia or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of Georgia.

Stalking is engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others or suffer substantial emotional distress. Examples of stalking include: unwanted, intrusive, and frightening communications by phone, mail, and/or email; repeatedly leaving or sending unwanted items such as gifts; following or waiting for a person at places such as home, school or work; making direct or indirect threats of harm to a person, or the person’s children, relatives, friends or pets; damaging or threatening to damage property; harassment through the internet or social media; and posting information or spreading rumors about a person.
ABUSE OF POWER AND PROFESSIONAL AUTHORITY

The teacher-student relationship is at the core of ITC’s educational mission where all can achieve to their highest potential. The integrity of this relationship commands our highest attention and, as teachers, we are accountable as mentors, educators, and evaluators. The unequal institutional roles between teachers and students must be protected from influences or activities that can interfere with learning and personal development. For this reason, ITC prohibits faculty members to engage in any sexual relationships with students even if they believe the relationship to be consensual. (Exception: Spouses/Domestic Partners of faculty/staff who are enrolled at ITC). In these relationships there exists the potential for sexual harassment, conflict of interests, and the abuse of authority, with adverse effects on employees, students and the overall ITC community. This policy applies even if the student is not enrolled in the faculty member’s class. Also prohibited are sexual relationships between staff and students*. For purposes of this policy faculty is defined as all those in any type of teaching/mentoring positions that might include tenured and tenure track faculty, coaches, teaching assistants, post-docs, lecturers, lab instructors, etc.

Faculty and staff must be able to mentor, educate, advise and evaluate students without potential for coercion. All employees should be aware that consensual relationships between those with unequal institutional power and those with institutionally conferred differences in status may create perceptions of favoritism or unfair treatment and may expose ITC and the employee (faculty or staff member) to claims of sexual harassment and sex discrimination. Those who violate this policy will be subject to appropriate disciplinary actions up to and including termination of employment. With respect to a complaint against a faculty, any termination decision shall be subject to the procedural requirements set forth in the Faculty Handbook.

(*In rare situations there may be a preexisting relationship at the time of employment. These may be permitted but must be immediately disclosed to one’s supervisor for review by the Associate Vice President of Student Services and Chief Human Resources Officer to understand and minimize potential areas of conflict. For example, a recent ITC graduate is hired in residential life and is in a relationship with a rising senior. Measures will be taken to be sure there is no supervisory aspect or preferential treatment).

NON RETALIATION

Under law, you may not be punished or penalized in any way for reporting, complaining about, participating in an investigation of or filing a claim concerning discrimination or harassment, or for testifying in any proceeding brought by anyone else.

POSSIBLE SIGNS AND INDICATORS OF PERSONAL REACTIONS

Stress

Stress in general affects us all. The life of a seminarian is filled with stress. Again the challenges of life continually adjusting to the changes in perspectives, aligning oneself with the requirements of their denomination, working expansion in worldviews and developing plans for professional growth and advancement. All of this is done while in prayer and reflection with the Creator and also developing and maintaining all of one's significant relationships. Stress is everywhere. And while a little stress is OK -- some stress is actually beneficial -- too much stress can wear you down and make you sick, both mentally and physically.

The first step to controlling stress is to know the symptoms of stress. But recognizing stress symptoms may be harder than you think. Most of us are so used to being stressed, we often don't know we are stressed until we are at the breaking point.
What Is Stress?
Stress is the body's reaction to harmful situations -- whether they're real or perceived. When you feel threatened, a chemical reaction occurs in your body that allows you to act in a way to prevent injury. This reaction is known as "fight-or-flight," or the stress response. During stress response, your heart rate increases, breathing quickens, muscles tighten, and blood pressure rises. You've gotten ready to act. It is how you protect yourself.

Stress means different things to different people. What causes stress in one person may be of little concern to another. Some people are better able to handle stress than others. And, not all stress is bad. In small doses, stress can help you accomplish tasks and prevent you from getting hurt. For example, stress is what gets you to slam on the breaks to avoid hitting the car in front of you. That's a good thing. Our bodies are designed to handle small doses of stress. But, we are not equipped to handle long-term, chronic stress without ill consequences.

What Are the Symptoms of Stress?
Stress can affect all aspects of your life, including your emotions, behaviors, thinking ability, and physical health. No part of the body is immune. But, because people handle stress differently, symptoms of stress can vary. Symptoms can be vague and may be the same as those caused by medical conditions. So it is important to discuss them with your doctor. You may experience any of the following symptoms of stress.

**Emotional symptoms** of stress include:
- Becoming easily agitated, frustrated, and moody
- Feeling overwhelmed, like you are losing control or need to take control
- Having difficulty relaxing and quieting your mind
- Feeling bad about yourself (low self-esteem), lonely, worthless, and depressed
- Avoiding others

**Physical symptoms** of stress include:
- Low energy
- Headaches
- Upset stomach, including diarrhea, constipation, and nausea
- Aches, pains, and tense muscles
- Chest pain and rapid heartbeat
- Insomnia
- Frequent colds and infections
- Loss of sexual desire and/or ability
- Nervousness and shaking, ringing in the ear, cold or sweaty hands and feet
- Dry mouth and difficulty swallowing
- Clenched jaw and grinding teeth

**Cognitive symptoms** of stress include:
- Constant worrying
- Racing thoughts
- Forgetfulness and disorganization
- Inability to focus
- Poor judgment
- Being pessimistic or seeing only the negative side

**Behavioral symptoms** of stress include:
- Changes in appetite -- either not eating or eating too much
- Procrastinating and avoiding responsibilities
- Increased use of alcohol, drugs, or cigarettes
- Exhibiting more nervous behaviors, such as nail biting, fidgeting, and pacing
What Are the Consequences of Long-Term Stress?
A little stress every now and then is not something to be concerned about. Ongoing, chronic stress, however, can cause or exacerbate many serious health problems, including:

- Mental health problems, such as depression, anxiety, and personality disorders
- Cardiovascular disease, including heart disease, high blood pressure, abnormal heart rhythms, heart attacks, and stroke
- Obesity and other eating disorders
- Menstrual problems
- Sexual dysfunction, such as impotence and premature ejaculation in men and loss of sexual desire in both men and women
- Skin and hair problems, such as acne, psoriasis, and eczema, and permanent hair loss
- Gastrointestinal problems, such as GERD, gastritis, ulcerative colitis, and irritable colon

Help Is Available for Stress
Stress is a part of life. What matters most is how you handle it. The best thing you can do to prevent stress overload and the health consequences that come with it is to know your stress symptoms.

If you or a loved one is feeling overwhelmed by stress, talk to your doctor. Many symptoms of stress can also be signs of other health problems. Your doctor can evaluate your symptoms and rule out other conditions. If stress is to blame, your doctor can recommend a therapist or counselor to help you better handle your stress.

Resource: [www.webmd.com](http://www.webmd.com) 10/30/15

Headaches
What Causes Mild to Moderate Headaches?
Figuring out the cause of your headache can go a long way to helping you find a solution to your pain. The culprit is linked to the type of headache you've got.

Tension Headache
When you have one of these headaches, you'll feel pain or pressure all over, not just on one side of your head. There are several triggers, including:

- Stress
- Sleep disturbances
- Eye strain
- Neck pain
- Problems with the joint in your jaw (temporomandibular joint)
- Tension headaches aren't made worse by physical activity, light, smells, or sounds. And they don't come with nausea and vomiting.
- They're considered episodic if you get them fewer than 15 days a month and chronic if they occur more than that.

Rebound or Medication Overuse Headache
If you take your headache drugs too frequently, you can actually make things worse. Your headaches can come on stronger and more often. This is known as a "rebound" or medication overuse headache. You'll need to work with your doctor to find the right treatment. Often, it involves simply cutting back on the amount of medicine you take.

Sinus Headache
These headaches are brought on by sinus congestion and inflammation, typically from a cold, flu, or allergies, such as hay fever. The sinuses are air-filled cavities around your eyes, nose, and cheeks. A sinus headache is a dull, deep, and throbbing pain in your face and head. If you bend down or lean over, the pain
can get worse. Cold and damp weather can make a sinus headache hurt more, too. Typically, they begin when you get out of bed in the morning and improve by afternoon.

**Migraine**
Migraine headaches cause mild to severe pain. You might hurt on only one side of your head. It can throb and get worse with physical activity. Migraines have many triggers, including:

- Stress
- Foods such as alcohol, aged cheese, and processed meats
- Caffeine (either from too much or from withdrawal)
- Menstruation
- Tension or fatigue
- Skipped meals
- Changes in your sleep patterns

Besides head pain, migraines can make you sensitive to light, noise, and smells. You may have "auras," which means you have blurred vision or see spots, dots, or wavy lines. You may also have nausea and fatigue.

**Resource:** [www.webmd.com](http://www.webmd.com)

**Depression**
The normal ups and downs of life mean that everyone feels sad or has "the blues" from time to time. But if emptiness and despair have taken hold of your life and won't go away, you may have depression. Depression makes it tough to function and enjoy life like you once did. Just getting through the day can be overwhelming. But no matter how hopeless you feel, you can get better. Understanding the signs, symptoms, causes, and treatment of depression is the first step to overcoming the problem.

**What is depression?**
Sadness or downswings in mood are normal reactions to life’s struggles, setbacks, and disappointments. Many people use the word “depression” to explain these kinds of feelings, but depression is much more than just sadness.

Some people describe depression as “living in a black hole” or having a feeling of impending doom. However, some depressed people don't feel sad at all—they may feel lifeless, empty, and apathetic, or men in particular may even feel angry, aggressive, and restless.

Whatever the symptoms, depression is different from normal sadness in that it engulfs your day-to-day life, interfering with your ability to work, study, eat, sleep, and have fun. The feelings of helplessness, hopelessness, and worthlessness are intense and unrelenting, with little, if any, relief.

Again we are observing more than the normal reactions to life struggles, setbacks and disappointments. Seminary life, its demands for adjustments to personal, familial, professional availability as well as and overall communal expectations of you brings upon increased feelings of being rushed and overwhelmed. There will be need for you to perform some self-examination in response to all of the adjustments.

**Are you depressed?**
If you identify with several of the following signs and symptoms—especially the first two—and they just won't go away, you may be suffering from depression.
Signs and Symptoms of Depression
It is always helpful to distinguish between adjustment to changes in life and significantly long experiences that impact mood, social engagement and functioning in life.

- **Feelings of helplessness and hopelessness.** A bleak outlook—nothing will ever get better and there’s nothing you can do to improve your situation.
- **Loss of interest in daily activities.** No interest in former hobbies, pastimes, social activities, or sex. You’ve lost your ability to feel joy and pleasure.
- **Appetite or weight changes.** Significant weight loss or weight gain—a change of more than 5% of body weight in a month.
- **Sleep changes.** Either insomnia, especially waking in the early hours of the morning, or oversleeping (also known as hypersomnia).
- **Anger or irritability.** Feeling agitated, restless, or even violent. Your tolerance level is low, your temper short, and everything and everyone gets on your nerves.
- **Loss of energy.** Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.
- **Self-loathing.** Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.
- **Reckless behavior.** You engage in escapist behavior such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.
- **Concentration problems.** Trouble focusing, making decisions, or remembering things.
- **Unexplained aches and pains.** An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

Understanding the underlying cause of your depression may help you to overcome the problem. For example, if you are depressed because of non-life enriching work experience, the best treatment might be finding a more satisfying career, not taking and antidepressant. If you are new to an area and feeling lonely and sad, finding new friends at work or through a hobby will probably give you more a mood boost than going to therapy. In such instances, the depression is remedied by changing the situation.

The consideration here is that you find yourself experiencing prolonged periods of the above feelings with diminishing improvements in your mood and feelings about self. It may be time to contact Relational Health Services. Understanding the causes of your depression helps to determine the necessary intervention and treatment.

**Depression causes and risk factors**
Some illnesses have a specific medical cause, making treatment straightforward. If you have Type-1 diabetes, you take insulin. If you have appendicitis, you have surgery. Depression, however, is more complicated. Depression is not just the result of a chemical imbalance in the brain, and it's not simply cured with medication. Experts believe that depression is caused by a combination of biological, psychological, and social factors. In other words, your lifestyle choices, relationships, and coping skills matter just as much—if not more so—than genetics. However, certain risk factors make you more vulnerable to depression.
Causes and risk factors for depression

- Loneliness
- Lack of social support
- Recent stressful life experiences
- Family history of depression
- Marital or relationship problems
- Financial strain
- Early childhood trauma or abuse
- Alcohol or drug abuse
- Unemployment or underemployment
- Health problems or chronic pain

The following definitions are not provided for self-diagnosis but to enable serious response to life changes and give consideration of changes within your life management skills.

Different Faces of Depression
Depression often looks different in men and women, and in young people and older adults. An awareness of these differences helps ensure that the problem is recognized and treated.

Depression in men
Depression is a loaded word in our culture. Many associate it, however wrongly, with a sign of weakness and excessive emotion. This is especially true with men. Depressed men are less likely than women to acknowledge feelings of self-loathing and hopelessness. Instead, they tend to complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies. Other signs and symptoms of depression in men include anger, aggression, violence, reckless behavior, and substance abuse. Even though depression rates for women are twice as high as those in men, men are a higher suicide risk, especially older men.

Depression in women
Rates of depression in women are twice as high as they are in men. This is due in part to hormonal factors, particularly when it comes to premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), postpartum depression, and premenopausal depression. As for signs and symptoms, women are more likely than men to experience pronounced feelings of guilt, sleep excessively, overeat, and gain weight. Women are also more likely to suffer from seasonal affective disorder.

Depression in older adults
The difficult changes that many older adults face—such as bereavement, loss of independence, and health problems—can lead to depression, especially in those without a strong support system. However, depression is not a normal part of aging. Older adults tend to complain more about the physical rather than the emotional signs and symptoms of depression, and so the problem often goes unrecognized. Depression in older adults is associated with poor health, a high mortality rate, and an increased risk of suicide, so diagnosis and treatment are extremely important.

Types of Depression
Depression comes in many shapes and forms. The different types of depression have unique symptoms, causes, and effects. Knowing what type of depression you have can help you manage your symptoms and get the most effective treatment.

Major Depression
Major depression is characterized by the inability to enjoy life and experience pleasure. The symptoms are constant, ranging from moderate to severe. Left untreated, major depression typically lasts for about six months. Some people experience just a single depressive episode in their lifetime, but more commonly, major depression is a recurring disorder. However, there are many things you can do to support your mood and reduce the risk of recurrence.
Dysthymia (recurrent, mid depression)
Dysthymia is a type of chronic “low-grade” depression. More days than not, you feel mildly or moderately depressed, although you may have brief periods of normal mood. The symptoms of dysthymia are not as strong as the symptoms of major depression, but they last a long time (at least two years). These chronic symptoms make it difficult to live life to the fullest or to remember better times. Some people also experience major depressive episodes on top of dysthymia, a condition known as “double depression.” If you suffer from dysthymia, you may feel like you’ve always been depressed. Or you may think that your continuous low mood is “just the way you are.” However, dysthymia can be treated, even if your symptoms have gone unrecognized or untreated for years.

Bipolar Disorder
Bipolar disorder, also known as manic depression, is characterized by cycling mood changes. Episodes of depression alternate with manic episodes, which can include impulsive behavior, hyperactivity, rapid speech, and little to no sleep. Typically, the switch from one mood extreme to the other is gradual, with each manic or depressive episode lasting for at least several weeks. When depressed, a person with bipolar disorder exhibits the usual symptoms of major depression. However, the treatments for bipolar depression are very different. In fact, antidepressants can make bipolar depression worse.

Seasonal Affective Disorder
While the onset of winter can cause many of us to experience a drop in mood, some people actually develop seasonal depression, otherwise known as seasonal affective disorder (SAD). SAD can make you feel like a completely different person to who you are in the summer: hopeless, sad, tense, or stressed, with no interest in friends or activities you normally love. While a less common form of the disorder causes depression during the summer months, SAD usually begins in fall or winter when the days become shorter and remains until the brighter days of spring or early summer.

Depression and Suicide Risk
Depression is a major risk factor for suicide. The deep despair and hopelessness that goes along with depression can make suicide feel like the only way to escape the pain. If you have a loved one with depression, take any suicidal talk or behavior seriously and learn to recognize the warning signs. 
Reresourced by [www.helpguide.org/articles/depression 09/23/15](http://www.helpguide.org/articles/depression)

Suicide Prevention
A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die—they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously. If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life.

The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of suicidal depression and despair, it's difficult to understand what drives so many individuals to take their own lives. But a suicidal person is in so much pain that he or she can see no other option.

Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to committing suicide, but they just can't see one.

Most suicidal individuals give warning signs or signals of their intentions. The best way to prevent suicide is to recognize these warning signs and know how to respond if you spot them. If you believe that a friend or family member is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or psychologist involved.
Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs. These signals are even more dangerous if the person has a mood disorder such as depression or bipolar disorder, suffers from alcohol dependence, has previously attempted suicide, or has a family history of suicide.

**Signs of Suicide**

**Talk of Suicide**
- If someone speaks about suicide, or of being “gone” or of being a burden, he may be considering suicide.
- If someone is in extreme emotional or physical pain and speaks of “having enough” or “not being able to keep going” he may be thinking of suicide.
- Ask him directly what he means, and if he is OK. Let him know you love him and will help him.
- People often fear that if they bring up the topic they will somehow “plant” an idea; this is a myth. Be caring and direct and ask.

**Change in Behavior**
- If someone shows a significant change in behavior, it’s important to pay attention.
- Loss of enjoyment in things they previously enjoyed, changes in sleep, hygiene and eating can all be signs of needing assistance.
- Increased use of substances like alcohol or drugs are also potential signs.
- Giving away prized possessions and calling folks to say goodbye, are all serious behaviors and require attention.
- Again – while scary, it is important to ask people how they are. Be honest and point out a behavior that concerns you. Something like, “I’ve noticed you’re not coming to lunch any more or spending time with friends. I’m feeling worried about you. How are you doing?”
- A sudden switch from being extremely depressed to acting calm and happy.

**Helping**
- What if you ask a friend and he does share he is feeling suicidal?
- Offering to help find professional support is important.
- Let him know you care and will help him connect.
- Find other trusted individuals that can help support the individuals.

**Tip #1: If you spot a warning sign, speak up!**
If you spot the warning signs of suicide in someone you care about, you may wonder if it’s a good idea to say anything. What if you’re wrong? What if the person gets angry? In such situations, it’s natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

**Tip #2: Respond quickly to crisis**
If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for committing suicide in the near future have a specific suicide PLAN, the MEANS to carry out the plan, a TIME SET for doing it, and an INTENTION to do it.

The following questions can help you assess the immediate risk for suicide:
- Do you have a suicide plan? (PLAN)
- Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
- Do you know when you would do it? (TIME SET)
- Do you intend to commit suicide? (INTENTION)

**Tip #3: Offer help and support**
If a friend or family member is suicidal, the best way to help is by offering an empathic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.
It takes a lot of courage to help someone who is suicidal. Witnessing a loved one dealing with thoughts about ending his or her own life can stir up many difficult emotions. As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor—to talk to about your feelings and get support of your own.


ROAD TO RECOVERY

Just as the symptoms and causes of depression are different in different people, so are the ways to feel better. What works for one person might not work for another, and no one treatment is appropriate in all cases. If you recognize the signs of depression in yourself or a loved one, take some time to explore the many treatment options. In most cases, the best approach involves a combination of social support, lifestyle changes, emotional skills building, and professional help.

Ask for Help and Support

If even the thought of tackling your depression seems overwhelming, don't panic. Feeling helpless and hopeless is a symptom of depression—not the reality of your situation. It does not mean that you're weak or you can't change! The key to depression recovery is to start small and ask for help. The simple act of talking to someone face to face about how you feel can be an enormous help. The person you talk to doesn't have to be able to fix you; he or she just needs to be a good listener.

Having a strong support system will speed your recovery. Isolation fuels depression, so reach out to others, even if you feel like being alone or don't want to feel like a burden to others. The truth is that most people will be happy that you chose to confide in them; they'll be flattered that you trust them enough to open up. So, let your family and friends know what you're going through and how they can support you.

Making Healthy Lifestyle Changes

Lifestyle changes are not always easy to make, but they can have a big impact on depression. Lifestyle changes that can be very effective include:

- Cultivating supportive relationships
- Getting regular exercise and sleep
- Eating healthfully to naturally boost mood
- Managing stress
- Practicing relaxation techniques
- Challenging negative thought patterns

Build Emotional Skills

Many people lack the skills needed to manage stress and balance emotions. Building emotional skills can give you the ability to cope and bounce back from adversity, trauma, and loss. In other words, learning how to recognize and express your emotions can make you more resilient.

Seek Professional Help

If support from family and friends, positive lifestyle changes, and emotional skills building aren’t enough, and seek help from a mental health professional. There are many effective treatments for depression, including therapy, medication, and alternative treatments. Learning about your options will help you decide what measures are most likely to work best for your particular situation and needs.

Why Seek Counseling and Relational Health Support?

Counseling assists you with identifying and understanding the challenges in your life. Understanding your personal challenges effects the way in which you manage and achieve personal growth. Counseling is an excellent resource in helping you to understand your strengths ad vulnerabilities. It can help to maximize your potential to develop spiritually, emotionally, intellectually, and physically.

Counseling is one of ways a person can refine their ministry skills. It assists in one’s attunement to self and others. We are called to be witnesses to transformation as believers and persons of faith when exercising
our various forms of ministry. Self-care is the better witness. Working through personal obstacles, stressors, challenges, and suffering helps to build personal testimonies to share with others.

Seeking counseling is not a negation of our faith, it is the practical examination of that faith in action as it undergirds our life. Counseling is the affective use of abilities to develop and maintain relationships that support our wellbeing in ways that can and do mirror our relationship with our Creator. It sheds light upon the intimacy that fostered via our belief of the absoluteness of G-d. Counseling does that sever that relationship but strengthens the bonds that support our life.

**SPRC/JED Foundation Comprehensive Approach**

The SPRC/Jed Foundation Comprehensive Approach draws from the United States Air Force Prevention Program (Knox et al., 2003), best practices in suicide prevention, and current knowledge about risk and protective factors in general and the specific mental health problems faced by students. Before creating programs that will significantly increase the number of students seeking services, campus planners should ensure that adequate institutional capacity exists and that linkages to community services are in place.

**Comprehensive Approach to Mental Health Promotion and Suicide Prevention**

- **Develop Life Skills**: Provide students early assistance and skills to cope with life issues to prevent them from becoming severely distressed.
- **Promote Social Connectedness**: Build and strengthen social bonds to prevent loneliness and isolation.
- **Restrict Access to Potentially Lethal Means**: Examine the types of lethal means specific to a campus and implementing safety measures to decrease access.
- **Follow Crisis Management Procedures**: Develop policies and protocols for the campus community to know what to do in the event of a crisis.
- **Provide mental Health Services**: Improve access to mental health professional on or off-campus.
- **Increase Help-seeking Behavior**: Address factors that influence whether someone takes the steps to get help.
- **Identify Students at Risk**: Train the campus community to identify students at risk and refer them to appropriate care.
Getting Help after a Sexual or Gender-Based Assault

What would you like to do first?
You may choose to do

Get Support

Would you like to talk to someone on or off campus?
You may choose to do

Report

On Campus
Ms. Idell Henderson
404/614-6360
Dr. Willie Goodman
404/527-5735

Report an incident online
You may remain anonymous

Other On Campus
Confidential Report Recipients
Brenda Twyner Robinson
404/403-4806
Angelecia Heath McKenzie
404/527-5725

Community Resources
Georgia Coalition Against Domestic Violence 404/209-0280
GA Network to End Sexual Assault

Call Campus Security to report all emergencies.
Campus Security will call 911 and all school officers.
RESOURCES

Members of the ITC community may wish to use the following on campus services for consultation and/or support:

- ITC Security (for emergencies-404-688-5068)
- ITC Student Counseling Services (404-403-4806)
- Human Resources (404-614-6360)
- Office of the AVP of Student Services (404-527-5735)

COMMUNITY RESOURCES

Georgia Coalition Against Domestic Violence
114 New Street, Suite B
Decatur, GA 30030
Phone: 404-209-0280
24 Hour Hotline 1-800-334-2836

Georgia Network to End Sexual Assault
817 W. Peachtree Street, Suite 200
Atlanta, GA 30308
Phone: 404-815-5261
Website: www.gnesa.org

If the complainant alleges that a criminal sexual violation has occurred, and chooses to inform the police, ITC will provide support to the complainant through such community resources and employees of ITC as appropriate.

LOCAL RESOURCES

Behavioral Health Link (BHL) — behavioralhealthlink.com/
BHL is available any time, day or night, to help individuals in Georgia with a mental health crisis or problem with drugs and alcohol, or issue regarding their loved ones. BHL offers crisis intervention (24/7 crisis hotline, mobile teams, suicide intervention), access to mental health/alcohol and drug services (screening, triage, and linkage; community education; direct appointment scheduling), and disaster response (critical incident debrief, disaster outreach). BHL will help you schedule an appointment—for yourself or a loved one—with a service provider that can meet your needs. BHL staff will engage in collaborative problem solving with the client, provide information about referrals, assist in scheduling services, and provide follow-up referrals for individuals with urgent and emergent needs through the least intrusive venues.

Georgia Crisis and Access Line (GCAL) - mygcal.com/
Under the auspices of BHL, GCAL is an Internet-based resource. This website allows users in Georgia to enter zip code, age, and disability (mental health, developmental, and addictive diseases) in order to locate resources and assistance in their area. Individuals also can access GCAL 24/7 at 1.800.715.4225.

Georgia Department of Community Health, Division of Public Health - health.state.ga.us/programs/injury prevention/suicide.asp. This website provides specific data statistics for suicide in Georgia, the Georgia Suicide Prevention Plan, and suicide resources in Georgia.
Jed Foundation - www.jedfoundation.org/

The Jed Foundation works nationally to reduce the rate of suicide and the prevalence of emotional distress among college and university students. Its mission is to decrease stigma surrounding emotional disorders, increase help-seeking in college students, increase understanding of the warning signs and symptoms of suicide, increase awareness of the prevalence of suicide among college students, and strengthen campus mental health services and programs. The website offers specific resources for students, parents, and campus professionals. The information is focused on suicide prevention and recognizing the warning signs in order to provide assistance to individuals in need.

Link Counseling Center - thelink.org/
The Link Counseling Center, located in Atlanta, is a nonprofit community counseling center that offers affordable individual, couples, and group therapy on a low-cost, sliding-fee scale and has services specific to suicide survivors. The Link’s National Resource Center is a leading resource in the country for suicide prevention and aftercare. It is dedicated to reaching out to those whose lives have been impacted by suicide and connecting them to available resources. The Link’s National Resource Center also offers grief consultations for individuals and families, suicide survivors’ support groups, a resource library and educational materials, and community-outreach programs.

General Information about Suicide
- Understanding Suicidal Thinking – Learn about preventing suicide attempts and offering help and support. (Depression and Bipolar Support Alliance)
- Suicide in America: Frequently Asked Questions – Find answers to common questions about suicide, including who is at the highest risk and how to help. (National Institute of Mental Health)
- Suicide and Mental Illness – Facts on the link between suicide and mental illnesses such as depression, substance abuse, schizophrenia, and bipolar disorder. (StopaSuicide.org)
- Suicide and Suicide in Youth – Suicide fact sheets answer questions about whose at risk and what friends and family can do to prevent suicide. (The National Alliance for the Mentally Ill).

Helping a suicidal person
- What Can I Do To Help Someone Who Might be Suicidal? – Discusses possible warning signs of suicidal thoughts and ways to prevent suicide attempts. (Metanoia)
- Frequently Asked Questions – Questions and answers about suicide prevention, including what you should do if you’re worried and what to do if someone refuses help. (American Foundation for Suicide Prevention)
- Handling a Call From a Suicidal Person – How to handle a phone call from a friend or family member who is suicidal. Features tips on what to say and how to help. (Metanoia.org)

Suicide Hotlines and Crisis Support
National Suicide Prevention Lifeline – Suicide prevention telephone hotline funded by the U.S. government. Provides free, 24-hour assistance. 1-800-273-TALK (8255).
- National Hopeline Network – Toll-free telephone number offering 24-hour suicide crisis support. 1-800-SUICIDE (784-2433). (National Hopeline Network)
- The Trevor Project – Crisis intervention and suicide prevention services for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. Includes a 24/7 hotline: 1-866-488-7386.
- State Prevention Programs – Browse through a database of suicide prevention programs, organized by state. (National Strategy for Suicide Prevention)

Coping after Suicide Attempt
After an Attempt – Guide for taking care of a family member following a suicide attempt and treatment in an emergency room. (National Suicide Prevention Lifeline)
IN CASE OF AN EMERGENCY

My Personal Support Team

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2.
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10.

Who to Call in Case of an Emergency

Name: _________________________________  Telephone (___) ____-_______
Name: _________________________________  Telephone (___) ____-_______
Name: _________________________________  Telephone (___) ____-_______

How Can I Support My Peer(s) and ITC

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

NOTES TO SELF
Students Enter, Leaders Depart.

This booklet compiled by the Office of Student Services
Interdenominational Theological Center
Included content is for public educational purposes of ITC on-campus and distance learning students only.
None of the content is to be replicated or sold.
Students Enter, Leaders Depart.