



RHODES UNIVERSITY

Where leaders learn

Rhodes University

2020

Student Leaders' Manual



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Student Leaders' Manual 2020


Compiled by
Division of Student Affairs Office



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Message from Director of Student Affairs

The Division of Student Affairs (DSA) aims to offer a wide range of new experiences and opportunities for students outside the classroom, thereby enabling students to embark on the process of understanding themselves as critical and engaged citizens. It wishes to provide a safe and nurturing student support system as well as a diverse array of residential, sporting, cultural and leadership opportunities that will foster the all-round development of our students, the university, and the region as a whole. Three Sections in the Division of Student Affairs are tasked at ensuring the above is achieved namely: Wellness; Sports Administration and Student Services.



The **Wellness Section** consists of the Health Care Centre; Counselling Centre; HIV office and Careers Centre. The Wellness section is responsible to ensure that the holistic development of students is observed through a wellness approach to life. Emphasis is placed on ensuring that each student takes responsibility for their physical, academic, social, emotional and spiritual wellness. Support services are vitally important in the promotion of learning.

Sports Administration consists of competitive Clubs, Residence Sport, Facilities and the Health Suite. Physical and social wellness are given attention in this administration but the unspoken emotional and academic benefits that sports carry cannot be underestimated. If a student is physically well, their wellness approach to life is often evident in their broader purpose, values and general character.

The **Student Services Section** consists of the Student Representative Council (which includes the governance of all societies); the Residence System (wardening and leadership structure); Disability support services; and the First-Year and First Year Extended Orientation.

The Pocket Money Fund is an initiative in the division that are here to assist students. For more information on these programmes, visit our website www.ru.ac.za/studentaffairs/

The residence system contributes to personal transformation in the students that is lasting. The principle of social inclusion fosters this transformation. Optimally, the residence system celebrates diversity and respects difference. The living and learning space includes spaces to learn about community engagement and social responsibility. Students are encouraged to engage with the SRC and partake in the residence environment for their own self-reflection and personal holistic growth.

The Division is committed to the establishment and implementation of policies, procedures, programmes and services which will enhance, enrich and complement the total educative experience of students at Rhodes University, and which will provide an environment conducive to effective academic learning and holistic development of all students in our community. The Division affirms that quality and a commitment to continuous improvement are essential to the realization of its vision, underpinned by a clear understanding of the needs, aspirations and expectations of students at the University and the provision of services that aim to meet those expectations.

Ms Nomangwane Mrwetyana (Director of Student Affairs)

Division of Student Affairs

VISION

The Division of Student Affairs' vision is to create a living and learning student support system and environment that is inclusive and conducive to academic success, through promoting a healthy lifestyle and personal growth.

MISSION

In pursuit of its vision DSA wishes to provide a welcoming, professional, affirming and safe student support system as well as a diverse array of residential, sporting, cultural and leadership opportunities that will foster the holistic development of our students.

The DSA's strategic operational plan is aligned to the IDP and it therefore undertakes to:

- Promote the development of the student outside of the teaching and learning environment (e.g. through residence system, societies, clubs, community engagement);
- Develop students' leadership potential (e.g. providing leadership opportunities, ensuring an effective Student Representative Council as well as establish and promote opportunities for leadership development for all students);
- Promote student well-being in all its facets and the provision of appropriate support to students with difficulties impacting their well-being and academic success e.g. counselling support, primary health care services.
- Provide an environment for students where they can enjoy quality of life at Rhodes University (e.g. ensuring a student culture that celebrates diversity and respects difference and the existence of effective mechanisms to deal with harassment, provision of recreational facilities, sports clubs and societies, ensuring that timeous and fair disciplinary action is taken);
- Ensure a viable and effective wardening system to support students in the residential system as well as Oppidan students (students living off campus).

VALUES

- Encourage potential and cultivate academic success and excellence
- Develop ethical leaders and responsible citizens
- Value and celebrate diversity
- Promote personal growth and resilience
- Cultivating sporting participation and excellence
- Promote a wellness approach to life

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Programmes for Oweek

Overall Orientation & Student Leadership Training Programme 2020			
DATE	TIME	FUNCTION	VENUE
Saturday 25 January	As per Halls	Sub Warden & Senior Students arrive	Residences
26 - 27 January		Hall Leadership Camps	Various venues
Tuesday 28 January		ALL House Comm members arrive in Grahamstown	Residences
Tuesday 28 January	09h00 - 15h00	Hall Leadership Training Programme	Barratt
Wednesday 29 January	09h00 - 16h00	Training Programme for ALL Student Leaders	Barratt
Thursday 30 January	09h00 - 12h30	Training Programme for ALL Student Leaders	Barratt & Halls
Friday 31 January	14h00	Local/ International students registration	Student Bureau
	16h00	Residences open for First Years	All Residences
	17h00 - 18h30	Supper	Dining Halls
Saturday 01 February	07h00 - 18h00	Administrative registration & Welcome 1st years	All residences
	09h00 - 17h00	Parents library tour	Main Library
	13h00 - 14h00	Lunch & SRC Dining Hall visits	Dining Halls
	15h00 - 16h30	Parents walking tour	Drostdy lawns
	15h00 - 16h30	Students walking tour	From residences
	17h00 - 18h30	Supper	Dining Halls
Sunday 02 February	09h00 - 10h00	Deans talk to parents	Monument
	10h00 - 10h30	Dean of Law talk to Parents	Monument
	10h00 - 11h00	Exhibition on Student Professional Services	Monument
	11h00 - 12h00	VC & SRC President address to parents and 1st years	Monument
	13h00 - 14h30	Welcome Reception : parents/guardians/1st years	Dining Halls
	15h00 - 16h30	Parents walking tour	Drostdy lawns
	15h00 - 16h30	Students walking tour	From residences
	17h00 - 18h30	Supper	Dining Halls
	18h30	SRC Acoustics Evening	Drostdy lawns
Monday 03 February	09h00 - 10h30	Compulsory session for 1st years: student services	Monument
	11h00 - 12h30	Deans Faculty talks to First Years	Monument
	13h00 - 14h00	Meatless Monday Lunch & SRC Dining Hall visits	Dining Halls
	14h15 - 16h15	Academic Orientation	See O-Week guide
	16h30 - 17h30	Being well and aware workshops	Barratt 1 & 2/Drama theatre
	17h00 - 18h30	Meatless Monday Supper	Dining Halls
	19h00 - 20h00	Wardens welcome address (including talk on student discipline)	Residences
	20h00	Hall/Residence events	Residences

Overall Orientation & Student Leadership Training Programme 2020

DATE	TIME	FUNCTION	VENUE
Tuesday 4 February	08h45 - 16h00	Academic Orientation	See O-Week guide
	13h00 - 14h00	Lunch & SRC Dining Hall visits	Dining Halls
	16h00 - 17h30	Being well and aware workshops	Barratt 1 & 2 Drama Theatre
	19h30 - 22h00	RU Jamming (upper campus)	Great Hall
Wednesday 5 February	08h45 - 16h00	Academic Orientation	See O-Week guide
	13h00 - 14h00	Lunch & SRC Dining Hall visits	Dining Halls
	16h00 - 17h30	Being well and aware workshops	Barratt 1 & 2 Drama Theatre
	19h30 - 22h00	RU Jamming (lower campus)	Great Hall
Thursday 6 February	08h45 - 16h00	Academic Orientation	See O-Week guide
	13h00 - 14h00	Lunch & SRC Purple Thursday	Dining Halls
	16h00 - 17h30	Being well and aware workshops	Barratt 1 & 2 Drama Theatre
	19h30 - 22h00	RU Jamming FINAL	Great Hall
	Returning students allowed back into Res		Residences
Friday 7 February	09h00 - 16h00	Formal Curriculum Approval	See O-Week guide
	13h00 - 14h00	Lunch	Dining Halls
	19h00 - 21h00	SRC Sports & Society extravaganza	Great Hall/Field
Saturday 8 February	09h30 - 12h30	SRC Extravaganza	Union Lawns
		Where's Rhodie	
		Community Engagement & Environmental Extravaganza	
		Self Defense Training by Mr Gary Grapentin	Alec Mullins
	13h00 - 14h00	First Years' Purple Event	Great Field
	END OF FORMAL ORIENTATION WEEK PROGRAMME		

TRAINING PROGRAMME FOR STUDENT LEADERSHIP - Tuesday 28th January 2020

Sub-Wardens/ Senior Students/ SRC Hall Reps				
Time	Venue	Topic		Presenter
09h00 - 09h15	Barratt 1	Welcome & Overview of Programme		Ms Veronica Israel
09h15 - 10h15	Barratt 1	Ethical Leadership & Citizenry		Business School
10h15 - 10h30	Barratt Concourse	TEA		
10h30 - 11h00	Barratt 1	Student governance : student parliament		SRC
11h00 - 11h45	Barratt 1	Mental Health Literacy: Sub-Wardens (upper campus)		Counselling Centre
11h00 - 11h45	Barratt 2	Mental Health Literacy: Sub-Wardens (lower campus)		Counselling Centre
11h00 - 11h45	Barratt 3	Conflict Management : Senior Students/SRC Hall reps		Counselling Centre
12h00 - 14h00	Dining Halls	LUNCH		
14h00 - 15h00	Barratt 1	Housekeeping	Sub-wardens	Res Ops
14h00 - 15h00	Barratt 2	Roles & Responsibility	Head & Hall Snr Students	Ms Zuki Kota
14h00 - 15h00	RA Room	Role in Halls	SRC Hall Reps	Mr Eric Ofei

Wednesday 29th January 2020

Time	Venue	Group	Topic	Presenter
09h00 - 09h15	Barratt 1	All	Welcome	Director: DSA
09h15 - 10h15	Barratt 1	All	Community Engagement @RU	Mr Eric Ofei
10h15 - 10h30	Barratt Concourse	Tea		
10h30 - 10h45	Barratt 1	All	Internationalisation	International Office
10h45 - 11h30	Barratt 1	All	Promoting Mental Health	Counselling Centre
11h45 - 12h45	Barratt 3	CE Reps	Promoting Community Engagement	RUCE
11h45 - 12h45	Arts Major	Academic Reps	Academic success & excellence	CHERTL
11h45 - 12h45	Barratt 1	Sub-wardens	Student Discipline	Dr S. Zschernack
11h45 - 12h00	Barratt 2	Entertainment Reps	Rules for Social Functions	Mr Simon Wright
12h00 - 12h45	Barratt 2	Entertainment Reps	202 SRC Oweek Programme	SRC Projects Manager
11h45 - 12h45	Union Steve Biko 1	Transformation Reps	Transforming spaces	E&IC Office
11h45 - 12h45	Union Steve Biko 2	Environmental Reps	Promoting sustainable environmental practices	SRC Enviro Councillor
11h45 - 12h45	Sports Admin	Sports Reps	Promoting sport participation & excellence	Sports Admin
13h00 - 14h00	Dining Halls	Lunch		
14h00 - 15h00	Economics A	Student Networking Reps	Student Networking Briefing	Ms Diane Amos
Hall Offices		Secretary/ Treasurer (as per Hall arrangement)		Hall Administrators

TRAINING PROGRAMME FOR STUDENT LEADERSHIP - Thursday 30th January 2020

All			
Time	Venue	Topic	Presenter
09h00 - 09h30	Barratt 1	Address VC & DVC: Academic & Student Affairs	VC & DVC: A&SA
09h30 - 10h30	Barratt 1	Meet your SRC 2020	SRC
10h30 - 10h45	Barratt Concourse	TEA	
10h45 - 11h00	Barratt 1	Anti-Harrasment Office	Dr Zethu Mkhize
11h00 - 11h15	Barratt 1	RU Ready?	Dr Jono Davy
11h15 - 11h30	Barratt 1	Closing remarks	Director: DSA
13h00 - 14h00	Dining Halls	LUNCH	
15h00 - 16h00	Drama Theatre	First Year Drama preview (upper campus)	Drama Department
19h00 - 20h00	Drama Theatre	First Year Drama preview (lower campus)	Drama Department

Being Well & Aware Workshops for 1st Years

HALLS	Mon 3rd Feb	Tues 4th Feb	Wed 5th Feb	Thurs 6th Feb	Fri 7th Feb
	16h30-17h30	16h30-17h30	16h30-17h30	16h30-17h30	16h30-17h30
Lilian Ngoyi Nelson Mandela Oppidan	Mental health & Wellness @Barratt 1	Playback stories @Drama theatre <i>*19h30 for Oppidan & Drostdy</i>	Transformation @RU/ consent @Barratt 1	Fire Safety & Security awareness @Great Hall	NICAM Exhibition @Drostdy Lawns
Allan Wenn Kimberley Miriam Makeba	Fire Safety & Security awareness @Great Hall	Transformation @RU/ consent @Barratt 1	Playback stories @Drama theatre	Mental health & Wellness @Barratt 1	
Desmond Tutu Hobson Hilltop Founders	Transformation @RU/ consent @Barratt 1	Mental health & Wellness @Barratt 1	Fire Safety & Security awareness @Great Hall	Playback stories @Drama theatre	
Courtney-Latimer Drostdy Jan Smuts St Mary	Playback stories @Drama theatre	Fire Safety & Security awareness @Great Hall	Mental health & Wellness @Barratt 1	Transformation @RU/ consent @Barratt 1	

Hall & SRC Activities & events for 1st Years					
Halls	Mon 3rd Feb	Tues 4th Feb	Wed 5th Feb	Thurs 6th Feb	Fri 7th Feb
starting:	19h00	19h30	19h30	19h00 - 22h30	19h00 - 21h00
Desmond Tutu Hilltop Kimberley Lillian Ngoyi Miriam Makeba Nelson Mandela	Wardens' Welcome <i>(incl. talk on discipline)</i> <i>followed by</i>	RU Jamming <i>(upper campus)</i> @Great Hall	Residence & Hall Events	RU Jamming <i>(FINAL)</i> @Great Hall	SRC Societies & Sports Extravaganza @Great Field
Allan Webb Courtenay-Latimer Drostdy Hobson Founders Jan Smuts St Mary Oppidan	Residence & Hall Events	Residence & Hall Events	RU Jamming <i>(lower campus)</i> @Great Hall		

Save a Life Course for Sub-Wardens & SRC Council			
Date	Time	Group	Venue
Monday 3rd Feb	09h00 - 12h00	Allan Webb (10) Courtenay-Latimer (7) Hilltop (12) Lillian Ngoyi: Group I (6) SRC (5)	Union Steve Biko 1
Monday 3rd Feb	14h00 - 17h00	Desmond Tutu (11) Drostdy (10) Oppidan (5) St Mary (11) SRC (5)	Union Steve Biko 1
Tuesday 4th Feb	09h00 - 12h00	Founders (9) Kimberley (12) Lillian Ngoyi: Group I (6) Nelson Mandela (10) SRC (5)	Union Steve Biko 1
Tuesday 4th Feb	14h00 - 17h00	Hobson (12) Jan Smuts (20) Miriam Makeba (12)	Union Steve Biko 1

Academic Orientation Programme

Important Information

It is important for each student to attend a **Library presentation and tour**, there are several presentations daily running **Tuesday, 4 February to Friday, 7 February**. These presentations will enable you to gain an understanding of how the library functions. The presentation and tour is repeated every hour from **09h00**.

It is important for each student to attend a **Basic computer training session** on **Wednesday, 5 February** there are six presentations running on the hour from **09h00** at the Jac Labs.

It is important for each student to attend an **Introduction to RUConnected and ROSS training session** on **Thursday, 6 February** there are six presentations running on the hour from **09h00** at the Jac Labs. Since all Rhodes students have to use computers at some point, there are workshops for beginners and new students. The session will enable you to gain an understanding of how the Rhodes computer services functions. The session covers how to log in, check emails, write essays and print, how to use ROSS, RUConnected, etc. The workshop is repeated every hour. It is important that you attend one of the workshops.

It is important for you to attend a Career development in the 21st century on **Friday, 7 February**, held at the Barratt Lecture Theatres. There are two sessions to choose from at **11h00** and at **12h00**.

International students need to attend the **Internationalisation session** where subjects such as visa, immigration, medical aid, and exchange programmes will be covered. This session is compulsory for international students and will be on **Friday, 7 February**, at **14h00** in the Barratt Lecture Theatres.

Monday, 3 February

Venue: Barratt Lecture Theatres

14h15 - 15h05	Chemical & Medical Sciences
15h10 - 16h15	Creative Arts (<i>Drama, Fine Art, Music</i>)
16h30	Workshops/ drama production for first years

Tuesday, 4 February

Venue: Barratt Lecture Theatres

08h45 - 09h35	Life Sciences
09h40 - 10h30	Media, Art & Culture (<i>Art History & Visual Culture; Journalism & Media Studies; Anthropology</i>)
10h35 - 11h25	Accounting
11h30 - 12h15	Learning at School, Learning at University (<i>CHERTL</i>)
12h20 - 13h10	Academic Writing (<i>DVC: Academic and Student Affairs</i>)
<i>LUNCH</i>	
14h15 - 15h05	Education
15h10 - 16h00	A Focus on Economics
16h30	Workshops/ drama production for first years

Wednesday, 5 February

Venue: Barratt Lecture Theatres

08h45 - 09h35	Studying Language (<i>School of Languages & Literatures; Literary Studies in English; English Language & Linguistics</i>)
09h40 - 10h30	Studying Literature (<i>School of Languages & Literatures; Literary Studies in English; English Language & Linguistics</i>)
10h35 - 11h25	Sports Performance & ergonomic Sciences
11h30 - 12h20	Learning at School, Learning at University (<i>CHERTL</i>)
12h25 - 13h10	Academic Writing (<i>DVC: Academic and Student Affairs</i>)
<i>LUNCH</i>	
14h15 - 15h05	Business Science
15h10 - 16h00	Social Sciences (<i>Anthropology; Psychology; Sociology</i>)
16h30	Workshops/ drama production for first years

Basic Computer training sessions run throughout the day at the following times:

Wednesday ONLY 09h00; 10h00; 11h00; 12:00; 14h00; 15h00

Sessions are held at the Jac Labs

Thursday, 6 February

Venue: Barratt Lecture Theatres

08h45 - 09h35	Computing, Software Development & Business Science
09h40 - 10h30	Ideas and Events (<i>History; Philosophy; Political & International Studies</i>)
10h35 - 11h25	Earth & Environmental Sciences
11h30 - 12h20	Learning at School, Learning at University (<i>CHERTL</i>)
12h25 - 13h15	Academic Writing (<i>DVC: Academic and Student Affairs</i>)
<i>LUNCH</i>	
14h15 - 15h05	Law (<i>Law; Commerce; Humanities; Science</i>)
15h10 - 16h00	Studying the World of Work (<i>Human Kinetics & Ergonomics; Management; Psychology; Sociology</i>)
16h30	Workshops/ drama production for first years

Introduction to RUConnected and ROSS training sessions run throughout the day at the following times:

Thursday ONLY 09h00; 10h00; 11h00; 12:00; 14h00; 15h00

Sessions are held at the Jac Labs

Friday, 7 February

09h00 - 16h00	Formal Curriculum Approval
	Faculty of Humanities Eden Grove, Top Floor, Seminar Room
	Faculty of Science Eden Grove Blue
	Faculty of Commerce Eden Grove Red
	Faculty of Pharmacy Chemical Pharmaceutical Sciences building
	Faculty of Education Big Lecture Theatre – Education building

Venue: Barratt Lecture Theatres

11h00 - 12h00	Career development in the 21st century
12h00 - 13h00	Career development in the 21st century (repeat)
<i>LUNCH</i>	
14h00 - 15h00	International Students Only <i>Internationalisation/visa/immigration/medical aid/exchange programmes</i>
16h30	Workshops/drama production for first years

Don't forget the **DAILY (Tuesday to Friday) Library presentations and library tours** run throughout the day at the following times: 09h00; 10h00; 11h00; 12:00; 13h00; 14h00; 15h00

It is only necessary to attend Library Presentation during the week, but please
Sessions are held at the Main Library, on level 2 in the Xstrata Training Room

Student leadership

Student leadership training goals and learning outcomes

We aim to provide you, as Sub-Wardens or House Committee members, with the necessary information and tools to support you in performing your job as effectively and efficiently as possible. We aim to:

1. Give you a full understanding of how best to assist your Warden in running the residence as an ideal learning and living environment
2. Remind you of all the responsibilities related to the duties of a Sub-Warden or House Committee Member
3. Describe the necessary skills you need to acquire in dealing with a diversity of people and situations, including unforeseen crises
4. Provide you with opportunities for experiential learning and real-life scenarios to help you acquire these skills and explore a range of social issues
5. Remind you of the need to look after your own wellbeing and that of your colleagues, and to help develop a strong network and support system
6. Give suggestions as to how to carry out your responsibilities professionally and responsibly.
7. Enhance your own leadership skills

How to use this booklet

This booklet serves several purposes:

1. It provides an overview of the programme for your training session
2. It provides you with some important background reading about your own roles and responsibilities as student leaders
3. It provides some guidelines on leadership, and materials to help you find out more about your own leadership style
4. It offers some tips on keeping well and happy in your leadership role
5. It provides a handy guide for how to respond in case of crises and emergencies, with some detail on problems linked to sexual health, drugs and alcohol
6. It provides some preparatory readings for some of the sessions in the forthcoming training programme
7. It provides you with some materials which you could draw on when you plan your in-house workshops with your first-years

Where leaders learn ...

Residences and the Oppidan committee at Rhodes offer students a learning environment where they can develop on both the personal and intellectual level. But this can only happen if:

- The environment is genuinely conducive to study, where academic achievement is prized and recognized, and where there are times of silence and respect for the rights of others to study;
- The people living together are living in harmony, free from stress and division;
- The environment is attractive, clean and comfortable;
- There are opportunities for students to take leadership positions and be nurtured and mentored when they do;
- There are successful role models (such as senior students, post grads and sub-warden) to lead the way.

Developing young leaders

Developing young leaders

Development takes place in seven different areas, all of which combine to form a well-rounded, stable and competent graduate:

1. **Intellectual** — developing competence: during these critical years devoted to study, with few or no distractions, students are ideally placed to develop their minds, acquire knowledge and skills and master subject content. They need to develop their concentration, comprehension and synthesis, reflectiveness and critical thinking, reasoning ability and problem-solving, analysis and interpretation and their communication skills. We can assist in this process by providing opportunities and encouraging participation in academic activities, both curricular (i.e. courses, attending lectures) and extra-curricular (e.g. joining debating, going to inaugural lectures).
2. **Vocational** — developing purpose: Many students come to university with a very vague and unclear sense of what they finally want to do for the rest of their lives, and many of them change their minds during their programme of study. This is entirely normal, but it does cause students considerable worry and stress. The student needs to use their first year or two at Rhodes to discover what s/he loves doing, which situations are challenging, which activities are rewarding, and which subjects and skills are necessary to make them suited to an appropriate career in this area. And we need to help them to do this.
3. **Cultural** — establishing identity: Each student is unique at Rhodes, and they have a wonderful opportunity to explore the ways people from other cultures think and experience the world. Universities should encourage diversity, and provide opportunities for students to share their ideas, to argue, to express less popular views honestly and openly, to disagree and to change their minds. At Rhodes we aim to respect difference and appreciate and embrace diversity, allowing each individual to remain unique, comfortable with who they are, where they come from and what their values are. In the residence system, we can create opportunities for students to mix, and to get to know the “other” in a relaxed and inclusive way.
4. **Physical** — enhancing wellness: students need stamina and wellness in order to study successfully and develop to their full potential. Stamina comes from following a healthy lifestyle, eating a balanced diet, avoiding substance abuse, and getting regular exercise – even if this is simply daily walking. Our residences offer a range of sporting opportunities designed for recreational or competitive purposes, and participating in these has a positive spin-off for everyone. Students need to be shown how to take responsibility for their own wellness.
5. **Social** — developing relationships: A happy student is usually a successful student. Participating in group activities helps new students make life-long friends, while enhancing communication and other important life skills. Living in a small community (be it in residence or in a digs) requires considerable social skills, including listening to others, respecting their rights, taking responsibility for one's own actions and caring concern for the welfare of others. In residence, this concern relates to the people in one's corridor, or sharing the bathroom. In town, it extends to the neighbours who live in the same street. Another aspect of social development relates to one's links to the community and one's responsibility to society. Rhodes offers a range of opportunities for students to discover the value and reward in giving of one's time and expertise to those less fortunate than themselves, and hopefully this will produce responsible citizens for the future.

6. **Psychological** — managing emotions: Students need to be mentally and emotionally stable and well-adjusted in order to reap the benefits of their time at University. Such stability comes from awareness and due consideration of one's own emotions and those of other people, the ability to cope when situations become tense and stressful, an understanding of one's own personal limitations, and a clear sense of when to ask for help. It also comes from feeling comfortable with one's identity – ethnic, gendered and sexual. University can be a particularly stressful time for young people, and Sub-Warden can help by acting as role-models, suggesting coping strategies such as goal-setting, and being available as a source of useful information when asked.

7. **Spiritual** — developing integrity: late adolescence is a time for questioning beliefs and values, and Universities offer a context where alternative life-styles and values are on offer. An atmosphere that encourages critical and principled moral thinking can help a student in the path of self-discovery, including the discovery of aesthetic and cultural interests, and the values which will guide them through adulthood.

Your Responsibilities

Having a leadership role is a huge honour, and wonderful opportunity for growth and personal development, but also a serious responsibility. Sub wardens and House Committee members form part of the residence leadership team, all of whom have committed themselves to perform certain duties for their full term of office: one year. Often, we find that after a few weeks, some students falter, neglect their duties and abandon their responsibilities, leaving a greater burden on their fellow student leaders. We don't want this to happen, and this document aims to remind each of you what your responsibilities are, and how you will be measured up against them.

How will you know how you are doing?

Everyone likes to be acknowledged when they have done a good job, but it's much harder to receive negative feedback, and to be told that one is not doing so well. At Rhodes, we have adopted a philosophy of “supported learning”, and believe that the best way to improve is to find out what we are doing well and where we are going wrong. If we don't get critical feedback, we don't know what should improve.

At the discretion of each Hall, a refresher training session is held with the house committees, focusing on performance of House Committee members and sub-wardens and exploring ways on how to improve as individual members of the team and as a unit in the House/Hall.

Looking after No. 1: YOU!!!

There will be times when you feel extremely stressed in response to pressures and challenges you have to deal with.

What causes the stress?

1. Perhaps you are experiencing some role ambiguity and conflict: your friends have committed an offence and now you have to discipline them
2. Perhaps you sense that people are criticising you behind your back
3. You are unsure about how you are performing, and nobody ever gives you any positive feedback
4. You feel alone and unsupported
5. You feel disempowered, and have to carry out instructions which you don't agree with
6. You may have had an argument with a friend or loved one
7. You might feel you handled something badly recently
8. Your workload might be heavy and conflicts with other duties
9. You are worried about financial matters, or something at home

What to do?

Start with a little detective work, and ask yourself why you are feeling this way. Examine sources of worry from your relationships or environment, check the list above, and know yourself! Then you can take control and work out how to improve the situation.

Below are some hints about how to manage your stress in a positive way

Health: get your sleeping, eating and exercise patterns right. If you aren't sleeping well, try the following tips:

- set up a bedtime ritual e.g. reading before bed, yoga, a warm drink
- go to bed at the same time each night, even on weekends
- write down your worries and anxieties
- describe your dreams in writing
- exercise regularly during the day
- avoid taking naps

Try the following relaxation techniques:

- lie down and focus on your breathing and on relaxing every part of your body while you mentally concentrate on each part of your body, identifying which sensations you feel – warmth? Heaviness etc.
- while lying comfortably, clench or tighten the muscles in your body one at a time for 5 seconds, starting with the feet and working your way up - including your face. Then release

If you have had an argument: allow a cool-off time, assess the situation, and then state the issue to the other person and negotiate a win-win solution. If necessary, ask for a 3rd party to help.

If there is a problem with a relationship, attend to it quickly. If there is conflict, go to its source and set about trying to resolve the problem, focussing on the task and the facts, and not the personalities. Be open to learning about yourself, and to the possibility that you might have been wrong.

To build your confidence and a positive outlook, try the following tips:

- Identify and accept your weaknesses, and build on your strengths
- Make time for family and friends, and nurture those relationships
- Give and accept support
- Volunteer your services: being involved in a community, especially where there is need, gives one a sense of purpose and satisfaction.
- Share your problem with someone else that you trust – talk it through, and you will feel less isolated.
- Examine your moods, and respond to them: if you know you are angry, deal with the emotion constructively; if you are afraid, try to understand why, and how to conquer the problem
- Get to know yourself, what you enjoy and what makes you happy, and seek to do those things when stress builds
- Accept yourself for what you are, including your weaknesses, and accept what you cannot change.

Sub Warden Job Profile

Sub-Warden job profile

Sub-wardens are employees of Rhodes University, and receive a salary for what they do. They will be held accountable and can be dismissed for failing to perform their duties. The main purpose of the Sub-Warden's' job is to help the House Warden in the running of the residence ensuring that the environment is one conducive to good scholarship and collegiality which provides students with a safe and caring environment.

You are required to be in attendance for the entire year, excluding vacations, and perform evening and weekend duties (and dining hall duties at the Hall Warden's discretion). Duty schedules will be drawn up by the House Warden in consultation with the Sub-Wardens to ensure fairness and flexibility. House Wardens may be included in the evening duties rotation at the discretion of the Hall Warden in each Hall.

House Committee portfolios

The summary below serves as a guideline, listing general expectations. Each portfolio is defined by what the key Roles and Responsibilities are, but they may differ to some extent from residence to residence and hall to hall. Each of you should be able to assess yourselves in terms of each responsibility listed below, and so determine your level of success.

Duties of ALL House Committee Members

1. Attend all Hall Social Functions
2. Support or participate in at least 75% of the inter/intra-res sporting and community engagement activities
3. Spend at least one hour a week in the common room interacting with students
4. Sit at different meal tables frequented by house residents at least once a week.
5. Attend all House Meetings and House Committee Meetings
6. Check and update your portfolio notice boards every three days.
7. Ensure that your portfolio concerns are placed on the House Committee Agenda, or discuss the matter with individual House Committee members (including the Warden).
8. Identify students who are isolated, and actively encourage them to participate in Residence Activities.
9. Identify problems related to the House Committee and use appropriate mechanisms to address concerns in a proactive, supportive way.

Key Performance Measures for each House Committee portfolio:

1. Academic Representative

Key roles and responsibilities

- Devise ways to promote and recognise academic excellence
- Ensure that first years attend academic lectures during orientation week, and get sufficient clear information before getting their curricula approved
- Ensure that first years are familiar with RU Connected?
- Keep students up to date about academic events on campus (inaugural lectures, etc.)
- Coordinate follow-up discussion on 'RU Learning' for 1st years Manage informal residence mentoring programme

Key performance measurements

- Promote academic excellence by advertising resources and skills offered by the university i.e.

House Committee Portfolios

- study skills workshops, ADP classes and information about academic deans
- Set up informal peer study groups
- If your residence is participating in the Residence Mentoring programme: actively encourage participation by mentors and mentees
- Organise common room study area during exams

2. Community Engagement Representative

Key roles and responsibilities

- Planning community projects
- Leading, organising and controlling community projects

Key performance measurements

- Organise at least one community project per semester
- Maintain close liaison with Community Engagement Office
- Provide up to date information on relevant notice board and electronically
- At least 60% of residents are involved in a community project

3. Entertainment Representative

Key roles and responsibilities

- Plan, publicise and manage entertainment events in consultation with the House Committee, in line with the “Rhodes University Responsible Use of Alcohol Policy”.
- Be familiar with the Rules for Social Functions as set out by the Food Service Sections under the Residential Operations Division
- Liaise with the Hall Administrator in the Hall when planning on organising social functions
- Organising events which promotes gender-neutral activities and NOT heteronormativity, i.e. NO serenading practices

Key performance measurements

- Draw up a schedule of events before O-Week, including deadlines for functions.
- Planned events take account of diversity and affordability
- Notify House of events at least one week before the event.
- Using a roster system, organise set-up & clean-up teams for all events.
- Ensure that all event venues are returned to their original condition
- Event schedule includes non-alcohol based events i.e. movie nights, games evenings etc.
- Annual schedule for events is on the notice board and is up-to-date.

4. Environmental Representative

Key roles and responsibilities

- Promote environmental awareness and action within the residence/hall.
- Organise and oversee environmental projects/activities within the residence/hall.

Key performance measurements

- Promote environmental awareness and action within the residence/hall throughout the year.
- Ensure ongoing, efficient and effective continuation of residence water and waste projects/activities (see Environmental Rep Project Activities Guide), involving all residents.
- Organise at least one additional environment project (focusing on energy/sustainable travel/biodiversity/other - see Environmental Rep Project Activities Guide) during the year, and involve residents where possible.
- Participate in key environmental events on campus (see Environmental Rep Project Activities Guide), and involve residents where possible.

- Collaborate with other Environmental Reps in the hall.
- Report on projects/activities at least once a term at House Meetings, and once a semester - in writing - to the SRC Environmental Councillor and SHE Officer (see Environmental Rep Project Activities Guide).
- Hand over records of res projects/activities to incoming Environmental Rep before end of year exams.

5. Food Representative

Key roles and responsibilities

- Facilitating feedback between students and caterers
- Manage Kitchenettes
- Key performance measurements
- Put up “meal rating sheets” and ensure that they are submitted to Catering staff
- Prepare meal complaint forms and ensure that they are submitted to Catering staff
- Advertise availability to receive complaints.
- Ensure close liaison with Catering Staff
- Attend all food representative meetings

6. Student Networking Representative

Key roles and responsibilities

- Promote and Administer the residence network
- Liaise with the IT Department
- Key performance measurements
- Make sure that people are aware of Student Networking before end of first week of the first term.
- Any questions / problems about Student Networking are handled within a week
- Working with the Hall Administrator, ensure that the House website is updated by the end of the second week.
- Maintain good communication with the IT Department

7. Secretary

Key roles and responsibilities

- Perform secretarial duties
- Key performance measurements
- Up-to-date photographs of house recreational events are posted on the Hall Website
- Minutes from House Committee meeting are accurate and error-free
- Minutes are distributed to all members within one week
- Agenda for each meeting is drawn up and distributed beforehand
- Birthday cards are received by students before 09h00 on the day of their birthday

8. Senior/ Head Student (Hall)

Key roles and responsibilities

- To arrange Hall social functions
- Student representative and support

Key performance measurements

1. Arrange Hall functions
 - In consultation with the Hall committee, select a date for the hall social function
 - Consult all residents on preferred theme for the function
 - Establish and chair an organising committee
 - Draft budget for the event and ensure that it is closely followed
 - Assisted by the Hall Administrator, co-ordinate logistics such as venue booking, catering, décor, ticket sales, entertainment etc.

2. Student representative and support

- Attend all hall committee meeting to represent students' views
- Attend at least one house meeting for each residence in the hall every term to canvas ideas, hear complaints and report back
- Attend all Board of Residences meetings to represent the students of the hall

9. Senior/ Head Student (House)

Key roles and responsibilities

- To arrange purchasing of the Residence Top
- To arrange the House Photograph.
- Student representative and support
- Ensure that house comm. members fulfil duties
- Organise food for exam snacks
- House meetings

Key performance measurements

• **To arrange purchasing of the Residence Tops**

- Put up diagrams of available garment options
- Put up lists requesting garment preferences from House Members
- Receive sample of selected garment and circulate for confirmation
- Put up order forms before the end of SWOT week
- Have monies collected and final order placed with manufacturers by first week of the third term
- Ensure that final product is of suitable quality and distributed to buyers.

• **House Photo**

- Arrange a date with photographer and inform students
- Ensure student arrive on time and are dressed appropriately.
- Provide names of students to the photographer.

• **Student representative and support**

- Attend all hall committee meeting to represent students views

• **Ensure that house comm. members fulfil duties**

- After consultation with house comm. members, set up regular house comm. meetings
- Chair all house comm. Meetings and facilitate portfolio report backs from each member, ensure that they meet commitments
- Liaise with warden to inform them of critical issues and keep them apprised of house committee plans. In turn, any matters raised by the warden should be conveyed to the house committee

• **Exam Snacks**

- Inform students of the exam snack dates and times
- Ensure that the snacks are budgeted for in the annual residence budget
- Ensure that there are enough snacks (within reasonable limits) for the residence.

• **House meetings**

- Inform students of house meetings at least 48 hours in advance
- Chair all house meetings; prepare the agenda by canvassing residents for current issues to be discussed
- Ensure that all relevant matters raised and decisions taken at House meetings are reported at Hall comm. meetings.

10. Sports Representative*Key roles and responsibilities*

- Is responsible for the organisation of sporting events for the residence
- Acts as key liaison person for inter-residence sporting competition and encourages maximum participation from students in the residence
- Promote healthy lifestyle

Key performance measurements

- Attends all relevant meetings with Sports Admin and enters the residence for scheduled inter-res sporting events
- After consultation with the House Committee, advertises all planned sporting fixtures well ahead of time
- Students in the residence are made aware of and encouraged to participate in these events
- Ensures that notices and sign-up lists are up at least one week before the event
- Attends every inter-res sporting event
- Keeps records of participants in all inter-residence sporting events and in consultation with the Warden, present awards for participation to the most frequent participants at the Annual Residence Awards Evening.
- Submits all receipts for inter-res sport to the Treasurer within one week.

11. Treasurer*Key roles and responsibilities*

- Finance
- Prepare Financial Reports

Key performance measurements

- Makes financial accounts available to the House Committee
- Reports on finance at every House Meeting
- Liaises with all House Committee members to ensure they submit receipts within one week
- Liaises closely with Warden and Hall Administrator regarding financial matters.

12. SRC Hall Representative*Key roles and responsibilities*

- Liaison between Hall and SRC

Key performance measurements

- Each Hall Representative shall fulfil the functions as outlined in his or her Hall Constitution
- Make themselves known to members of the Hall, and encourage students to keep them informed of important developments in the Hall and of any matters causing unhappiness.
- Attend all Hall meetings and at least one house meeting per semester in each residence, and convey all information from the SRC promptly and accurately to these meetings.
- Attend all SRC Hall Rep meetings and convey all information regarding the Hall promptly and accurately to the SRC.
- Represent the SRC at functions and formal events in the Hall.
- Share with the Senior / Head Student the responsibility of representing the Hall at Student Forum meetings
- Update all notices pertaining to SRC activities in the Hall.
- Assist the Head / Senior student in organising functions and electing Hall office-bearers for the following year.
- Assist in organising the SRC elections.
- Assist in resolving disputes and/or conflict in the Hall before such matters need to be escalated to the Division of Student Affairs.
- Perform any additional function that the House/Hall Committee may determine.

13. Transformation Representative

Key roles and responsibilities


- To developing the self
- To drive a residence awareness raising programme
- Contributing to the development/ evolution of the broader institution's awareness raising programme

Key performance measurements

- Participating in leadership in transformation training.
- Participating in key issues in transformation training.
- Participating in other awareness raising seminars as invited by the E&IC Directorate.
- Using knowledge of the needs and cultures of their residence, design and implement an awareness raising programme for their residence. This could be a one activity a term programme.
- Devising means of linking the residence awareness raising programme to the annual institution wide awareness raising programme.
- Encouraging and enable the participation of members of their residence in the E&IC Directorate's awareness raising activities which in the main manifest the awareness raising calendar.
- Encouraging and enable the participation of members of their residence in the E&IC Directorates awareness raising activities which are linked to the orientation programme.
- Through sharing innovative ideas in spaces such as face to face meetings and the transformation representatives face book page contributing to the annual evolution of the residences' and institution's awareness raising programme.

Key Skills needed

- Creative thinking.
- Initiative taking.
- Reliability.
- Willingness to learn and grow.
- Co-ordinate transformation related activities in the residences with the focus areas such as:
 - Disability
 - Gender and Sexual Orientation
 - Human Rights incl. rape, sexism, etc.
 - Language and Culture; Racism and Class
- Communicate amongst students and with the hall leadership on any other pertinent transformation issues that may be relevant and of specific concern to that residence and/or hall.
- Facilitate interventions in the residences with the assistance of and in consultation with the office of Equity and Institutional Culture which may impact on the institutional culture of the residence and/or hall with regards to these transformation issues i.e. workshops, mentor programmes etc.
- To drive any other transformative programmes in residences which support an inclusive institutional culture and supports students to prosper in their chosen studies including hosting talks, discussions, sports or any other events.
- Co-ordinate transformation related activities in the residences with the focus areas such as
 - Disability
 - Gender and Sexual Orientation
 - Human Rights incl. rape, sexism, etc.
 - Language and Culture; Racism and Class
- Communicate amongst students and with the hall leadership on any other pertinent transformation issues that may be relevant and of specific concern to that residence and/or hall.

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 - To drive any other transformative programmes in residences which support an inclusive institutional culture and supports students to prosper in their chosen studies including hosting talks, discussions, sports or any other events.

Building relationships

Building relationships in the leadership team

Your primary colleagues in residence are your Warden and your fellow Sub-Wardens. You also need good relations with the House Committee. It is important to get along with those we work with for three reasons:

1. it improves overall efficiency
2. it makes life pleasant
3. it is very stressful when there is conflict in the workplace

What makes a good working relationship?

- Showing support and interest in others
- acknowledging and appreciating what they do
- being friendly, and occasionally offering to help
- being positive, light-hearted and creative
- being reliable and consistent
- showing that you keep your word and can be trusted
- showing that you care about justice and fairness
- doing whatever you undertake to do promptly, without being reminded
- being a good listener
- showing that you care about the feelings of others
- admitting when you have made a mistake or done something badly
- being willing to ask for help

Ten tips to relate well to your Warden

1. When s/he suggests a strategy or conveys a decision that you don't really think is a good one, voice your opinion objectively, express the reasons why, listen to the responses... and after debate, abide by the final decision.
2. Don't try to get too involved in his/her personal life: a polite interest is enough
3. Don't be over-anxious to please or praise the warden all the time
4. Do personal favours occasionally, within reason. But only if you want to.
5. Volunteer to help now and then.
6. Maintain a friendly, cheerful and open disposition
7. Avoid personal criticism of your fellow Sub-Wardens, unless the conversation is confidential and the criticism warranted
8. Be polite and respectful of the warden and their authority, especially in discussion amongst students
9. Be open to criticism from the warden, and respond positively if it is warranted
10. Show by your actions that you can be trusted and relied on

Your Roles and Responsibilities during Leadership Training

Your primary responsibilities are:

- Attend all sessions during the training and engage in discussions with your leadership team and Warden, focussed on how to apply what you have learned that day to your residence/Hall
- In consultation with the Warden, ensure the fair and appropriate allocation of rooms to students in your residence.
- Prepare the residence and draw up a roster to ensure that there are students ready to welcome first years and their parents throughout Saturday and Sunday.
- Familiarise yourselves with the first-year orientation programme, and put up clear notices to inform students of where to go throughout O-week.

Roles during Orientation Week

Roles and Responsibilities during Orientation Week

- Organise a walking tour for the students in your residence, showing them all large lecture venues, and other relevant campus buildings (including the Health Care Centre, Library etc.)
- Accompany first-year students to the VC's talk in the Monument
- All first years must attend the DRAMA PRODUCTION as per the schedule in the book: at least 3 students from the leadership team must accompany them to each of these shows.
- **Workshops:** you are required to arrange the programme for all the compulsory workshops/discussions for the students in your residence (check the programme for times and dates).

Workshops to cover but not limited to the following:

- Academic matters: RU Connected? (usually arranged by the Academic Rep);
- Academic Talks: usually with the assistance of your Hall Fellows;
- Institutional Culture;
- Transformation Conversations;
- Substance abuse;
- Sexual health;
- Intersectionality.

Planning & Presenting a Workshop

During Orientation week you will be required to plan, coordinate and run in-house workshops with all your first-year students. You will also be expected to hold follow-up discussions with them after the drama production.

The timetable for these workshops and discussions runs in a cycle, so it differs for various Halls of Residence. Please refer to the specific schedule for your Hall, and make a note of exactly when each of your workshops has been scheduled. It is important to follow the programme closely.

In planning your own presentations, we recommend that you give some careful thought to how each session is structured:

- Plan the input (who will give a lead-in discussion?). How will you make sure students participate?)
- Write down the discussion topics you want to cover (this manual contains a few suggestions for you)
- Preferably make copies so that all students have them
- Make sure you allocate your time well, so that all the important aspects are covered.

Wardens have been requested to check that the workshops in their residences do indeed run well, and that you utilize the full time allocated for each one. It is also part of the job requirements for sub-wardens to ensure that this happens, and House Committee members carry a strong responsibility, as elected officials, to make sure that they run successful and meaningful programmes, which have a genuine positive impact on students, and make them think carefully about these important issues and discuss them fully.

You will be establishing the foundations for on-going awareness-raising interventions that will be coordinated by the Office of the Division of Student Affairs, and you will be key agents in ensuring that we achieve attitude change and transform our young students into thinking, caring, responsible members of the Rhodes community.

A few tips to help you make your workshops a success

1. **The logistics:** when and where will the discussions take place? Is the venue suitable and large enough? Is the seating okay? What size will the groups be? Aim for a group of 10 or less. The bigger the group, the greater the risk that some people will be silent. How will they know where to sit? Will people be able to hear each other easily? Sitting in a circle is best. Get all these aspects sorted out well in advance.
2. **Know your audience:** ahead of time, think about who they are, what they already know and what they are expecting from you. They come from very different backgrounds, and you can't take too much for granted. Don't patronise them or talk "down" to them: open the discussion as equals, in which you make it clear that you respect their experience etc., and aim to draw on it during the discussions
3. **Help your audience know you:** Spend a little while introducing yourself to the group, and explaining (maybe) that you feel a bit nervous, but that you hope that the process will be mutually beneficial. Prepare the content: be clear on exactly what the aim of the workshop is, how you will structure it, how long each section is likely to take, etc. Take the trouble to write down the steps, and the specific questions you plan to discuss. In this booklet there are a number of helpful suggestions that are provided for each workshop: select from them those questions that you feel interested in, and have a back-up plan for what to do in case people don't respond as you anticipated. Please give some thought to what should happen after the workshop is over: will you drop the subject and walk away? What follow-up activities or conversations should take place?
4. **Start by explaining the purpose of the workshop:** what is the intention or focus? Is it achievable in the time-frame? Agree at the outset what the purpose is, and what it is 'not', so there are no false expectations. Also make it clear that you are well organised, and can be trusted and relied upon to deliver the goods! Make a verbal 'contract' with them, in which you undertake to do your best, in return for which you expect full and open participation from them.
5. **Time-keeping:** it is vital not to run over time, especially when there are competing events which put pressure on everyone. Give the assurance that you will complete the task in the allotted time-frame.
6. **And the outcome?** When discussing purposes (4 above), inevitably you should also touch on what outcomes are hoped for. Be realistic about these, and remember, they should revolve around the participants: what they will know, what they will be asked to think about, how they might change their behaviour as a result
7. **When it's over:** how will you know whether it worked? Consider giving a brief assessment sheet, asking for honest comment. It's important to evaluate both the content of the workshop and your own performance as a presenter.

Some techniques for workshopping

1. try role-playing, based on a scenario – it can be fun
2. use brain-storming to get responses to a questions
3. get students to work in pairs and report back
4. divide the groups into opposing groups, and get them to argue a case both ways.
5. lead a discussion with provocative questions (plan the questions carefully)
6. play a game
7. give a mini-lecture (not advisable, but ...)
8. draw on the experiences of individuals in the group
9. complete a questionnaire and compare results
10. arrange a panel-discussion from "experts"
11. run a quiz at the end – if the input was fact-based
12. assign pre-reading to aid discuss it

Conflict management

The DO's

- "contract" at the start to ensure that everyone knows that they have a shared responsibility to make the workshop a success
- try and get everyone talking
- keep the atmosphere positive, friendly and light-hearted: set the climate for an informal and frank discussion, which has a serious purpose
- respect differences of opinion and prevent anyone from being personally ridiculed etc.
- ensure that the discussion remains focussed on the topic
- have some back-up questions or activities prepared, in case the discussion doesn't work well
- Remind them of the benefits of the process
- Be flexible (within reason)

The DON'Ts

- don't give too much information
- don't drone on like a teacher
- don't run over time
- don't let one person monopolise
- don't allow the topic to drift

Conflict Management

What is conflict?

Conflict is a state of disharmony between incompatible persons, ideas or interests.

Due to the diverse population of South Africa (and more immediately at Rhodes and in your residences), conflict is an inevitable part of our lives, as the more we differ, the more likely conflict is going to occur.

Considerations in effective conflict resolution:

1. Your attitude
2. Preparation
3. Communication Behaviours
4. Problem-Solving Behaviours

Assertiveness is at the heart of effective Conflict Management

On an assertiveness scale, there are three types of behaviour:

1. Submissive or non-assertive behaviour
2. Assertive behaviour
3. Aggressive behaviour

How to be assertive

1. Be Honest – about what's relevant
2. Stick to your bottom line
3. Make it clear that you are negotiating as equals.

Conflict involving you personally

1. Analyse why you feel upset, and whether your behaviour might have played a role. Often it is partly your fault
2. If the fault seems to lie elsewhere, ask the other party if you can chat in private, setting a mutually convenient time and place
3. Try to do this as soon as possible


4. Prepare yourself ahead of the meeting: have the facts at hand, think through the conversation, think of alternative solutions, and try to feel positive about achieving an agreeable outcome. It may help to discuss the forthcoming meeting in confidence with a colleague whom you trust, and get their advice and input.
5. Start by describing the situation / problem as you see it and ask the other person to comment
6. Listen to the other person very carefully, nod and comment to show that you have heard and understand. Watch your body language, and don't raise your voice
7. Say something like "I hear what you are saying, but ..." and state your own point of view, expressing honestly what you think and feel. Avoid making any personal accusations: stick to the facts.
8. Make it clear what you agree with and what you don't agree with, and stay calm and patient – and repeat yourself if necessary.
9. If the person reacts angrily, tell them you understand they are angry, and wait for them to calm down, since anger will get in the way
10. Confront demeaning, racist or sexist behaviour firmly, and remind the person that you would prefer to have a dignified and mutually respectful meeting
11. Avoid any undignified behaviour which you would regret later on, such as shouting, crying, or patronising or derogatory remarks of any kind. If you feel things getting out of control, ask to meet again later
12. Aim for a win-win situation, in which each person can save face. State what you would like to see happen and negotiate for a mutually agreeable compromise, which isn't necessarily exactly what you wanted, but meets you half-way. Agree on an action plan and dates etc.
13. If all else fails, explore whether it would be useful to get a third party to help resolve the conflict, and agree on who this could be.

How to work comfortably with different groups in residence

- Show that you appreciate and enjoy cultural diversity
- Think critically about your own cultural background and explore why you are different
- Develop empathy for differences
- Permit and encourage others to form network groups.
- Avoid referring to people in terms of their "group" identity. Regard each person as an individual.
- Guard against stereotypes and unintended discrimination
- Avoid undignified communication

Third party intervention

1. **Ensure your acceptance as a mediator by both parties**
 - Ensure that you can be partial and objective and state this to both parties
 - Clarify your role: are you there to try and get the two parties to reconcile/agree or to decide on a binding verdict?
2. **Meet with each party separately**
 - Establish the nature of the conflict/complaint/dispute and what each party would like to see happen (or discuss concessions)
 - Be sure to clarify the perceptions of each party
 - Explore issues fully and encourage individual to be empathic (Do you have any idea how Sue may feel? What impact do you think your behaviour had on Sue? Does Nosipho agree with you on this?)
 - Establish "rules of discussion" and confirm your role
 - Check the facts if possible

- 
3. **Analyse the situation, identify causes of conflict and areas of common ground**
 - Identify what each party really needs
 - Meet again with each party separately, if necessary
 4. **Prepare for meeting with both parties**
 - Choose a neutral venue and a time when issues can be explored
 - Prepare your opening statement
 - Decide on who will go first (this is quite political so go carefully)
 5. **Call parties together**
 - State your role as mediator and confirm rules of discussion
 - State the case as you see it
 - Invite first party to make a comment
 - Ensure that there is understanding by both parties of what is being said
 - Emphasise commonalities
 - Limit your involvement as much as possible – encourage parties to talk to each other
 - Once both parties start to see the conflict as a mutual problem and accept their role in it, start to look at options – what can be done to solve the current problem and prevent it from happening again?
 - Brainstorm, focusing on “do-ables”
 - Agree on action and whether a review meeting is necessary

Harrassment

Harassment

What is Harassment?

Harassment is unwanted behaviour that is intimidating or demeaning and can include:

- verbal behaviours e.g. abusive or offensive comments;
- threats of reprisal (such as not receiving good marks) for not co-operating with sexually-oriented requests;
- the promise of a reward (higher marks) for submitting to a sexually-oriented request;
- non-verbal behaviours such as offensive gestures or posters;
- physical behaviours such as unwanted and intrusive touching (extreme forms include assault and rape).

All Staff and student harassment will be reported to the Manager: Anti-Harassment & Discrimination.

Once the complainant has reported the incident/experience of any form of harassment, three options can be considered. The complainant will be asked to select the option that he/she prefers in order to resolve and or address the harassment.

The options available to the complainant

- **Consultation:** Report the incident for record purposes or for any possible intervention as determined by the complainant's preferred scenario.
- **Mediation:** The complainant will choose a mediator of his/her choice from the list of RU trained mediators. The Manager: Anti-harassment & Discrimination will arrange the mediation process with all parties concerned. This option can only be selected if both parties agree to mediation.
- **Disciplinary Action:** If the alleged perpetrator is a student, the matter will be referred the office of Legal and Risk Services which houses the Student Disciplinary Department (Manager Legal and Risk Services), if a student complainant chooses a disciplinary process.

The ultimate decision to prosecute or not is made by the Prosecutor and is based on the merits of the complaint, although the wishes of the complainant are taken into account. The contact details for Legal and Risk Services is: registrar@ru.ac.za . Note that confidentiality will be highly observed.

If safety is a concern

- A no contact order can only be issued by the Vice Chancellor.
- Alternatively, the complainant can apply for a Protection Order at the Magistrates Court.
- Or contact the Anti-Harassment Office, Room 337, Steve Biko Building or Tel: 046 603 7515/8187 or email z.mkhize@ru.ac.za .

The Counselling Centre deals with all types of harassment amongst students, including sexual, racial, and political, as well as harassment based on an individual's sexual orientation or religious beliefs. If a student is being harassed, they should discuss it with their Warden, and then contact the Counselling Centre (in the first instance), a Psychologist nominated by the Counselling Centre as Acting Harassment Officer will assist them in deciding how they wish to proceed. Options include:

- A meeting with the Acting Harassment Officer and the accused to see if the matter can be sorted out informally and amicably. No penalty is involved;
- A formal mediator can be appointed to mediate the case. No penalty is involved;
- The matter can be referred to the University Prosecutors and formal disciplinary procedures can be followed. If the individual is found guilty, the University will determine the penalty;
- Criminal charges may be laid with the SA Police. All complaints of harassment are treated in the strictest confidence. Students must be assured that the University will endeavour to support them in their chosen course of action.

The Division of Student Affairs works very closely with the student to ensure that they are 'protected' throughout the process and that beneficence and non-maleficence are core values. The Division of Student Affairs office has the students' interest at heart. The Vice Chancellor is supportive of the above mechanisms.

The student is referred to Counselling and receives support throughout.

Contact: (046) 603 8181 or studentaffairs@ru.ac.za

Mediation

What is Mediation?

Mediation is an alternative method to dispute resolution.

Alan Nelson's 5 Golden Rules of mediation

1. It is a voluntary process and no one can be forced to take part in the process
2. It takes place on a strictly confidential basis and everything said during the process is 'off the record'
3. Mediation is without prejudice
4. The mediator must assist the parties to listen to each other and show empathy
5. The parties have to arrive at a solution themselves and this solution must be acceptable to both parties.

Social Issues

Psychological Stress

This section will assist you to answer questions that may arise during the course of the introductory workshops. They relate broadly to STUDENT SERVICES available at Rhodes.

There are a multitude of causes for psychological stress and each cause has many ways of manifesting itself. As House Committee members you are NOT expected to act as counsellors or psychologist. This workshop is designed to enable you to work with the students in your residences in identifying students in distress (which may have any number of causes), and then to assist those students to access the support services offered by the University, including, but not limited to the Counselling Centre. The following focus areas are common stressors, and the information provided should assist you to give students an idea of what to look for and how to cope with a range of potential problems.

Suggested points for discussion:

You notice that the girl/ boy next door to you hasn't been around much lately. S/he seems to be sleeping a great deal, and strikes you as very lazy and lethargic. What, if anything, should you do?

You notice that a fellow first year is getting extremely thin, although they seem to eat a fairly large amount of food in the Dining Hall every day. Someone has recently stolen an entire chocolate cake from the shared residence fridge, and you notice tell-tale crumbs outside the student's door. What's going on, and how should you intervene?

One of your friends sends you an sms to say they have just taken an overdose of sleeping pills, and it's "goodbye". How should you respond?

You suspect that your good friend has anorexia nervosa, and you want to help her but she denies that she has a problem. How do you take the matter further?

You go to the bathroom and there you discover a student from your res whom you don't know very well who is obviously bleeding vaginally, crying and deeply upset. When you ask what is wrong, she blurts out to you that she has just been raped by her boyfriend while he was visiting her in her room, right next door to your room. She doesn't want anyone to know, and he is still in her room, waiting for her to 'clean herself up'. What is the right thing to do?

Your lecturer starts making suggestive and offensive remarks to you whenever you pass him in the Department or in town. You feel very uncomfortable about this, and become increasingly anxious and worried. How should you handle the matter?

Causes of psychological stress:

Depression

The symptoms of depression vary from person to person. Although everyone feels down at times, some people describe depression as a heavy black blanket of misery that falls over their lives. People might feel like they have no energy and cannot concentrate, while others feel irritable most of the time. If you have felt sad or down for more than two weeks, and these feelings are negatively interfering in your life, you may be depressed. Most people with depression do not seek help, even though the majority will respond to treatment. Getting help for depression is vital because it affects you, your family and friends, as well as your work. It is also important to seek treatment because in severe cases depression can be life threatening as suicide can be a possible outcome.

What causes depression?

Depression often occurs as a result of a combination of factors rather than from one single cause. Depression is not simply a “state of mind”. It is also related to physical changes in the brain, resulting from an imbalance of chemicals known as neurotransmitters.

Common features:

Family history. There is growing evidence that depression can have a biological basis. It is known to be more common in individuals with close relatives who have been affected.

- Trauma and stress. Life events such as relationship difficulties, the death of a loved one, financial problems, lack of social and emotional support, and events requiring significant psychological adjustment (such as a career change, getting married, or coming to university) may contribute to depression.
- Pessimistic attitude towards life. Individuals with low self-esteem, or who have a tendency to view them-selves and the world around them in a negative manner are at a higher risk for depression.
- Medical conditions. Some medical conditions, such as heart disease, HIV, hormonal disturbances, and cancer, may contribute to depressive feelings. Similarly, depression may influence an individual's physical well-being, and play a detrimental role when there is already a pre-existing medical condition. In some cases, depression can be caused by medications used to treat medical conditions.
- Other psychological conditions such as anxiety disorders, eating disorders, schizophrenia and substance abuse may place an individual at risk for depression.

Signs of depression

Anyone who feels down nearly every day for weeks or months may be clinically depressed. Depressed individuals may experience:

- On-going feelings of sadness, irritability or tension
- Decreased pleasure or interest in usual activities
- Feeling of lethargy or loss of energy
- Change in appetite, resulting in weight loss or weight gain
- Change in sleeping pattern, sleeping too much or too little
- Restlessness or feeling slowed down
- Difficulty with making decisions or concentrating
- Feelings of worthlessness, guilt or hopelessness
- Thoughts of suicide or death
- Diminished interest in sex

Who gets depression?

Although depression may make you feel alone, many people suffer from depression during their lives. It can affect anybody, although its effect may differ according to your age and gender.

- Women – are more than twice as likely to become depressed as men. The higher risk may be partly due to hormonal changes. It has also been hypothesised that women are more likely to talk about feelings of sadness, and seek help when necessary.
- Men – although their risk of depression is lower, men are less likely to seek help than women. They may show some of the typical signs of depression, but are more likely to be angry and hostile and mask their condition, sometimes with alcohol or drug abuse. Men who are depressed are particularly at risk for suicide, and they are more than four times more likely than women to kill themselves.

What treatments are available?

Friends and family can offer a great deal of support for individuals who suffer from mild cases of depression. Someone who is willing to listen and ask concerned questions can make a big difference. However, even the most caring and patient companions can find themselves frustrated when depression is more severe. It is important to seek professional help.

Psychologists and psychiatrists are professionally trained to recognise and provide therapeutic support for people suffering with depression. Some people prefer to first consult their medical practitioner. While each speciality has its own perspective and expertise, it should be remembered that practitioners of all kinds have experience in dealing with depression, and can refer to others when necessary.

Counselling or psychotherapy can provide insight into the depression, emotional support, and address negative patterns of thinking. Group therapy can be a particularly effective form of treatment for depression.

Psychologists may help individuals to make changes in difficult life situations. With the individual's permission, they can set up meetings with friends or parents to explore ways of resolving a crisis. Depressed individuals who are at risk of killing themselves may need to be in hospital temporarily. While this is often seen as a drastic measure, it can be life-saving, and it may allow effective treatment to begin.

Antidepressant medications work for many people. They can make you feel better, either improving or completely removing your symptoms. Many studies, however, have shown the benefits of combining medication with counselling or psychotherapy which will provide insight to the feelings you are experiencing, and offer emotional support for you.

If you are taking antidepressant medication, here are some important tips for you:

Be patient, antidepressants may take some time to work. You may start to feel better within a few weeks; however the full effect of the medication may not be experienced for several weeks.

When starting antidepressant medication, or increasing or reducing your dose (following your doctor's recommendations), it is important to know that you may experience a sense that the depression is worsening, or that you are feeling more hopeless than previously. You may experience anxiety, agitation, panic attacks, insomnia and irritability during this initial period. Although these symptoms almost always disappear within the first 2 to 3 weeks of treatment, they can be very unpleasant. It is essential that you report any of these symptoms to your doctor or psychologist.

Follow your doctor's instructions. It is important to keep taking your antidepressant for as long as your doctor recommends. This can help to lower the chances of becoming depressed in the future.

Stopping the medication abruptly may cause some potentially serious side effects. If you are thinking about stopping your medication, only do so once you have discussed this with your doctor.

Antidepressants may cause side effects and interact with foods and other medications. Tell your doctor about any medical conditions you have and about other medicines you are using. Notify your doctor immediately if you experience any side effects.

Tips on managing psychological distress:

- **Get some exercise**

Physical activity can help reduce stress. Spend some time doing enjoyable physical activities.

- **Take time out**

Give yourself short breaks during times of the day that tend to be stressful. A few moments of quiet time might help you feel better prepared to handle what's ahead without getting overly stressed.

- **Use humour to release tension**

Lightening up can help manage stress/anxiety. Use humour to help you face what's making you stressed and remember to have realistic expectations for the day.

- **Practice relaxation skills**

Practice deep-breathing exercises, imagine a relaxing scene, or repeat a calming word or phrase, such as, "Take it easy." You might also listen to music, write in a journal or do a few yoga poses — whatever it takes to encourage relaxation.

- **Talking to friends/ loved ones**

Talk to your friends in digs or res to support each other and / talk to your loved ones.

- **Know when to seek help**

When all the above seems to not be helping do not hesitate to seek professional help.

The Counselling Centre is at the top floor of the Steve Biko Building. You can make an appointment by going to the Counselling Centre or email counsellingcentre@ru.ac.za or phone 046 603 7070 if professional help is needed. The after-hours number is available from 4.30 pm until 8 am the following morning, and over the weekends 24/7. The contact number is 010 205 3068.

Additional resources are:

- SADAG (South African Depression and Anxiety Group)
- SADAG Suicide Crisis Line – 0800 567 567
- SADAG 24 hour helpline – 0800 12 13 14
- Life Line Eastern Cape, Port Elizabeth 041 373 8666

Suicide

It's 3:00 in the morning and you have just fallen asleep after studying for your exam. The telephone rings and your best friend is on the other end. Words that you never thought you'd hear come piercing across the line ... "I just can't do it anymore! The pain is too much to continue living... I know that I have got to end it – I must kill myself!" You instantly feel the adrenaline surge through your body. With trembling hands and sharpened senses, the question looms through your mind: "What do I say... what should I do!"

A suicidal crisis is very difficult to deal with. It is usually unanticipated and requires the helper to mobilize a variety of skills and resources.

Following is a list of suggestions should you face the challenge of dealing with or preventing a suicide attempt.

Firstly, call your Warden. If the person is under the influence of drugs or alcohol, or if an attempt is imminent:

1. **Call an ambulance 010 205 3068.** The person requires medical and psychological intervention as soon as possible.
2. **Call the CPU (0466038146/7)** if the student is behaving in a manner which is difficult to control or which might be placing his or her life, or your life, in danger.
3. **Call your Warden as soon as possible.** You need all the help you can get and your Warden

- will have access to all relevant medical aid details for the student in crisis.
4. **Call the Rhodes Psychological Emergency Number at 010 205 3068.**

If the person forbids you to call, is angry about it, or upset, you must call anyway. If the person has indicated that they are feeling hopeless or are thinking about suicide, or “ending it all”:

1. Take the person seriously. Many people have taken their lives when people thought their statements about suicide were “manipulative” or person was being “melodramatic” or it was “just a cry for help”. While it is true to say that there are times when a person is being manipulative, it is best to err on the side of caution.
2. Don't panic. Keep your voice calm and matter-of-fact.
3. Encourage the person to discuss what prompted “death” thoughts. The more the person is able to talk about the specific details of the experience, the better he or she is able to understand the source of the crisis. Once a source is delineated, a course of action and intervention can be developed.
4. Elicit the person's feelings. Expressing emotions is a way for the person to vent frustrations while securing validation and support. Common probes and statements include; “how did you feel when that happened” or “I would have felt hurt if that happened to me”.
5. Use the term “suicide”, “kill yourself”, and “suicidal plan” when talking about the threat. Oftentimes, people contemplating suicide envision the process from a distorted perspective. It may be even seen as a passion 'romanticized' escape....a solution without notable consequences. Using these terms can bring the person into a sharper reality focus while enabling the helper to determine if a plan is in place. If the person has a reasonable plan to carry out the threat to end his or her life, the cry for help is more serious and warrants careful attention.
6. Assist the person in defining alternatives and options. Those who are contemplating death do not see life as having positive alternative solutions. Highlighting the fact that death is a permanent solution to a temporary problem can impart hope. Alternative solutions are available. With assistance, the person in crisis can have the option to select the best solution for the situation.
7. Involve professional resources as needed. Trained professionals can assist the person in crisis to deal more effectively with the problem and work to instil hope again. The challenge may be cultivating a sense of trust to include an outside person. In many cases, the suicidal person wants the helper to maintain confidentiality. It is important to emphasize that he or she came to you because of trust and confidence that you care to do the right thing. Encourage the person in crisis to value your decision to involve a professional counsellor if needed.
8. Talk with someone after the crisis is over. Taking the time to share what it was like to be in the stressful situation is important. Venting your feelings and decision processes is crucial to re-stabilizing after your adrenaline surge. In addition, you may find yourself feeling 'guilty' or 'inadequate' for securing outside help. Remember that by bringing other helpers into the situation your intention was not to betray a confidence, but to save a life.
9. Realise the limitations of your responsibility. There are a number of ways to offer assistance in a crisis. Some include connecting the suicidal person with a crisis line counsellor, accompanying the person to a counselling centre, making an appointment with a psychologist, notifying his or her parents, or calling the police. If you have taken substantial measures to prevent someone from committing suicide and the suicidal person re-fuses help options, there may be nothing more that can be done. Anyone who is determined to end his or her life will find a way. Your responsibility as a friend or associate is to assist, support, and possibly refer. Once you have care enough to incorporate all resources humanly possible, your responsibility as a fellow human being ends.

If you currently know of someone dealing with suicidal thoughts, you are encouraged to consult with a professional psychologist in your area. Your Warden is available to assist you, or you could go to the Counselling Centre at Rhodes. The Counselling Centre can be contacted at (046) 603 7070 during office hours (08h30 – 17h00). If you are dealing with a psychological crisis after hours, please call the Crisis Line at 010 205 3068.

Eating disorders

The term “eating disorders” refers to a group of problems within two main categories – overeating (binging) and under-eating (anorexia). These disorders, such as anorexia, bulimia and binge-eating disorder, involve extreme attitudes and behaviours surrounding weight and food issues. While each eating disorder involves a preoccupation with weight and food, the problems involve much more than simply food. These illnesses have a biological basis, but are also influenced by psychological, interpersonal, and cultural factors.

Eating disorders must be distinguished from eating problems and dieting. Eating disorders can cause very serious medical problems, and may be life threatening. Individuals who suffer from an eating disorder experience marked psychological distress associated with concerns about weight and body shape, and the eating disorder interferes with day-to-day responsibilities and pleasures.

These disorders involve extreme dissatisfaction and preoccupation with body size and shape, and individuals may regard themselves as overweight when their weight is actually lower than normal, or they may measure their self-worth by their weight. Individuals with eating disorders may experience overwhelming feelings of self-loathing about large amounts eaten and panic about possible weight gain. In addition to over-eating or under-eating, individuals engage in compensatory behaviours such as purging (self-induced vomiting or inappropriate use of laxatives, enemas, or diuretics), fasting, excessive exercise, and restricting calories or food types.

People with eating disorders may experience a sense of shame about their thoughts and behaviour, and may work hard at keeping the problems secret for many years. It is essential that these disorders are recognised and properly diagnosed in order to guide an effective treatment process.

Although women are more prone to developing an eating disorder, men are also at risk.

Other characteristics of anorexia include:

- In women – absence of menstrual periods for at least three months
- In men – decrease in the level of male sex hormones
- The person denies the dangers of low weight
- Person reports feeling fat even when very thin
- Emotional features such as depression, irritability, or withdrawal,
- Peculiar behaviours such as compulsive rituals, strange eating habits, division of food into “good/safe” and “bad/dangerous” categories

Characteristics of bulimia may include:

- The person may vomit, misuse laxative, exercise excessively, or fast to compensate for the excessive intake of calories
- When not binging, the person often diets, then becomes hungry and binges again
- The person strongly believes that a sense of self-worth requires being thin
- Weight may be normal or near normal

- Although the person may seem cheerful, they may feel depressed, lonely, ashamed, worthless, and empty inside

Binge-eating disorder

This disorder is sometimes referred to as “stress eating” or “emotional overeating”. It is characterised by compulsive overeating, usually in secret and without purging, followed by guilt or remorse for the episode. It is estimated that up to 40% of people with obesity may be binge eaters. The term “binge eating disorder” was officially introduced in 1992. Unlike non-purging bulimia, there is no attempt to “compensate” for the binge by fasting or over-exercising.

What can I do if I know someone who may have an eating disorder?

- You cannot force someone to seek help, change habits, or adjust attitudes
- But you can make progress through honestly sharing concerns, providing support, and knowing where to go for information
- Learn as much as possible about eating disorders
- Know differences between facts and myths about weight, nutrition and exercise
- Be honest about your concerns
- Be caring but firm
- Compliment your friend's personality, successes and accomplishments
- Be a good role model
- Speak to a professional

Treatment of eating disorders

Eating disorders can be physically and emotionally destructive. It is essential that people with eating disorders seek professional help as early intervention can significantly enhance recovery. Recognition of the eating disorder is often difficult, as people with the illness are often in denial or embarrassed. People with anorexia often do not know there is a problem with their behaviour while people with bulimia may be aware of the problem, but hide their behaviour. Family, friends, or health care professionals are often the people who recognise the problem.

The most effective treatment for an eating disorder is counselling or psychotherapy accompanied by medical and nutritional supervision. Treatment may be a long process. Unlike other forms of addiction or habit involve total avoidance of the banned substance, eating is necessary for survival and thus the management of eating disorders can be complicated. It is important to note that treatment is available and recovery is possible.

Substance abuse

Some facts about drugs and alcohol

1. Alcohol

General: Drinks vary in the percentage of alcohol present, from beer and wine, which contains anything up to 5-15 % alcohol by volume, depending on brand, to spirits such as Stroh Rum, which contains 80% alcohol. The concentration is published on the packaging.

Immediate effects: Distorted vision, hearing, and coordination, altered perceptions and emotions, impaired judgement, euphoria, dehydration, nausea and vomiting as well as bad breath and hangovers. In large amounts can cause loss of consciousness, coma and sometimes death.

Long-term effects: Loss of appetite, vitamin deficiencies, stomach ailments, skin problems, sexual impotence, liver damage, heart and central nervous system damage and memory loss. Alcohol can cause major neurological damage.

2. Drugs

- **Cannabis** (Marijuana, Dagga, dope, herb, zol, joint, grass, weed, pot, ganja)

- **Appearance:** dried herb or resinous block.
- **Ingredients:** From *Cannabis sativa*, a plant containing chemicals that affect the brain.
- **Immediate effects:** Euphoria, relaxation and pain relief. Increases pulse and appetite, reduced blood pressure, dizziness and memory loss.
- **Long-term effects:** Around 1 in 10 cannabis users have unpleasant experiences, including confusion, hallucinations, anxiety and paranoia. The same person may have either pleasant or unpleasant effects depending on their mood and circumstances. These feelings are usually only temporary – although as the drug can stay in the system for some weeks, the effect can be more long-lasting than users realise. Long-term use can have a depressant effect, reducing motivation. There have also been suggestions that cannabis may interfere with a person's capacity to: concentrate, organise information and use information. This effect seems to last several weeks after use, which can cause particular problems for students.

There is growing evidence that people with serious mental illness, including depression and psychosis, are more likely to use cannabis or have used it for long periods of time in the past. Regular use of the drug has appeared to double the risk of developing a psychotic episode or long-term schizophrenia. Over the past few years, re-search has strongly suggested that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability. It seemed that, the more cannabis someone used, the more likely they were to develop symptoms.

So, it also seems probable that nearly half of those diagnosed as having cannabis psychosis are actually showing the first signs of a more long-lasting psychotic disorder, such as schizophrenia. It may be this group of people who are particularly vulnerable to the effects of cannabis, and so should probably avoid it in the future.

It has some of the features of addictive drugs such as: tolerance – having to take more and more to get the same effect and withdrawal symptoms. These have been shown in heavy users and include: craving; decreased appetite; sleep difficulty; weight loss; aggression and/or anger; irritability; restlessness; strange dreams.

These symptoms of withdrawal produce about the same amount of discomfort as withdrawing from tobacco.

For regular, long-term users: 3 out of 4 experience cravings; half become irritable; 7 out of 10 switch to tobacco in an attempt to stay off cannabis. The irritability, anxiety and problems with sleeping usually appear 10 hours after the last joint, and peak at around one week after the last use of the drug. Compulsive use is also common where the user feels they have to have it and spends much of their life seeking, buying and using it. They cannot stop even when other important parts of their life (family, school, work) suffer. You are most likely to become dependent on cannabis if you use it every day.

- **Cocaine**

- **Appearance:** White crystalline powder.
- **Ingredients:** Made from the leaves of the coca shrub.
- **Immediate effects:** Increased confidence, heightened sexuality, dry mouth, sweats, loss of appetite, increased heart rate, anxiety, death from respiratory or heart failure (very rare).
- **Long-term effects:** Nausea, insomnia, hyperactivity, weight loss and paranoia may develop. Damage to nasal membranes.

- **Crystal Meth** (Speed, amphetamine; ice; crystal, crystal meth; bennies, uppers and 'tik')
 - **Appearance:** Crystals, chunks, tablets, capsules, or powder, white to off-white or yellow in colour.
 - **Ingredients:** The active ingredient in speed is methamphetamine, though it often contains other ingredients like chalk or flour as a base.
 - **Immediate effects:** Increased energy, euphoria and alertness and decrease in appetite and fatigue. With speed, many people feel very confident and alert. Also produces increased blood pressure and heart rate, sweating, anxiety, irritability, insomnia, paranoia, and sometimes even psychosis. Coming down off of speed or “Crashing”, usually involves total physical and mental exhaustion, including deep mental depression.
 - **Long-term effects:** Extreme weight loss, depression and brain and organ damage as well as amphetamine psychosis, which results in symptoms of paranoia, anxiety and distortions of perception, fear of harassment, and hearing voices.

Warning: When used in combination with Ecstasy, crystal meth can cause body temperature to soar, causing overheating, and putting strain on the heart especially. DO NOT mix the two.

- **Ecstasy** (X-TC, Pill, E)
 - **Appearance:** capsules (any colour) or pills
 - **Ingredients:** There are about 55 types of Ecstasy available at the moment, all varying in strength and about 80% are mixed with other dry ingredients, including strychnine, pool acid, starch, sugar, chalk, diazepam, Ketamine, ephedrine and powdered heroin.
 - **Immediate effects:** Euphoria and feelings of wellbeing; tight jaw; nausea; sweating and dry mouth, increased blood pressure and heart rate, overheating and dehydration or over-hydration.
 - **Long-term effects:** Reduced immunity, memory loss, depression and mental health problems.
- **Heroin** (H, brown sugar, horse, smack)
 - **Appearance:** Pure heroin is a dusty brown colour, while very refined heroin is pure white.
 - **Ingredients:** Made from the opium poppy.
 - **Immediate effects:** A rush in seconds if injected, in 10 to 15 minutes if snorted or smoked. Euphoria followed by drowsiness, clouded mental function or stupor, decreased respiration and heart beat, plus feelings of well-being for 4 to 6 hours. There is a flushing of the skin, dry mouth, watery eyes, runny nose and heaviness in extremities plus nausea, vomiting and severe itching.
 - **Long-term effects:** Severe addiction and withdrawal, collapsed, scarred veins, bacterial infections, infection of heart lining and valves, abscesses or boils, arthritis or other rheumatologic problems, liver and kidney diseases, increased risk of pneumonia and TB and other infectious diseases, increased risk of contracting HIV.
- **LSD** (Acid, A, Microdot, tab)
 - **Appearance:** A liquid, on its own or on printed paper cut into tiny squares. It is also available in a highly concentrated granule, approx. the size of the head of a pin known as a micro-dot.
 - **Ingredients:** originally derived from wild fungus.
 - **Immediate effects:** Heightened senses, intensified colours, distorted shapes and sizes, movement in stationary objects, time lengthening. Hallucinations begin after about 30 minutes and may last up to 20 hours.
 - **Long-term effects:** No evidence that it leads to physical dependence or overdose (though people have died in accidents under the influence).

- **Methcathinone** (KAT, CAT, khat)

- **Appearance:** White crystalline powder.
- **Ingredients:** made from the shrub *catha edulis* which contains Cathinone, more commonly synthesised using Methcathinone.
- **Immediate effects:** Feelings of euphoria, stimulation, heightened awareness, increased confidence, alertness and energy. However some medical research suggests that concentration and judgement are actually impaired. Increased aggression and inhibited appetite. Long comedown period with depression and mood swings are common.
- **Long-term effects:** Regular powder use damages the sinuses, dependency, amphetamine psychosis, which is similar to schizophrenia and includes paranoia and panic attacks, delusions, auditory illusions. In the worst case, the psychological damage is permanent and the only treatment is lifetime use of antipsychotic prescription drugs.

- **Magic Mushrooms** (Shrooms)

- **Appearance:** small packet of dried vegetable matter, mainly grey in colour, with bluish and brownish bits, looking a bit like tree bark. It is often broken into small pieces, or sometimes ground into a grey powder.
- **Ingredients:** can be one of several species of mushroom, most commonly one of the following: *Stropharia (Psilocybe) cubensis*, *Panaeolus sphinctrinus*, *subbalteatus (benanosis)*, *Psilocybe baeocystis*, *caerulescens*, *cyanescens*, *mexicana*, *pelliculosa*, *semilanceata*, *stuntzii*.
- **Immediate effects:** usually lasts around six hours and are similar to LSD, but are often described as “more natural” and “organic”. Visual and mental hallucinations occur. Visual distortions, especially seeing abstract patterns with eyes closed, and patterns in the arrangement of objects with eyes open. There can be regression to a childish or childlike state. Side effects include nausea during the early stages, and loss of co-ordination.
- **Long-term effects:** No proof that long-term moderate use causes lasting damage.

- **Acquaintance Rape Drugs**

In recent years a new kind of rape threat has reared its ugly head at parties and in bars and nightclubs: so called “predator” or “acquaintance rape” drugs. These drugs are easily slipped into drinks and food and are very fast acting. They render the victim unconscious but responsive with little or no memory of what happens while the drug is active in their system. The drugs also make the victim act without inhibition, often in a sexual or physically affectionate way. Like most drugs, acquaintance rape drugs render a person incapable of thinking clearly or of making appropriate decision. This makes for a very passive victim; one who is still able to play a role in what is happening but who will have no clear memory of what happened after-




the-fact. Without any memory of events the victim is often unaware that they have even been raped, and if they are aware or have suspicions they make very poor witnesses.

The drugs (a typical example is Rohypnol or GHB) are virtually undetectable, because they are tasteless, odourless and colourless. All traces of the drugs will leave the body within 24 hours of ingestion and are not found in any routine toxicology screen or blood test - doctors and police have to be looking specifically for them and they have to look quickly!

How do you know if you have fallen victim to a rape using an acquaintance rape drug?

It is difficult, but not impossible. First, there are some very clear signs that sexual activity has taken place even if you have no memory of actually “doing it.” (It is important to note here that if



you have had sex but cannot re-member doing it or offering consent you have been raped under the law, whether an acquaintance rape drug has been used or not.) Signs that a sexual assault has taken place can include; soreness or bruising in the genital area, soreness or bruising in the anal area, bruising on the inner and/or outer thighs, bruising on the wrists and forearms, defensive bruising or scratching (the kind that would occur during a struggle), used condoms near you, and traces of semen or vaginal fluids on clothes, body or nearby furniture. Since people who have been slipped an acquaintance rape drug appear to others to be very intoxicated, an extremely reliable sign that you have been raped using an acquaintance rape drug is gossip from others about your behaviour.

Other clues that an acquaintance rape drug may have been given to you include: feeling “hung-over” despite having ingested little or no alcohol, a sense of having had hallucinations or very “real” dreams, fleeting memories of feeling or acting intoxicated despite having taken no drugs or drinking no alcohol, no clear memory of events during an 8 to 24 hour period with no known reason for the memory lapse. Short of being told that you have been given a date rape drug, there is no way to be sure without medical testing.

If you suspect that you have been given an acquaintance rape drug you need to get to a hospital quickly and you must request that you be properly tested. The drugs can be found in your system if you act quickly. If you suspect that you have been raped using any one of these drugs go to a hospital and request a preliminary rape exam with testing for acquaintance rape drugs. This is the only way to know for sure.

Protecting yourself from acquaintance rape drugs

Always follow these simple rules:

- Don't accept open drinks (alcoholic or non-alcoholic) from others who you do not know or do not trust; this includes drinks that come in a glass. Only accept drinks in closed bottles or cans.
- When in bars or clubs always get your drink directly from the bartender and watch your drink until it gets to you; don't use the waitress or let somebody go to the bar for you.
- Never leave your drink unattended
- Do not drink from open beverage sources like punch bowls.
- Keep your eyes and ears open; if there is talk of date rape drugs or if friends seem “too intoxicated” for what they have taken, leave the party or club immediately and don't go back!

Alcohol on campus

The University has a responsible use of Alcohol policy and the Rules for Social Functions. Both documents is available from the Hall Warden.

Aspects pertaining to residences:

- No function (including Hall and inter-Residence functions) which involves the consumption of liquor may be held during Orientation Week and the first ten days of the first term without the Vice-Chancellor's permission.
- In Residences, only wine, beer and cider may be served at special functions, usually only twice a term, and only with permission of the Hall Warden and when Wardens are in Residence.
- Students are permitted to have only beer, cider, wine or fortified wine in their rooms.
- Wardens, Sub-Wardens and house committees must repeat advice about the misuse of Alcohol during the course of the year.

- The University community will encourage events which promote “low-risk” social drinking and give special support to alcohol-free events in terms of provision of venues and resources
- Hall Wardens, Wardens and Sub-Wardens will actively seek to arrange social events where no alcohol is available.
- All social events on campus must provide suitable non-alcoholic refreshments for students.
- The Registrar's permission must be obtained to serve alcohol at any official University event (including all society's evenings) other than Hall and Residence functions, which must be approved by the Hall Warden.
- Drinking in public on campus is prohibited unless part of a Hall/House function.
- Residence pubs may not sell alcohol; they only store it for students who have bought it in advance.
- Residence bars are permitted to operate only at restricted times in Halls which allow such pubs to operate, and are run in terms of the signed agreement with the Hall Warden, closely supervised by the Hall and House Wardens, and only the residents of a particular House/Hall may participate in the pubs.
- Drinking clubs of any kind involving students on or off campus are expressly prohibited.
- Events involving rapid and/or excessive consumption of alcohol are forbidden, and all SRC societies are forbidden from holding such events both on and off campus.
- Non-alcoholic drinks, and food, must be served / on sale at all events and venues where alcohol is served
- No glass is permitted in areas of the campus which are declared glass-free zones, including all sports fields.
- Functions which encourage rapid and/or excessive consumption of alcohol will not be permitted.
- Prizes may not take the form of large quantities of alcohol (e.g. cases of beer).
- Adverts may not portray alcohol as necessary to social or sexual success.
- Special training workshops should be held regularly on alcohol-linked problems and the value of brief interventions.
- Students worried about their own use or another person's use of alcohol are encouraged to seek confidential assistance on or off campus.
- Students appearing before Residence disciplinary authorities and Proctors for disciplinary offences which are alcohol related are strongly advised to seek confidential assessment and counselling.



Materials in this section will assist you in drawing up the workshop contents for the workshop on substance abuse.

Rhodes University DOES NOT condone the use of illegal narcotics. Possession of illegal narcotics is an offence under the Student Disciplinary code, which if found guilty, could result in exclusion from Rhodes University.

Workshop ideas:

In presenting this workshop, the idea is to get students talking about the dangers of substance abuse, and to make them aware of the signs that their friends may well be abusing alcohol or drugs. We suggest that you start by going through the quiz below, and ask different members of your House Comm. to be ready with the answers and with some of the facts provided in the sub-sections below. Then draw on some or all of the discussion points in the shaded area below.

Remember: this is NOT a lecture on pharmacological characteristics of each specific drug. You want to encourage discussion about the social aspects of such abuse, and so a few potentially useful discussion points are provided for you to draw on below.

Suggested points for discussion in your workshop:

- Rhodes has a reputation for being a “drinking University”. Have you heard that? One of the responses to this is that drinking is actually no “worse” at Rhodes than at other Universities - it's just more visible because of the size of the town. What do you think? Do you want a degree from a University which has such a reputation? What could be done to change this common misperception (if it is one)?
- You notice that one of your friends never sleeps, has stopped eating and becomes aggressive and agitated easily, and you suspect s/he may be taking drugs because you recognise some of the symptoms. What should you do about it?
- You go into your friend's room and she is smoking dagga. She offers you some, and you accept. The Warden walks in and catches you both in the act. What might happen next?
- You are walking home after a night at the pub, and you pass a student shouting at his girlfriend and pushing her around violently. He is drunk, and so are you. What would be the best thing to do in these circumstances?

Transformation

The Office of Equity and Institutional Culture's main objective is to drive the transformation of the institution towards being an institution whose staff and students' practices are demonstrably informed by a deep appreciation of equality, equity and human rights.

The office operates in liaison with various offices and divisions of the university including the faculty deans, heads of departments, the registrar's division, CHERTL, the Research Office, the Human Resources division, the SRC and Division of Student Affairs.

The mandate of the Office of Equity and Institutional Culture includes three broad areas:

- **Advocacy** – promoting a shared appreciation of equality, equity and human rights and of the entailed institutional imperatives and priorities.
- **Facilitation** – enabling various stake holders to contribute towards the realization of strategies that will transform the broad culture of the institution and foster a broad institutional culture whose teaching and learning, research, admission, employment, and other practices are informed by a shared understanding and appreciation of equality, equity and human rights. This includes conducting analyses of how institutional practices promote or hinder the achievement of transformation related strategies and policies.
- **Monitoring, Evaluation and Reporting** – monitoring the implementation of the institutional transformation strategies and policies. This includes identifying structural, systemic and other barriers that undermine the achievement of the goal of transformation. It also includes ensuring that appropriate records and statistics are kept and relevant reports are prepared. Rhodes University's policies reflect the rights culture entrenched in the South African Constitution, making specific reference to the Bill of Rights:

*“(3) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
 (4) No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.”*

The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996), Chapter 2, Bill of Rights, Section 9, Equality.

Important Definitions:

The following list of definitions aims to help you navigate the difficult issues you may face in a multi-cultural environment.

- **Bigotry:** Bigotry is not “intolerance,” but “unreasonable intolerance.” Jews are understandably intolerant of Nazis; that doesn't necessarily make them anti-Nazi bigots.
- **Intolerance:** the absence of tolerance toward others of differing viewpoints. As a social construct, it is very much open to subjective interpretation. The murder of Matthew Shepard (a young gay man murdered in 1998) is considered by some to be the pinnacle of intolerance. Others consider the web pages and picketing by Fred Phelps to be as bad or worse. Common forms of intolerance include racism, sexism, homophobia and religious intolerance.
- **Prejudice:** the process of “pre-judging” something. In general, it implies coming to a judgement on the subject before learning where the preponderance of the evidence actually lies.

Prejudice generally refers to existing biases toward the members of such groups as women, black people, and gay people etc., often based on social stereotypes. For example, if a person has grown up with the concept that members of group “X” have certain characteristics, they may apply this prejudice by assuming that all members of the group fit that stereotype, as in racism or homophobia.

- **Hate:** an emotion of intense revulsion, distaste, enmity, or antipathy for a person, thing, or phenomenon; a desire to avoid, restrict, remove, or destroy its object. Hatred can be based on fear of its object, justified or unjustified, or past negative consequences of dealing with that object.

“Hate” and “hatred” are also words used to describe feelings of prejudice or bigotry against a group of people, such as racism, religious prejudice, or homophobia, especially when these are particularly intense. Hate crimes are crimes committed out of hatred in this sense.

- **Hate speech:** speech intended to hurt and intimidate someone because of their race, ethnicity, national origin, religion, sexual orientation, disability, or other personal characteristics, or to incite violence or prejudicial action.
- **Racism:** the assumption of superiority of one group over another, based on real or perceived racial characteristics and/ or culture. Examples of demonstrated behaviours: demeaning and excluding individuals and/ or groups; prejudices and fears based on real or assumed stereotypes and ignorance.

Racial discrimination: treatment which unfairly disadvantages people on the basis of negative attitudes and assumptions about their cultural backgrounds, colour, country of origin, ancestry, nationality and physiological characteristics.



Examples of demonstrated behaviours: denial of access to employment, promotion, accommodation, banking services or school subject choices; focusing on the person not the problem or issue in a dispute or teachers having low expectations of achievement for a particular student.

- **Racial harassment:** racial harassment is one aspect of racial discrimination. It consists of acts or behaviours with a racial insinuation which are insulting, offensive, demeaning, humiliating or intimidating.

Examples of demonstrated behaviours: name calling, graffiti, ridicule, put down jokes, pushing, shoving, bullying. Attacks of physical violence are described as assault and therefore are criminal offences.

- **Ethnic group:** a group of people, racially or historically connected, having a common and distinctive culture. Most groups prefer to be described as communities. It is offensive to Aboriginal people to be described as ethnic.
- **Ethno-centrism:** the belief in the inherent superiority of one's own group and culture accompanied by a feeling of contempt for other groups and cultures.
- **Anti-Semitism:** hostility towards Jews. It ranges from ad hoc antagonism towards Jews on an individual level to the institutionalized prejudice and persecution once prevalent in European societies, of which the highly explicit ideology of Adolf Hitler's National Socialism was perhaps the most extreme form.
- **Xenophobia:** Fear (phobia) of strangers (xeno-) and of the unknown. Both racism and homophobia are sometimes reduced to xenophobia. More commonly refers to a dislike of foreigners. Often a dislike of representatives of a particular nation.

Facing Race at Rhodes

Questions to consider:

1. When someone says 'ethnic' what do they mean i.e. ethnic pattern, ethnic clothing?
2. When they say 'cultural' or 'traditional' what do they mean i.e. traditional dress, cultural practices?
3. We have residences named after Smuts, Botha and Walker and a university named after CJ Rhodes, a quintessential colonialist – does that glorify our racist past?

Disability

What is disability?

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (*Sourced from United Nations Convention on the Rights of Persons with Disabilities*).

Rhodes University acknowledges that impairment of any nature does not constitute a disability in itself and that people with impairments only become disabled when education, work and leisure opportunities are denied to them on the basis of their impairment. Our mission is to offer the appropriate support services which enables every individual to participate and have a positive student experience. The disability support services are provided to all currently registered students who have declared their disability. Examples of declared disability that Rhodes could provide support services for include:

- Students with mobility impairments
- Students with hearing impairments
- Students with sight impairments
- Learning disabilities such as dyslexia

- Students diagnosed with other disability or chronic condition that might negatively affect their studies such as diabetes and Asperger syndrome
- Psychiatric and psychosocial difficulties

If you have a student with a disability of any kind, please make sure that the Student Services Manager is made aware of this. Every effort will be made to ensure that the necessary support and assistance is provided for you. Some of the services and facilities that are available in order to assist students and to provide reasonable accommodation include:

- **Working with the Student Bureau** on processing application forms of prospective students who declare severe disabilities in order to assess and recommend the nature of services and support that Rhodes University should be providing for them;
- Making appropriate residential placements, especially where physical and mobility impairments are involved;
- **The Exam Concessions Committee** receives and processes all applications from students who request concessions for exam, tests or assignments. The policy and procedure document for concessions applications is available from the Registrar's Office and website;
- **The Office of the Division of Student Affairs** works with individual students in order to assess their needs and assist them to get support or assistive technology and devices within the resource constraint's;
- **Computers with special software** such as voice recognition, text magnification, track ball for ease of motion use, etc. have been installed in the library for the exclusive use of students with disabilities. These computers will greatly assist students with visual and hearing impairments as well as students with learning disabilities.

Gender

Sexism: negative discrimination against people based on their assumed or presumed sexual identity.

Sexism as a belief can refer to two subtly different beliefs:

- The belief that one sex is superior to the other.
- The belief that men and women are very different and this should be strongly reflected in society, language, right to have sex and the law.

Sexism can also refer to simple hatred of men (misandry) or women (misogyny).

Sexist beliefs are a species of essentialism, which holds that individuals can be understood (and often judged) based on the characteristics of the group to which they belong, in this case, their sex group (male or female). This assumes that all individuals clearly fit into the category of "male" or "female", which is countered by the existence of intersex individuals defined in terms of their genetics and physiology.

Misogyny: recognised as a political ideology similar to racism or anti-Semitism, existing to justify and reproduce the subordination of women by men.

Forms of misogyny

There are many different forms of misogyny. In its most overt expression, a misogynist will openly hate all women, and will hurt people simply because they are female. Some rapists and sexual predators fall into this category.

Other forms of misogyny may be more subtle. Some misogynists may simply hold all women under suspicion, or may hate women who don't fall into one or more acceptable categories. Entire cultures may be said to be misogynistic if they treat women in ways that can be seen as hateful.

Misogyny in popular culture

A simple contemporary example of misogyny is the glamorised pimp which has become central to popular forms of hip hop culture, but which inaccurately reflects the occupation and reinforces a dangerous sexist relationship between men and women. The pimp is someone that subordinates women, limiting their financial independence and exploiting women as a sexual commodity to be bought and sold. Yet, Nelly markets “Pimp Juice,” a neon green energy drink, and 50 Cent and Snoop Dogg released a song titled “P.I.M.P.” The rapper obsession with pimps celebrates the pimp as a smooth-talking, hip-dressing figure, who is the embodiment of power and a pop culture icon. But being a pimp is not a glamorous occupation and the rapper representation of pimps ignores the criminality and cruelty of the profession. In reality, pimps are violent, oppressive and criminal, exploiting women and girls for sex and money.

Feminism: a social theory and political movement primarily informed and motivated by the experience of women. While generally providing a critique of social relations, many proponents of feminism also focus on analysing gender inequality and the promotion of women's rights, interests, and issues.

Feminist theorists aim to understand the nature of inequality and focus on gender politics, power relations and sexuality. Feminist political activists advocate for social, political, and economic equality between the sexes. They campaign on issues such as reproductive rights, domestic violence, maternity leave, equal pay, sexual harassment, discrimination and sexual violence. Themes explored in feminism include discrimination, stereotyping, objectification (especially sexual objectification), oppression and patriarchy. The basis of feminist ideology is that society is organised into a patriarchal system in which men are privileged over women. Feminist activism is a grass roots movement which crosses class and race boundaries. It is culturally specific and addresses the issues relevant to the women of that society, for example, genital mutilation in Sudan, or the glass ceiling in North America. Some issues, such as rape, incest, mothering, are universal.

Internationalization

Internationalisation at Rhodes University is the conscious, proactive and consistent effort to create an institutional learning environment inclusive of international, intercultural and global dimensions at every level of thinking and practice within the institution. Our ambition is to provide an environment and culture that facilitates academic staff development and practice that in turn fosters the development of graduates who are aware of the wider world and who have a sense of responsibility and commitment to making constructive contributions at the local, national, continental and global level in their chosen fields.

Internationalisation includes but is not limited to:

1. **Curriculum development** that encompasses international dimensions and ensures that students are exposed to comparative perspectives and contemporary developments in their fields internationally;
2. The cultivation of **international partnerships** that enrich the quality of academic research and debate;
3. **Teaching and learning** that embraces innovative methodology, new technologies and international academic exchanges to enrich and enhance the learning experience;
4. Seeking opportunities for **international mobility of staff and students**;
5. Participation in **global networks** and conferences;
6. **“internationalisation at home”** which promotes and values diversity and nurtures a culture where everyone feels valued, is curious and respectful of others and actively engages in socially responsible, inclusive activities.

International student: Students who require a study visa in order to study in South Africa.

Student's Protocol on Sexual Assault

Rhodes University seeks to provide a consistent, caring and timely response when sexual assaults occur within the University community. The University will not tolerate any form of sexual violation as it constitutes a serious offence and will result in disciplinary action.

The Protocol aims to:

- facilitate the recovery of a person who has been sexually violated by providing prompt compassionate support services.
- create a campus environment that expedites and encourages the prompt reporting of sexual assaults.
- facilitate the apprehension of alleged perpetrators when such assaults are committed.
- establish and cultivate a climate of Rhodes University community involvement in sexual assault prevention.
- increase the safety of the campus community.

Immediate Response:

Students are encouraged to report all instances of sexual assault and sexual harassment. Complainants who were under the influence of alcohol or other drugs at the time of the assault will not be subject to disciplinary action for such use. The personal safety of the complainant is most important and the complainant is advised to:

- Contact the Campus Protection Unit Emergency Number (046- 6038999) if there is immediate danger.
- Seek medical assistance from the Health Care Centre (046-6038523) during the day or call ER 24 (010-2053068) after hours.
- Contact the Manager: Anti-Harassment & Discrimination (Room 337, 2nd Floor, Steve Biko Building, Tel 046-6038187) who can provide support and information related to rights, resources, reporting options and the university Student Disciplinary Process. They can also assist with the referrals to the Rhodes Counselling Centre.

Preserve Evidence:

The complainant should take care to preserve any evidence, even if uncertain about whether to file a report with the police or the University.

- Preserving evidence will give options to report later.
- It is best for any physical evidence to be collected within the first 24 hours.
- It is preferable to avoid washing the face or hands, showering, brushing teeth, drinking or eating or changing clothes.
- If clothes are changed, each garment should be wrapped in a separate paper bag or newspaper (not plastic).

Support for the Complainant:

Medical Care

Medical assistance is essential, and the complainant must understand that there is a limited time to preserve medical evidence that they will need if they decide to lay a charge later. The following steps are recommended:

- The safest decision is to undergo an “evidence” examination by a doctor as soon as possible (in order to ensure that evidence is preserved).
- If the complainant plans to lay a charge with the Police, they must go to the casualty room at Settlers Hospital where they will be examined by a District Surgeon and given medical assistance. Campus Protection Unit at their emergency number (046-6038999) can arrange for transportation. South African Police Service will be called in by Settlers Hospital to obtain a statement from the complainant.

Regardless of what the choice is, it is crucial that the complainant receive medical assistance.

Advocacy and crisis counselling

- Seek out the support from the Counselling Centre (2nd Floor, Steve Biko Building) during office hours.
- After hours contact ER 24 (010 2053068) for telephone counselling.

Formal reporting options

Reporting an assault of this nature requires that the complainant give a detailed account of what has occurred. This can be a difficult process and the complainant is encouraged to bring a friend or counsellor for support.

Filing a Police Report

If the assault occurred off-campus, call Grahamstown South African Police Service on 10111 or 046 603 9152.

If the assault occurred on campus, contact the Manager: Anti-harassment & Discrimination by calling 046 603 8187 (Room 337, 2nd Floor Steve Biko Building) during office hours.

Filing a University Report

A University report should be filed with the Manager: Anti-harassment & Discrimination at Room 337, 2nd Floor in the Steve Biko Building during office hours (046-6038187/z.mkhize@ru.ac.za).

Sexual Health, HIV and AIDS & TB

HIV and AIDS

HIV is a virus that can damage the body's immune system, so that it can be hard to fight off infections. If someone with HIV has certain serious illnesses, this condition is known as AIDS. HIV can be spread by some kinds of sex - but a condom is the best protection against it. It's important to know what the risks are, and ways to reduce them.

What is the difference between HIV and AIDS?

What is HIV?

HIV is an acronym that stands for Human Immunodeficiency Virus, a virus which can lead to AIDS.

What is AIDS?

AIDS is an acronym that stands for Acquired Immune Deficiency Syndrome. AIDS describes the later stages of HIV when a person has a collection of illnesses because their immune system has been damaged as a result of HIV. There is no cure for HIV or AIDS yet, although new drugs and new ways of using existing drugs are constantly improving medical care. Many people live with AIDS for many years and feel well most of the time. Many infections are treatable, although as the body's immune system weakens, infections become more difficult to treat.

What does HIV positive mean?

When a person becomes infected with HIV the body's immune system tries to fight off the virus by making anti-bodies. Antibodies are one of the body's lines of defense against infections. If antibodies to HIV have shown up in a blood test, a person is described as HIV positive. Someone with HIV will be infected for the rest of his or her life. They may look and feel fine, and completely healthy; most people with HIV do. Unless they are tested for antibodies to HIV they may not know they have the virus. You can't tell by looking at someone if they are infected with HIV. They look no different from someone who doesn't have the virus.

How is HIV spread?

There are three main ways of passing on HIV

Sex: Have unprotected sex with someone that is HIV positive. Some kinds of sex carry high risks of getting HIV from an infected person. However, it is important to remember that there is no way you can tell if another person is infected or not. With HIV, safer sex means not allowing your partners blood, semen or fluid from the vagina to get inside your body. Vaginal and anal sex without a condom carries the highest risk - whether male or female. Always use a condom, even if you have been with your partner long enough that you feel you can trust him/her. The only way to know whether a person has HIV or not, is for them to have an HIV test. Condoms also protect against other sexually transmitted infections and unintended pregnancies.

Other kinds of sexual activity carry either no, or very little, risk of HIV infection. This includes kissing and masturbation. Oral sex carries a small risk, which can be reduced by:

- avoiding getting semen in the mouth, particularly if there are any cuts, sores or ulcers in the mouth
- using a condom for oral sex with a man (flavoured varieties are available!)
- using a latex square - called a dental dam - for oral sex with a woman. Placed over the genital area, it can protect against infection from vaginal fluid and menstrual blood. Dental dams are available from some clinics, chemists, shops and mail-order companies.

Drugs: HIV can be spread if you share drug injecting equipment - or 'works' - with other people. This can include - syringe, needle, spoon, bowl and water.

Mother to child transmission: There is a risk that a mother with HIV can pass it on to her baby, either in the womb or through breastfeeding. HIV screening for pregnant women is not routine but may be requested. Some treatments (i.e. Nevirapine) have been shown to reduce the risk of passing HIV to the baby, as have some kinds of delivery. If a woman with HIV has a baby, it can take a few months to know whether or not the baby has the virus too. A doctor or midwife can explain this in more detail.

How HIV is NOT transmitted?

You can't get HIV by:

- kissing, touching, hugging or shaking hands
- sharing crockery and cutlery
- coughing and sneezing
- contact with toilet seats
- insect or animal bites
- swimming pools
- eating food prepared by someone with HIV.

Other Risks

There are other ways of getting HIV, but these are much lower risk than unprotected vaginal or anal sex.

- Giving/receiving blood
- Doctor/dentist treatment
- First Aid
- Skin piercing

How Can I Be Prevented from contracting HIV and AIDS?

Use condoms every time you have sex. Condoms are the only form of protection which can both help to stop the transmission of sexually transmitted diseases (STDs) such as HIV and prevent pregnancy.

Reasons to use condoms

- Condoms are the only contraceptive that also helps prevent the spread of sexually transmitted infections (STIs) including HIV when used properly and consistently.
- Condoms are one of the most reliable methods of birth control when used properly and consistently.
- Condoms have none of the medical side-effects of some other birth control methods may have.
- Condoms are available in many shapes, colours, flavours, textures and sizes - to increase the fun of sex with condoms.
- Condoms are widely available in pharmacies, supermarkets and convenience stores. You don't need a prescription or have to visit a doctor and they are free from THE HEALTH CARE CENTRE, Family Planning or your Sub-Warden.
- Condoms make sex less messy.
- Condoms are user friendly. With a little practice, they can also add confidence to the enjoyment of sex.
- Condoms are only needed when you are having sex unlike some other contraceptives which require you to take/ or have them all of the time.

Here are also some tips that can help you to feel more confident and relaxed about using condoms.

Keep condoms handy at all times. If things start getting steamy - you'll be ready.

The HIV Test

The 'AIDS Test' as it is commonly known, does not actually test for AIDS. However, there is a test which can show whether or not someone has HIV. The test checks for the antibodies which the body produces to fight off HIV infection. Tests are carried out by Family Planning Clinics, your GP or the Rhodes Health Care Centre. Family Planning Clinics & the Health Care Centre offer free tests and all information is strictly confidential. You don't have to use a local clinic or be referred by your GP. If you do ask your GP to organise the test, the result may be entered into your medical records.

The test involves a sample of blood being taken from your arm or finger - the time taken for the results to arrive varies. For more information about HIV tests, contact your GP, The Health Care Centre or Family Planning Clinic.

Who should get tested?

If you are sexually active or thinking of becoming sexually active you should get tested.

What is HIV Counselling and Testing?

HIV counselling and testing is about getting to know your HIV status by taking an HIV test, and does not test for AIDS. This confidential test will tell you whether you are HIV positive or negative. Voluntary means that the decision to go for the test is entirely your own choice. Confidential means that you have the right to absolute privacy.

What happens during and HIV test?

HIV Counselling and Testing is a three-step process that involves pre-test counselling, the test and post-test counselling.

Phase 1: Pre-test counselling

The pre-test counselling will prepare you for the test and will help you to anticipate the result – whether it turns out to be HIV positive or negative. A trained counsellor or Psychologist will explore your reason for attending and explain shared confidentiality. The counsellor will explain to you what HIV is, explore your level of risk of having the virus, correct any misconceptions you may have and explain what the HIV test is. The counsellor will also explain the importance and the benefits of knowing your HIV status. In addition, he/she will discuss the different options available to you and give you an opportunity to ask any questions you may have about HIV or the HIV test. You will be encouraged to talk freely about your fears and concerns. You then give informed consent/dissent freely.

Phase 2: The HIV test: How it is conducted

There are three common types of HIV antibody tests: the Elisa test, the Western blot test and the Rapid test. The Elisa and Western blot test will require that you have a sample of blood taken.

This blood sample will be sent to a laboratory for testing and the results will be received a week later. The Rapid test requires that the health worker take a drop of your blood by pricking your finger. A drop of this blood will be placed on the test kit where a chemical agent will be added. Your results will be available within 15 minutes. If the test is positive, a second Rapid test will be done to confirm the result.

Current HIV antibody tests can only detect the antibodies when sufficient quantities have been produced. With new technology the time it takes before antibodies can be detected is decreasing, but there is still a period during which the antibodies cannot be detected in the blood. This is called the window period and can last up to 42 days. During the window period, you may receive a negative HIV test result, but still have the virus in your body. It is recommended that if you have had unsafe sex in the past six weeks, you should have a second HIV test done six weeks later to confirm the result of a negative first test.

All these tests are highly reliable and accurate.

Phase 3: Post-test counselling

During the post-test counselling phase you will be given the results of your test simply and clearly. The counsellor will allow time for the results to sink in and to check your understanding. There are a number of basic issues that the counsellor can help you with, which includes dealing with your immediate emotional reactions, checking if you have immediate support available and identifying your options and/or resources.

What if my test result is positive?

A positive test result means that you have been infected with HIV. The counsellor will help you work through some of your feelings of shock, fear and anger. You will have the opportunity to talk about whether or not you are going to tell your family and your sexual partner. The counsellor will also discuss healthy and positive living with you.

Being HIV positive does not mean that you have no future. Many people live happy, healthy and productive lives with HIV. But it does mean that you will have to learn about keeping your immune system healthy, lowering stress levels and building up a good support system. It is also

important that you protect yourself and your partner from further infection. You will also be given information about your rights as someone living with HIV. Your counsellor will refer you to further supportive counselling and medical help whenever you need it.

What if my result is negative?

The counsellor will explore with you the various ways of keeping yourself and your sexual partner(s) safe from contracting HIV. He/she will help you understand the window period and the possibility of needing to be retested. Even if you tested negative, your counsellor will share with you the importance of taking responsibility for avoiding future 'risky' behaviour and of using condoms. If you and your partner have come together for the test and one of you is HIV positive, you may need support as to how this affects your relationship.

Why is it important to know my HIV status?

As a student at a higher education institution, you are in the high-risk age group of HIV. It is very important that you know your HIV status. Deciding whether or not to go for an HIV test is a difficult decision. While some people think that it is better not to know their status, there are many advantages to knowing your status. With this knowledge you can take control of your life and your future.

Are there disadvantages to knowing my HIV status?

Although there are many benefits to knowing your HIV status, there could also be negative consequences. In many families and communities it is difficult to disclose your status because of stigma and discrimination. Before you have a HIV test, you need to talk to a counsellor and discuss all the possible outcomes of being tested. This will allow you to make an informed decision. Nobody can force you to have a test. It is also entirely up to you whether or not you disclose your status to anyone else. The advantages of knowing your status greatly outweigh the disadvantages. Deciding not to go for a test does not mean that you do not have the HI-virus.

Top 4 Reasons to Get HIV Tested

HIV testing is the key to slowing the HIV epidemic. Knowing your HIV status could be one of the most important things you do. Diagnosing HIV early in the disease course improves your prognosis. There are other reasons why HIV testing is beneficial.

Here are the top four:

1. **Early intervention means a healthier life**
The key to living a healthy life with HIV is being diagnosed early. Getting into the care of an HIV specialist is an essential part of staying healthy. Get tested and if you are positive, find an HIV specialist. This feature will help.
2. **Knowing your status protects you and your partner.**
Knowing your status allows you to protect your partner as well as yourself. Even if you are both positive, safer sex techniques are a must. Why you ask? This feature explains.
3. **Knowing your status allows you to make informed decisions.**
Knowing your status allows you to make informed decisions regarding your future and your life. Women living with HIV can have the family they always wanted. Knowing you are HIV positive allows you to take steps to protect your unborn baby. This feature explains what you need to know before starting a family.
4. **Know your status. Get the most of your doctor's visits.**
When you're not feeling well, your doctor will be better able to treat you if he has all the facts. If he knows your status, he can address the special needs your HIV demands. And it's up to you to get the most of your doctor visits. Here is a guide to making each doctor visit count.

What are my rights?

- A client needs to give consent, freely, before the test is conducted.
- A parent/guardian needs to give consent if the child is younger than 14.
- Any person with HIV or AIDS has the right to confidentiality and privacy of the test and the test results. No one can give out information about a person's HIV status without his/her permission.
- The results of your test will not be used to discriminate against you in any way.
- You as the client are under no obligation to make your test results known, but should consider disclosing your status to your sexual partner(s) so that they can undertake an HIV test, and if positive, receive the necessary care and treatment.
- Any person living with HIV or AIDS has the right to medical treatment and care.

The Role of STD Detection and Treatment in HIV Prevention

Testing and treatment of sexually transmitted diseases (STDs) can be an effective tool in preventing the spread of HIV, the virus that causes AIDS. An understanding of the relationship between STDs and HIV infection can help in the development of effective HIV prevention programs for persons with high-risk sexual behaviours.

What is the link between STDs and HIV infection?

Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons (Wasserheit, 1992).

There is substantial biological evidence demonstrating that the presence of other STDs increases the likelihood of both transmitting and acquiring HIV.

- **Increased susceptibility.** STDs appear to increase susceptibility to HIV infection by two mechanisms. Genital ulcers (e.g., syphilis, herpes, or chancroid) result in breaks in the genital tract lining or skin. These breaks create a portal of entry for HIV. Additionally, inflammation resulting from genital ulcers or non-ulcerative STDs (e.g., chlamydia, gonorrhea, and trichomoniasis) increase the concentration of cells in genital secretions that can serve as targets for HIV (e.g., CD4+ cells).
- **Increased infectiousness.** STD's also appear to increase the risk of an HIV-infected person transmitting the virus to his or her sex partners. Studies have shown that HIV-infected individuals who are also infected with other STDs are particularly likely to shed HIV in their genital secretions. For example, men who are infected with both gonorrhea and HIV are more than twice as likely to have HIV in their genital secretions as are those who are infected only with HIV. Moreover, the median concentration of HIV in semen is as much as 10 times higher in men who are infected with both gonorrhea and HIV than in men infected only with HIV. The higher the concentration of HIV in semen or genital fluids, the more likely it is that HIV will be transmitted to a sex partner.

How can STD treatment slow the spread of HIV infection?

Evidence from intervention studies indicates that detecting and treating STDs may reduce HIV transmission.

- **STD treatment reduces an individual's ability to transmit HIV.** Studies have shown that treating STDs in HIV-infected individuals decreases both the amount of HIV in genital secretions and how frequently HIV is found in those secretions (Fleming, Wasserheit, 1999).

- Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious. It is critical that all individuals, especially those with herpes, know whether they are infected with HIV and, if uninfected with HIV, take measures to protect themselves from infection with HIV.
- Among individuals with both herpes and HIV, trials are underway studying if treatment of the genital herpes helps prevent HIV transmission to partners.

What are the implications for HIV prevention?

Strong STD prevention, testing, and treatment can play a vital role in comprehensive programs to prevent sexual transmission of HIV. Furthermore, STD trends can offer important insights into where the HIV epidemic may grow, making STD surveillance data helpful in forecasting where HIV rates are likely to increase. Better linkages are needed between HIV and STD prevention efforts nationwide in order to control both epidemics.

- Early detection and treatment of curable STDs should become a major, explicit component of comprehensive HIV prevention programs at national, state, and local levels;
- In areas where STDs that facilitate HIV transmission are prevalent, screening and treatment programs should be expanded;
- HIV testing should always be recommended for individuals who are diagnosed with or suspected to have an STD.

Voluntary medical male circumcision for HIV prevention

Male circumcision is surgical removal of the foreskin - the retractable fold of tissue that covers the head of the penis. The inner aspect of the foreskin is highly susceptible to HIV infections. Trained health professionals can safely remove the foreskin of infants, adolescents and adults (medical male circumcision).

- Medical male circumcision reduces the risk of female-to-male sexual transmission of HIV by approximately 60%.
- Since 2007, WHO and UNAIDS have recommended voluntary medical male circumcision as an additional important strategy for HIV prevention, particularly in settings with high HIV prevalence and low levels of male circumcision, where the public health benefits will be maximized. Fourteen countries in eastern and southern Africa with this profile have initiated programmes to expand male circumcision.
- Medical male circumcision offers excellent value for money in such settings. It saves costs by averting new HIV infections and reducing the number of people needing HIV treatment and care.
- A one-time intervention, medical male circumcision provides men life-long partial protection against HIV as well as other sexually transmitted infections. It should always be considered as part of a comprehensive HIV prevention package of services and be used in conjunction with other methods of prevention, such as female and male condoms.

A comprehensive prevention package of services

Male circumcision is a proven intervention that offers partial protection against sexually acquired HIV in men. WHO and UNAIDS recommend that it should always be considered as part of a comprehensive HIV prevention package which includes:

- HIV testing and counselling;
- Correct and consistent use of female or male condoms;
- Treatment for sexually transmitted infections; and
- Promotion of safer sexual practices, such as avoidance of penetrative sex.

HIV and AIDS Treatment - Antiretroviral Therapy (ART)

What Is ART?

ART means treating retroviral infections like HIV with drugs. The drugs do not kill the virus. However, they slow down the growth of the virus. When the virus is slowed down, so is HIV disease. Antiretroviral drugs are referred to as ARV. ARV therapy is referred to as ART.

How Are the Drugs Used?

There are now fixed-dose pills that combine three anti-HIV drugs, from more than one class of drug. These allow many people to take their HIV treatment in one pill, once a day. They are often known as 'single-tablet regimens' or fixed dose combination (FDC)

What Is Drug Resistance?

When HIV multiplies, most of the new copies are mutations: they are slightly different from the original virus. Some mutations keep multiplying even when you are taking an ARV drugs. When this happens, the drug will stop working. This is called “developing resistance” to the drug. If only one ARV drug is used, it is easy for the virus to develop resistance. For this reason, using just one ARV drug (monotherapy) is not recommended. But if two or three drugs are used, a successful mutant would have to “get around” all of the drugs at the same time. Using combination therapy means that it takes much longer for resistance to develop. Also if you are not adhering to doctor's prescription you may develop drug resistance.

Can These Drugs Cure AIDS?

At present, there is no known cure for HIV infection or AIDS. ARVs reduce the “viral load”, the amount of HIV virus in your bloodstream. A blood test measures the viral load. People with lower viral loads stay healthier longer.

Which Drugs Do I Use?

Each ARV drug can have side effects. Some may be serious. Some combinations of drugs are easier to tolerate than others, and some seem to work better than others. Each person is different, and you and your health care provider will have to decide which drugs to use. The viral load test is used to see if ARV drugs are working. If the viral load does not go down, or if it goes down but comes back up, it might be time to change ARV drugs.

Pre-Exposure Prophylaxis (PrEP)


What is Pre-Exposure Prophylaxis (PrEP)?

“PrEP” stands for **Pre-Exposure Prophylaxis**. PrEP is a way for people who don't have HIV but who are at very high risk of getting it to prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used to treat HIV. If you take PrEP and are exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from taking hold in your body.

PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. But people who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months.

Can Anyone Use PrEP?

PrEP is not for everyone. Federal guidelines recommend that PrEP be considered for **people who are HIV-negative and at very high risk for HIV infection.**



Also, PrEP is only for people who are at ongoing substantial risk of HIV infection. For people who need to prevent HIV after a single high-risk event of potential HIV exposure—such as sex without a condom, needle-sharing injection drug use, or sexual assault—there is another option called post-exposure prophylaxis, or PEP. PEP must begin within 72 hours of exposure. See our PEP page more information.

It's also important to remember that taking PrEP will not prevent you from getting syphilis, gonorrhoea, chlamydia, or other sexually transmitted diseases. Similarly, for those taking PrEP because of injection drug use risks, PrEP will not protect you from getting hepatitis C, skin, or heart infections.

How Well Does PrEP Work?

When taken every day, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by more than 90%. PrEP is much less effective if it is not taken consistently.

Is PrEP Safe?

Some people in clinical studies of PrEP had early side effects such as an upset stomach or loss of appetite, but these were mild and usually went away within the first month. Some people also had a mild headache. No serious side effects were observed. If you are on PrEP, you should tell your healthcare provider if these or other symptoms become severe or do not go away.

Where Can I Get PrEP?

If you think you may be at high risk for HIV, talk to your healthcare provider about whether PrEP is right for you.

What is TB?

Tuberculosis is a disease that usually attacks the lungs but can affect almost any part of the body. A person infected with TB does not necessarily feel ill – and such cases are known as silent or “latent” infections. When the lung disease becomes “active”, the symptoms include cough that last for more than two or three weeks, weight loss, loss of appetite, fever, night sweats and coughing up blood.

What causes TB?

TB is caused by the bacterium *Mycobacterium tuberculosis*. The bacterium can cause disease in any part of the body, but it normally enters the body through the lungs and resides there.

How is TB spread?

TB is spread from an infectious person to a vulnerable person through the air. Like the common cold, TB is spread through aerosolized droplets after infected people cough, sneeze or even speak. People nearby, if exposed long enough, may breathe in bacteria in the droplets and become infected. People with TB of the lungs are most likely to spread bacteria to those with whom they spend time every day – including family members, friends and colleagues.

When a person breathes in TB bacteria, the bacteria settle in the lungs. If that person's immune system is compromised, or becomes compromised, the bacteria begin to multiply. From the lungs, they can move through the blood to other parts of the body, such as the kidney, spine and brain. TB in these other parts of the body is usually not infectious.

Is TB treatable?

Yes. TB can be cured, even in people living with HIV. DOTS is the internationally recommended strategy for TB control. DOTS treatment uses a variety of powerful antibiotics in different ways

over a long period to attack bacteria and ensure their eradication. Treatment with anti-TB drugs has been shown to prolong the life of people living with HIV by at least two years. It is important that people who have the disease are identified at the earliest possible stage, so that they can receive treatment, contacts can be traced for investigation of TB, and measures can be taken to minimize the risk to others.

Questions about TB and HIV

An estimate one-third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. HIV-positive people can easily be screened for TB; if they are infected they can be given prophylactic treatment to prevent development of the disease or curative drugs if they already have the disease. TB patients can be offered an HIV test; indeed, research shows that TB patients are more likely to accept HIV testing than the general population. This means TB programmes can make a major contribution to identifying eligible candidates for ARV treatment.

How much of a threat is TB?

Worldwide, women bear a disproportionate burden of poverty, ill-health, malnutrition and disease. TB causes more deaths among women than all causes of maternal mortality combined, and more than 900 million women are infected with TB worldwide. This year, 1 million women will die and 2.5 million, mainly between the ages of 15 and 44, will become sick from the disease.

Once infected with TB, women of reproductive age are more susceptible to developing TB disease than men of the same age. Women in this age group are also at greater risk of becoming infected with HIV. As a result, in certain regions, young women aged 15–24 with TB outnumber young men of the same age with the disease. While poverty is the underlying cause of much infection in rural areas, poverty is also aggravated by the impact of TB.

What can be done to combat the spread of TB?

The internationally recommended strategy to control TB, known as DOTS, has five components:

- political commitment to sustained TB control
- political commitment to sustained TB control
- access to quality-assured TB sputum microscopy
- standardized short-course chemotherapy, including direct observation of treatment
- an uninterrupted supply of drugs
- a standardized recording and reporting system, enabling assessment of outcome in all patients.

Sexual Orientation

Bisexual: refers to the aesthetic, romantic, or sexual desire for individuals of either gender or of either sex.

Gay/Homosexual: refers to homosexual men or women. Gay sometimes also refers to the culture of homo-sexual men and women (as in “gay history”), to things perceived by others to be typical of gay people (as in “gay music”), or to same-sex more generally (as in “gay marriage”).

Heterosexism: (or heterocentrism or heterosexualism) is the assumption that everyone or a particular person is heterosexual. It can be distinguished from homophobia in that it doesn't necessarily imply hostility towards other sexual orientations, merely a failure to account for their existence.

Homophobia: means fear or hatred of, aversion to, or prejudice or discrimination against people who are homosexual. It is sometimes used to mean any sort of opposition to same-sex romance or sexual activity, though this opposition may more accurately be called anti-gay bias.

Lesbian: a woman who is exclusively emotionally, sexually, and romantically attracted to other woman.

Sexual preference: often used by those who believe that sexuality is fluid and incorporates an element of choice, as opposed to those who believe sexuality is fixed early in life.

Sexual Orientation: describes the direction of an individual's sexuality, often in relation to their own sex or gender. Common terms for describing sexual orientation include bisexual (bi), heterosexual (straight) and homosexual (lesbian, gay).

Straight/Heterosexual: refers to aesthetic, sexual and romantic attraction exclusively between two individuals of differing genders.

Transgendered: the state of one's “gender identity” (self-identification as male, female, both or neither) not matching ones “assigned gender” (identification by others as male or female based on physical/genetic sex). Transgender does not imply any specific form of sexual orientation (they may be straight, gay or bisexual).

Spirituality and Religious Diversity

Secular: religious, sacred or spiritual; not subject to or bound by religious rules;

Secularisation: the transformation of a society from close identification with religious values and institutions toward non-religious values in government, organizational management and public spaces

We often experience problems in our residence system which have their roots in religious beliefs, and it is wise to alert you, as young leaders to what issues might arise and how to deal with them. Give some thought to how you would handle each of the following scenarios – some will be discussed during your workshops:

- a. The smell of incense constantly pervades your corridor, emanating from a neighbour's room, and it makes you sneeze. When you ask your neighbour to stop burning incense they tell you that as a Hindu they have to burn it.
- b. A student in the meal queue ahead of you wants the Hindu/Halaal food option and starts a dispute in the kitchen because they offer her a beef burger.
- c. A student who wants to have an abortion complains that a fellow student is trying to persuade her that such an action is wicked and evil.
- d. A group of students refuse to participate in the residence sports event on Saturday, claiming that their religion does not permit them to.
- e. Cell groups gather and sing in one of the rooms, causing others to complain about the noise.

Student Discipline

There are a number of basic conventions worth noting when discussing student discipline:

- Whilst Sub-Wardens are authorised to proceed with a disciplinary hearing, they are advised to contact their House Warden beforehand.
- Sub-Wardens are expected to maintain discipline in the residence and to take disciplinary action where necessary. There is no rule that a warning has to be given before a student is fined, punished, etc. Each case must depend on its merits.
- Sub-Wardens are authorised to impose a fine of up to 2.5% of the BA fee for any one single count and/or to impose community service not exceeding 20 hours.
- Should a Sub-Warden decide to take disciplinary action against a student, there are correct procedures to be followed, and you should consult with your House Warden for the full detailed procedures.
- Please note that drunkenness is an aggravating factor, NOT a mitigating factor, and any students who are under the influence of alcohol may be in breach of the Student Disciplinary Code. The following breaches of discipline must be referred to the House Warden.
- Any breach of any rule by a member of your House Committee:
 - All breaches of the visiting rule;
 - Any disciplinary offence where property (private or university) is damaged;
 - Any offence involving the unlawful possession or supply of drugs;
 - Any common law crimes i.e. assaults/rapes/murders etc.
 - Any thefts;
 - Any racist/sexist/homophobic incidents;
 - Any form of harassment;
 - Any form of initiation.
- It is necessary to bear in mind that penalties which are too severe can be reduced by the Hall Warden or a Proctor on review. Equally, penalties which are too lenient can be increased by either the Hall Warden or a Proctor. If you are in doubt please discuss the matter with your House Warden. It is suggested that you read the chapter headed "Student Disciplinary Code" in the Rhodes Calendar.
- Rules or policy of the Hall may not be varied by either a House Warden or a Sub-Warden, and you are required to comply with all rules and regulations.
- Sub-Wardens have the right to enter a student's room in the course of their duties but it is strongly recommended that you take someone else with you, and before entering, knock three times and give the student a chance to answer you.

Emergency Contact Information

Ambulance:	Campus Protection Unit:	Fire:
RU ER24 : 010 205 3068 Provincial service: 10177	Central reporting point for all incidents at RU: 046 603 8146 / 8147 / 8999	Makana Fire & Rescue Services: 046 622 4444 or toll-free: 080 111 4444
Hospital:	Police:	Poison:
Settlers Hospital: 046 602 5000 Fort England Hospital: 046 622 7003	Grahamstown SAPS: 046 603 9146 or 9147 / 9152	Unitas Hospital Poison Centre: 0800 333 444 Red Cross & Tygerberg Hospital Poison Info Helpline: 0861 555 777
RU Health Care:	Staff/ Student Concerns:	RU Wellness:
RU Health Care Centre: 046 603 8523 or after hours: 082 801 1409	Human Resources Division (staff): 046 603 8112 Division of Student Affairs: 046 603 8181 Anti-Harassment Office: 046 603 7515/8187	RU Counselling Centre: 046 603 7070 or afterhours: 010 205 3068
National Emergency Call Centres & Trauma Counselling:		
National toll-free emergency number: 112 National Police Emergency: 10111	Mobile App - www.mysos.co.za (requires registration): mySOS SA	Lifeline national (share call): 0861 322 322/041 373 8882/3 SA Institute for Traumatic Stress: 011 648 7376/7

Medical and other Services

Acupuncturist

Dr Dwyer, 18 Henry Street 046 622 4846
061 038 2765 a/h

Biokineticist

Andrea Parker, 26 New Street 046 622 2228
Kerry-Leigh Fargher, Health & Sport Centre, 41 African Street 046 622 2228

Chiropractor

Dr Benyon, 8 Willshire Crescent 046 622 9443
Drs Pienaar & Blake: Back in Balance, 2 Oatlands Road 046 622 2219

Dentists

Drs Buchner and Le Roux, 14 Anglo African Street 046 622 6132
Dr du Toit, 15 Milner Street 046 622 4258
Dr Eichhoff, 6 Allen Street 046 622 3789
Dr Herring, The Colcade 41 Hill Street 046 622 8503

General Practitioners

High Street Medical Practice

Drs Baart, Bennett, Evans,
Gainsford, Meihuizen & Zietsman 046 636 2063
120 High Street 082 320 1229 a/h
This practice DOES NOT accept the following medical aids: Boncap, Primecure & Beryl, Ruby, Sapphire, Care cross, Renaissance, Africa, Managed Care, Network GP, Network X, Foundation, and Nessess.

Drs Berenisco & Oosthuizen 046 622 6362
Pepper Grove Mall 082 320 1229 a/h

This practice DOES NOT accept the following medical aids: Boncap, Primecure, Beryl, Sapphire, Care Cross, Renaissance, Africa, Managed Care, Maxima Care, Network GP, Ingwe Bupa, Network X, Foundation, Nessess and Metrocare

Drs Godlonton, Lloyd & Mutesasira, 41 Hill Street 046 636 1732
082554 7800 a/h

This practice DOES NOT ACCEPT the following medical aids: Discovery & Key Care

Dr Murali 046 622 1114
5 Bathurst Street 083 400 1422 a/h
All medical aids are accepted

Dr Santhia 046 622 6648
10 High Street 082 555 0799 a/h

This practice DOES NOT ACCEPT the following medical aids: Ingwe & Care Cross

Optometrists

Dr Davies & Associates, 18 Bathurst Street 046 622 6205

Jenny Gopal, 4b Allen Street 046 622 4310
0827803633

Specsavers, Peppergrove Mall 046 622 2295

Eyestore, 8 Allen Street 046 622 2828

Pharmacies

Clicks Pharmacy, 42 High Street	046 622 1264 /1268/3926
Grahamstown Pharmacy, 117 High Street	046 622 7116
Wallace Pharmacy, Pepper Grove Mall	046 622 7373

Physiotherapists

Health & Sport Centre, 41 African Street	046 622 2228
Jane Holderness, Nicola Brown, Kirsty Wise-Jarvis, Carey Pohl	

Radiologists

Drs Visser and Partners, 15 Milner Street	046 622 6464
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Psychological Services

Mr Eloff Snyman, eloffsnyman33@gmail.com	046 622 6163 072 322 7952
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Clinical Psychologists

Ms Karen Andrews, 13 George Street	079 880 0832
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Ms Ann Ashburner, Colcade Centre, 41 Hill Street	046 622 4386 083 632 6350
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Mr Duane Booyen, Rhodes Psychology Clinic	046 603 8507 0781676607
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Dr Lisa Brown, 3 Parry Street	073 230 6331
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Ms Verna Connan, Psychological Care Centre, 5 Donkin Street	046 622 8197 084 512 882
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Mrs Gwenda Euvrard, 8 St Aidens Avenue	046 622 8023 082 773 3985
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Mr Iain Reid iainreid900@gmail.com	072 432 7753
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Mr Conrad Rocher, 29 Somerset Street	046 636 1583
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Ms Pumza Sakasa	084 882 6608
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Prof Lisa Saville Young, Department of Psychology, RU	046 603 8047 079 774 3483
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Mr Thulani Vazi thulanivazi@gmail.com	076 377 8449
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Counselling Psychologists

Ms Nicola Graham, 11 Worcester street	076 259 2303
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Ms Christine Lewis, Prince Alfred Street	083 969 2129
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Ms Chantél Minnie, Psychological Care Centre, 5 Donkin Street	064 853 6446
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Ms Lumka S. Qangule,

Soyisa Consultancy, 72 High Street 111 Sanlam Building	046 622 7899 082 969 0176
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Ms Adele Van der Merwe, 22 Somerset Street	072 279 7952
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psychologist.avdm@gmail.com Mr Greg Wilmot, Sports psychology	
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5 Watermeyer Street greg@wilmotpsychology.co.za	072 264 1452
Elaine Verster, 29B Parker street, Grahamstown	072 768 8889

etr@worldonline.co.za

Educational Psychologist

Mr Jan Knoetze,	046 603 8344 081 3676 848
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j.knoetze@ru.ac.za

Educational Consultant

Dr Rose Grant, 11 Jacobus Uys Way	079 516 5499
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Gwendolyn Johnson gwen@tutorgap.co.za	072 626 9362
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Occupational Therapists

Robyn Ashbolt & Jolene Tarr, Milner Street	046 602 1154 079 697 9750
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Ghida Bernard, Kingswood college	bernardghida@gmail.com
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Pastoral Therapist

Ms Kim Barker, 41 Oatlands Road	084 400 6145
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Mr Vic Graham vicgraham9@gmail.com	076 098 5763
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Psychiatrist

Dr Kiran Sukeri Margaret.Cherry@netcare.co.za	046 602 5126 046 602 5000
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Rhodes University Counselling Centre	046 603 7070
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Rhodes University Career Centre	046 603 7070
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Rhodes University Psychology Clinic	046 603 8502
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Social Workers

Ms Matebese & Ms Adam, Settlers Hospital	046 602 5000 (ext. 1158)
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Ms N. Stamper, 7 Cyrus Street nomondestamper@gmail.com	071 351 5905
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Speech and Language Therapists

Ms Agata Runowicz agatanatalia57@gmail.com	073 653 1618
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Ms Valerie Olivier val.anne.olivier@gmail.com	084 200 0821
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Contact: Dean of Students

Tel: 046 603 8181

E-mail: studentaffairs@ru.ac.za

Postal Address

The Division of Student Affairs

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