History of Women at Cornell

A very decided majority of both trustees and faculty are in favor of this great experiment [coeducation]; as for myself, I have the utmost confidence in its success.

~ Ezra Cornell

In 1870, Jennie Spencer hoisted up her skirts and, with a sigh, trudged up the hill to Cornell's campus. As the first woman matriculate of Cornell University, Spencer played an important role in the University's history. Three years later, Emma Sheffield Eastman became the first female graduate. One hundred twenty-five years later, women make up almost half of the total student population. They no longer consider themselves "coeds," or any less capable than their male counterparts of embarking on a challenging educational and career path.

Beginnings were a bit difficult. Although Ezra may have had the most earnest pro-women opinions, Andrew Dickson White, Cornell's first President, and the Board of Trustees weren't as eager to go against the "sex-sectarianism" of the day.

Cornell and White opened the University in 1868, and in 1872, it became the first major Eastern institution to admit women with men. It soon became a pioneer in establishing financial aid specifically for women. Although women were not officially enrolled until four years after men, Ezra had all intentions of including both sexes in his vision of the perfect institution: both his daughters had gone to Vassar and his wife, Mary Ann, was in favor of women's education.

Despite this early goodwill, however, the University treatment of women clearly showed bias in favor of men, reflecting American societal views, at the time, of women's education. Americans in general vehemently opposed coeducation, fearing that the process would feminize men, lead women astray from the path of “true womanhood,” and create “hard-minded” women. An early Cornell brochure assured concerned parents that college life was not for every young woman but those who have “real taste for study and desire for knowledge, who aim to prepare themselves so that in case of adversity,
they may be sure of good self-support, and who have a fixity of purpose and definitiveness of aim necessary to carry them through a thorough course of advanced study” would be suited for college life. Despite medical reports labeling women incapable of strict education because of the stress it would place on their “weak constitutions”, Cornell proceeded with its “great experiment.”

A few years later, Henry Sage pledged a quarter of a million dollars for the establishment of a women’s dormitory, Sage College. The cornerstone reads:

In return for this gift Cornell University is pledged to provide and forever maintain facilities for the education of women as broadly as for men.

The faculty had mixed opinions on women’s education. Professor Goldwin Smith was so passionately opposed to the idea of women’s suffrage, much less women’s education, that the school’s liberal policies made him seriously reconsider his commitment to Cornell. Sage College, completed by the fall 1875, was an elegant building capable of housing 120 women, but it was the university’s “white elephant” in the early years. At that time, most women (and men) lived in boarding houses nearby. However, women were soon required to live in Sage Hall. In 1884, White protested the Trustees’ (including Henry Sage) decision to install a “matron” to supervise the women. White wanted to treat all his students equally; a women’s chaperone undoubtedly represented unequal standing. A curfew that began then wasn’t lifted until 1962.

Regardless of restrictions, women formed their own organizations, teams, and clubs, including the first chapter of a national sorority, Kappa Alpha Theta, in 1882. In 1895, Caroline Baldwin Morrison was the first woman to earn a Doctorate of Science degree at an American university. However, progress in women’s acceptance as professors at the University was weak. Anna Comstock, a nationally recognized naturalist, was denied full professorship for twenty years until 1920. In 1911, Martha Van Rensselaer and Florence Rose became the first female full professors; they later formed the College of Home Economics (renamed the College of Human Ecology in 1969). The first full-time female professor in the College of Arts and Sciences was not appointed until 1960, ten years after clubs were desegregated sex-wise. Nonetheless, the 1951 yearbook still featured sixty pages of men’s sports coverage compared with one for women’s athletics.

The mixed successes of the first seventy-five years of Cornell paved the way for the changes that occurred during the 1970s. Cornell offered coeducational housing for the
first time. The University also offered some of the first women's studies classes in the country. Under the auspices of Jennie T. Farley Ph. D. '70, the Women's Studies Program, the first of its kind, began at Cornell in 1972. Although only twenty percent of Cornell’s full professors today are women, the University continues to make efforts to increase the number and quality of women faculty.

In October of 1976, the Board of Trustees organized a conference on the status of women in colleges, inviting all Ivy League administrations to discuss women-related issues in the collegiate setting. This historic convention was the first of its kind, thus marking the Trustees as allies of women’s rights at Cornell.

In 1990, the President’s Council of Cornell Women, composed of prominent and dedicated alumnae, was formed by then-president Frank H. T. Rhodes to serve as a network and to involve alumnae in improving the experience of women at Cornell. The meetings bring leaders in all professional fields to campus as well as offer an opportunity for undergraduates to network and learn about careers. In addition, the University has an Advisory Committee on the Status of Women which also looks out for issues involving Cornell women.

Today, nearly half (48.2%) of the student body consists of women. There are eighteen sororities, eighteen women’s sports teams, approximately thirty groups on campus devoted to women’s issues, a Women’s Center, a strong Feminist, Gender, & Sexuality Studies Program, and abundant opportunities in every field of study and non-academic interest. Women at Cornell today continue to uphold Ezra Cornell’s vision of excellence as women and as equal and active members of a diverse student body.

Notable Cornell Women

Emma Sheffield Eastman, Class of 1873 - Cornell’s first female graduate.

Martha Carey Thomas, Class of 1877 - first foreigner and first female to earn a Ph.D. from the University of Zurich. While serving as the President of Bryn Mawr College from 1894 to 1922, Thomas advanced the quality of female education and was an active leader of the suffrage movement.
**May Preston, Class of 1880** - first woman to earn a Ph.D. from Cornell University.

**Florence Kelley, Class of 1882** - Also a graduate of the University of Zurich, Kelley was a renowned social reformer who participated in Hull House. Her studies of labor conditions in Illinois prompted protective legislation for women and children and led to her appointment as Chief Factory Inspector for the state. She was a leader of the National Consumer’s League and was a founding member of the National Association for the Advancement of Colored People.

**Caroline Baldwin Morrison, Class of 1895** - first woman to earn a Doctorate of Science at an American university.

**Susanna Gage** - Gage never received formal recognition as an educator and was not an official member of the faculty, but she was a highly regarded embryologist, as well as one of the first women to work in laboratory physics. Her name was listed alongside her husband’s in *American Men of Science*.

**Anna Botsford Comstock, 1880s** - respected engraver who illustrated her husband’s entomology texts. Her research lifted the nature study movement to an academic level in schools across the nation.

**Kate Gleason, 1880s** - businesswoman and a pioneer in developing low-cost standardized housing for suburban expansion. She was the first woman to serve as the president of a bank and was also the first woman in the American Society of Mechanical Engineers.

**Jessie Fauset, Class of 1905** - teacher, writer, poet, and literary editor for *Crisis*, a publication of the NAACP.

**Pearl S. Buck, Class of 1925** (master’s of English) - only American woman to win the both the Nobel Prize in Literature and the Pulitzer Prize.

**Barbara McClintock, Class of 1927** - received all of her training as a geneticist at Cornell. In 1970, she won the National Medal of Science.

**Constance E. Cook, Class of 1943** - elected to the New York State Assembly and a leading advocate of abortion reform legislation.
Barbara B. Bergmann, Class of 1948 - became a professor of economics at the University of Maryland. She was a “recognized authority on the economic impact of discrimination against all women and a member of the National Commission for International Women’s Year”.

Ruth Bader Ginsburg, Class of 1954 - first woman faculty member of the Columbia University Law School and second female Supreme Court Justice.

Judith W. Younger, Class of 1954 - first woman in the administration of the Cornell Law School. She was a respected authority on the legal aspects of sex discrimination.

Jennie Farley, Class of 1954 - professor at the ILR school, Jennie was one of the founding mothers of the Women’s Studies program at Cornell.

Susan Brownmiller, Class of 1956 - founder of a radical feminist group in New York City. Brownmiller is the author of Against Our Will: Men, Women, and Rape.

Janet Reno, Class of 1960 - first woman appointed to the position of Attorney General of the United States.

Toni Morrison, M.A. Class of 1963 - first black woman to receive the Nobel Prize in Literature.

Mae Jemison, Doctorate of Medicine 1981 - On September 12, 1992, Jemison became the first woman of color in space.

Karen Obel, Class of 1988 - director of the V-Day College Campaign to celebrate women and demand the end of all forms of global violence against them.
The aim of this section is to become better acquainted with the unbelievable amount of resources and opportunities available at Cornell. Housing, organizations, sports, and the arts are all incredibly important features of many undergraduate women’s lives. Academics are, of course, the reason that we’re here, but most of us agree that the college experience is much, much more than just books and classes. It’s really a new life; we have many choices and many ways to divide our time. The trick is to experiment, try new things, and find our place at Cornell.

**ORGANIZATIONS AND IDENTITIES AT CORNELL**

*I have not come into a lot of contact with the women’s community. In fact, most of my friends are male. This is not a reflection of how I would like it to be, but the women with whom I come into contact most are overly interested in image. I know this is not true for everyone, but I think if the women’s community was more widely brought together, this fanatical interest in image would crash (or at least lessen).*

—Arts & Sciences ’97

*Had I known about the different women’s organizations here earlier, I think my Cornell experience would have been better.*

—Arts & Sciences ’96

No matter what your race, ethnicity, religion, sexual orientation, or political cause, Cornell has a group for you. Everyone likes to have a smaller group with which they can identify within our huge school. Please check CUINFO under Student Life to find a club you’re interested in joining. That’s where you’ll find current organizations and student leaders. If you can’t do that, call the permanent faculty advisors. They’ll be happy to help you find your niche in this big school, which has an incredible number of options. Look under Asian American Coalition, College Republicans, Hillel, Impact Dance Troupe, Candid Courses, Arab Club. Whatever the category, you’ll find something.
The Cornell Women’s Resource Center is open Monday through Friday from 11 am to 4 pm throughout the academic year, and by appointment. We are located in room 207 of Willard Straight Hall, one floor below the Ivy Room. All programs, services, and events are open to the entire Cornell community. The Cornell Women’s Resource Center is a part of the Office of the Dean of Students and is programmatically funded by the Student Activity Fee.

If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities, and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place. -Margaret Mead

Mission

The mission of the CWRC is to foster a more vibrant campus community by supporting the full and active participation of women students in both their personal and educational pursuits at Cornell. The CWRC provides resources, information and referral; programs and events; and advocacy and support.

Our Story

The story of the CWRC is filled with dedication to education, awareness, activism, and change. At the center of it all has been a group of students, women and men, who have recognized the need for a space devoted to serving the needs of women students at Cornell.

The CWRC began in the early 1970s as a student organization. At a time when political awareness was at the center of the women’s movement, the CWRC was active in sponsoring discussions, presentations, and speak-outs. A lending library was established, as well as comprehensive directories of campus and community services.

There have been many recent changes at the CWRC. In the fall of 1998, the CWRC hired its first full-time director, made possible by the support and funding of the
undergraduate Student Assembly and the Women’s Studies Program. We have moved to a new office, been able to expand our services, and work with more students than ever before. As of July 2002, the director position is funded through the Office of the Dean of Students; funding for all CWRC programs and events will continue to be provided by the Student Activity Fee. The CWRC is for your use, whether you need resources for a research paper, want help finding a service on campus or in the community, or want to volunteer to plan or participate in programs and events.

Programs and Services

Information and Referral

Interested in getting involved in a women’s or men’s group? Looking for information on upcoming gender-related events or an article on eating disorders? Do you need sources for a paper? Do you need to find out what campus and community resources are available to you? The CWRC provides a safe space to access resources or ask questions. The Center houses information on local and national resources, student organizations, personal issues, and campus-wide concerns.

CWRC Listserv

The CWRC maintains a listserv that posts upcoming events and information about gender-related activities in our area. To take advantage of this resource, send a message to: listproc@cornell.edu. In the body of the message, write: subscribe CWRC-L firstname lastname.

Lending Library

The CWRC Lending Library houses over 1000 books on a variety of topics ranging from women’s health to feminist theory and methodology to multiculturalism to violence against women. In addition, the Lending Library has magazines, topical files, and newspapers. Students, staff, faculty, and community members can check books out for a two-week period. We also appreciate any donations of new or used books.
Forword

Our literary magazine, Forword, provides an opportunity for members of the Cornell community to showcase poetry, short stories, essays, photography, and art. The magazine is published once a year.

Speaker Services

The CWRC staff is available to speak at workshops, trainings, and classes on a variety of issues. Please contact the office for further information.

Programs and Events

The CWRC sponsors and co-sponsors a variety of programs and events throughout the year. These activities are designed to educate and raise awareness about gender-related issues and to promote community among women and men interested in such issues. Recent programs include:

- Women’s Self-Defense and Empowerment Workshops
- Trip to Seneca Falls to learn about the history of the Women’s Suffrage Movement
- Brown-bag lunch series to explore current women’s issues
- International Women’s Day Celebration
- Production of Eve Ensler’s award-winning play, The Vagina Monologues

The programs and events of the CWRC are designed to meet the needs and desires of the Cornell population.

Volunteer Opportunities

The CWRC relies on students to develop programs, provide services, and staff the office. Individual projects are available for those with special interests. Students are also encouraged to apply for a position on the CWRC Advisory Board.
Community Service

The CWRC works to support many local organizations through community service efforts. Please contact the office to find out how to get more involved.

STARTING YOUR OWN ORGANIZATION

*It is so satisfying to know that you took your very own idea and made it work. The most wonderful thing of all is to look around a room and see a group of your peers as passionate about your idea as you are.*

--- Tiffany Bangs ’95, Founder, Student Wishmakers

If your interests are not satisfied by the already existing Cornell University student organizations, create your own organization. This can be a thoroughly rewarding experience that allows students to meet other people with similar interests, to learn more about a topic outside of a formal academic setting, to introduce the larger Cornell community to an issue which they are concerned about, and, of course, to have fun. With the ever-increasing number of women’s organizations on campus, the women’s community is becoming stronger. A new group is a positive addition to an already diverse and exciting campus.

There is a reasonably short process to complete in order to register a new organization with the university. This process is important because it opens the door for a group to receive funding, to use university property for meetings, special events, and fund raisers, and to grow in members. First, a constitution and bylaws must be created. These set forth the basic purpose, structure, and functioning of the group. There must be a faculty or staff advisor to oversee the organization and at least three student members whose Cornell I.D. numbers must be submitted with the constitution and bylaws. Once these three requirements have been met, the organization needs to submit a Registration of Campus Organizations form to the Student Activities Office in Willard Straight Hall for approval. The new organization will then be added to the Student Organizations web site on CUINFO.

If you are thinking of creating an organization, the Student Activities Office on the fifth floor of Willard Straight Hall (Room 521) has helpful information on how to create a successful group and create a constitution and bylaws. Registration forms are available online at: [http://www.sao.cornell.edu](http://www.sao.cornell.edu).
HOUSING

Cornell is a big place with a variety of living possibilities. With so many choices, picking the ideal living situation can be a hassle, but hopefully this information will make the decision easier.

On-Campus Housing

For more information about on-campus housing, you can contact Cornell Housing at (607) 255-5368 or housing@cornell.edu.

I loved my dorm freshman year and found it to be an ideal living situation for a first year student. We had just the right number of people on our floor - not too many so that I knew everyone but not too little so that we didn’t have to see each other all of the time. Living on a coed floor was quite an experience, as was the coed bathroom on the floor. Most of my closest friends at Cornell were people I lived with freshman year - I think the things we were experiencing together at the time helped to make us a cohesive group. I lived on campus again sophomore year, this time in the smallest single imaginable. It was a much different experience. I never regretted my decision to move off campus junior year, and I enjoyed the freedom of living away from residence halls.

---Arts & Sciences ‘02

There are three main areas for residence halls: North Campus, West Campus, and Collegetown. All freshmen live in residence halls on North Campus. Upperclass students can live in program houses on North Campus, in traditional residence halls on West Campus, or in Collegetown.

Traditional residence halls have a number of advantages. You are constantly surrounded by people and social opportunities. Resident Advisors (RAs) live on every floor and are paid to help with problems. Every room has an ethernet jack, allowing access to the Cornell Campus Network and the global internet.

North Campus

Living in Balch is wonderful because the women’s community here is strong.

— Arts & Sciences ’97

Robert Purcell Community Center is at the heart of North campus, featuring a dining hall, meeting rooms, game room, and other conveniences. In addition, Appel Commons, a meeting and gathering space, Helen Newman Hall, a large exercise facility, and Fitness
North located in Clara Dickson Hall, are all found on North campus. Fuertes Observatory is another great aspect of North Campus, which is great for star gazing on Friday nights. Also, the International Living Center, Ecology House, Ujamaa, Akwe:kon, the Latino Living Center, and the Language House (information on these later in this section) make North Campus a diverse place indeed, with more upperclassmen than West Campus.

The North Campus halls are: Balch, Risley, Court, Mews, Anna Comstock, Clara Dickson, Mary Donlon, the Townhouses, the Low-Rises, and the High-Rises. Balch Hall is an all-women’s first year community, with a Womyn’s Center and an active Hall Council that often explores issues of concern to women. It also has a strong faculty program that interacts with the all women’s team in Balch to produce interactive Women’s Programs.

**West Campus**

Noyes Community Center is the student center on West Campus, with most of the same amenities that are available at Robert Purcell. West Campus also has a somewhat smaller exercise facility, Fitness West, in Class of `28 Hall. Additionally, the Transfer Center is also located on West Campus, in the Class of 1917 Hall.

The Baker and Mennen / Lyon / McFaddin Complex, also known as The Gothics, is the group of Gothic looking buildings on West Campus. Each building is rather small, with men and women separated by floor or section. The University Halls are more modern looking, with approximately 200 undergraduates in mostly double rooms which are coed by adjacent room.

**Collegetown**

*I can roll out of my bed and right in the door of a bagel shop, record store, or clothing boutique. I can hang out at a bar and wander home quickly and safely when I get sick of it. I can even just sit on a street curb for an evening of people-watching and have a great time!*

—Engineering ’96

The two Collegetown residence halls are composed primarily of sophomores and juniors. Cascadilla is the larger residence hall and is coed by adjacent room. Sheldon Court is somewhat smaller, with men and women living on separate corridors.
Special and Residential Program Houses

*Cornell is a big place and it may be difficult to find your niche. Don’t forget to try out the Program houses while you’re looking to become a part of a smaller, more comfortable community. Program houses offer a variety of activities and can ease your adjustment into life at Cornell.*

---Human Ecology, ‘04

Residential Program Houses let you explore an interest in depth. You live with others who share your interests, developing programs and events with your house. The houses are generally smaller than traditional residence halls, affording a sense of community while giving an opportunity to immerse yourself in your chosen area. The following is an overview to give some idea of the character of each house. You should probably visit the program house(s) you find most intriguing for more information.

**Akwe:kon**, the Native American house, provides a community for any student interested in Native American issues.

The **Ecology House** focuses on environmental awareness and action.

The **Holland International Living Center** attracts both undergraduates and graduates from all over the world.

**Just About Music (JAM)** gives music enthusiasts a place to meet and play.

The **Latino Living Center** draws together Cornell students interested in Latino cultures.

The **Multicultural Living Learning Unit (McLLU)** supports and promotes understanding and awareness of ethnic and cultural diversity.

**Risley Residential College** is the dorm for the creative and performing arts, where students come together in a variety of artistic pursuits.

**Ujamaa Residential College** focuses on issues facing those of African descent, where residents live by the ideals of collective responsibility and participate in leadership-development programs.
The **Language House** is in Boldt Hall on West Campus, and gives upperclass students the opportunity to fully immerse themselves in one of seven languages: French, German, Italian, Japanese, Mandarin, Russian, and Spanish. Members live in double and single rooms in their target-language sections. Native speaker students also live in the sections, and serve as advisors and activity organizers. Full-members and native speakers must eat dinner together five nights a week. You can also be an associate-member, so that you do not have to attend all dinners and events. Students desiring membership to the program must fill out an application, which is generally due in late February. Some additional openings may become available in the spring semester. For more information, please contact the Language House Program Office at 136 Goldwin Smith Hall, (607) 255-6543.

**Cooperative Housing**

*The Co-op is my home away from home. I really feel like the people there are my family.*

—Human Ecology ‘96

Co-ops are somewhat of a medium between dorms and off-campus housing. Residents enjoy meeting new people while living in a very homey, family environment. While most Co-ops are university owned, they are essentially run by students. Each co-op has its own special character, determined both by tradition and by the members of the house in a particular year. Some are all female, some are coed, some have meal plan, some are large, and some are small. The Co-ops inspire a community atmosphere with their communal kitchens, living rooms, dining areas, and house chores. The best way to find out about the houses is to visit during the open houses held each spring. You can also contact a Co-op directly for more information. Membership selection is handled by random lottery in each house. You must attend one house tour and one social event to be placed in a lottery. The following provides a quick overview of Cornell owned and Independent Cooperatives.

**Cornell Owned Cooperatives**

- **Prospect of Whitby**, 228 Wait Avenue, 257-6651: coed, 20 members in 7 doubles and 6 singles

- **660 Stewart**, 660 Stewart Avenue, 272-9635: coed, 27 members, no meal plan
- **Triphammer Cooperative**, 150 Triphammer Rd, 257-7693: coed, 19 undergraduates and graduates, mandatory meal plan

- **Von Cramm Hall**, 623 University Avenue, 272-6131: coed, 35 undergraduates and graduates

- **Wait Avenue Cooperative**, 302 Wait Avenue, 253-0778 or 253-8330: female, non-smoking, 15 members in 7 singles and 4 doubles

- **Wait Terrace**, 308 Wait Avenue, 253-8408: coed, 13 members

- **Wari Cooperative**, 208 Dearborn Place, 257-3259: 10 undergraduate women of color in 8 singles and 1 double

- **Watermargin**, 103 McGraw Place, 272-9441 or 272-3691: coed, 23 single rooms, encourages diversity and a focus on inter-group relations

**Independent Cooperatives**

- **Algonquin Lodge**, 528 Stewart Avenue, 277-1910: 23 members, coed

- **Cayuga Lodge**, 630 Stewart Avenue, 277-2789: 25 members, coed

- **Center for Jewish Living**, 106 West Avenue, 272-5810: 30 members, coed

- **Gamma Alpha**, 116 Oak Avenue, 272-9885: 12 members, coed

- **Schulyer House**, 108 Schulyer Place, 273-2459: 7 members, coed

- **The Shire**, 113 Oak Avenue, 272-2885: 17 members, coed, non-smoking

- **Stewart Little Cooperative**, 211 Stewart Avenue, 273-1983: 14 members, coed

- **Telluride House**, 217 West Avenue, 272-1880: 20 members, coed
Off Campus Housing

While life in the dorms was comfortable and made me feel a part of a community, living off-campus has been a welcome change. I don't have to share bathrooms and kitchens with 30 people or get woken up at odd hours of the night when those 30 people wander about. I also feel that living in a house has been part of my learning experience at college. I know I've become better prepared for life after Cornell (Is there such a thing?).

—Human Ecology ’96

Off-campus living affords a number of advantages: a sense of independence, your own kitchen and bathroom, and it’s often less expensive than on-campus housing (especially after computing in meal plan). Most students prefer to live near Cornell and find apartments in Collegetown, West Campus, North Campus, and downtown. Of course, apartments get cheaper (and sometimes nicer) the further you live from campus, so this is a choice you have to make. There are a few key resources to consult in your search for the perfect apartment.

The Cornell Daily Sun has a classified section and is a good resource for looking for an apartment close to Cornell. Alternatively, the Ithaca Times and Ithaca Journal also print a classified section, which can be useful in finding housing in the greater Ithaca area. The Off-Campus Housing Office in 201 Robert Purcell Community Center (255-5368) also has information available. Last, but not least, Housing Solutions (103 Dryden Rd, 272-6091, www.housingsolutions.com) is every apartment-seeker’s best friend, for a small fee.

SOCIAL LIFE AT CORNELL

The way that women are treated in the social scene has really shocked me. At parties and bars women are constantly approached...guys here only seem interested in sex. Most women are treated like pieces of meat at fraternity parties. Be careful about drinking and meeting and bars; don’t get taken advantage of.

—Arts & Sciences ’97

Although approximately 35% of the women on campus are involved with the Greek system (see below), there are plenty of other options for unaffiliated women. There are parties everywhere if you know who to ask; movies at Cornell Cinema, Pyramid Mall and downtown; and plays at a variety of venues (see art and culture, this section). There are frequent concerts on campus, ranging from Indigo Girls to Live, B.B. King to student a
cappella, dance, and comedy shows. There are also activities focused around alternatives to substance use. Many student groups promote non-alcoholic alternatives for late-night entertainment; students help to develop and run activities like dances, ice skating, and bowling.

**Sorority Life**

*Sororities are a source of empowerment, confidence, and support.*

—Arts & Sciences ’95

*I think Cornell women are too involved with sororities and catering to men’s needs. Sororities, which are the major female social network, are exclusive and downright fake.*

—Ag & Life Sciences ’96

The Greek system at Cornell includes 13 sororities united by the Panhellenic Council (255-2310, www.greeks.cornell.edu) and 8 sororities that are a part of the Multicultural Greek Letter Council. Joining a sorority is not, however, something a woman needs to think about her first semester at Cornell. Formal Recruitment for the Panhellenic Association and Membership intake for the Multicultural Greek Letter Council does not take place until January, so first-year women have time to make friends and establish themselves at the university outside the Greek system. This reasoning is indicative of the general attitude among sorority women at Cornell: every woman is an individual with interests and an identity outside of her sorority.

*Participating in Formal Membership Recruitment is a good way to meet people. Everyone should try it, even if they don’t plan to join a sorority—you might be surprised.*

---Industrial & Labor Relations ’02

Formal recruitment (for Panhellenic sororities) takes place in January the week before classes begin, but students must register before they leave for winter break. Recruitment introduces interested women (freshmen and upperclass women) to Cornell’s 13 Panhellenic sororities. There is also informal recruitment for sophomores and juniors each fall. Joining a sorority as an upperclass woman can be a positive addition to life at Cornell.
Each Panhellenic sorority has between 80 and 120 members. Further, all have houses in which the majority of the newest members live. Living in a house strengthens the bonds sisters feel to one another. Beyond the social aspects of Greek life, sisters participate in community service, intramural athletics, campus events, and more.

Membership intake for Multicultural Greek Letter Council (MGLC) sororities may take place in the fall or the spring, but first semester freshmen are not permitted to participate. The MGLC sororities of the Cornell campus have carried out a tradition of excellence through programs of service to the Cornell community including walk-a-thons and conferences, along with programs and events that promote diversity and cultural awareness. To find out more information about the membership intake process for a particular sorority, contact the Office of Fraternity and Sorority Affairs at 541 Willard Straight Hall or at 255-2310.

Being in a sorority by no means limits the experience of the Cornell woman; it only opens more doors and opportunity for involvement in a number of other organizations. A vital aspect of female empowerment on our campus rests upon the shoulders of both older and younger women sharing their opinions, thoughts, and experiences with one another in a more intimate atmosphere conducive to productive discussion.

—Anne Crum ‘95, 1994 Panhellenic President

Greek life was never for me, and I don’t regret my decision not to rush. Greek presence at Cornell is such that it doesn’t really matter if you join a house or not. You’ll have friends who are in the Greek system and those who aren’t, and no one cares whether or not you’re in a house.

---Arts & Sciences, ‘02

Perhaps the most positive aspect of joining a sorority is that it provides a social network of supportive women with whom one may become quite close. One woman says, “the sorority system may not be as ‘typical’ as you think - it is a place where people can find support from other women.” Through meeting so many women one is exposed to a broad range of campus activities. “I am always amazed at how much Cornell women do for their community when I talk with my sisters. It is great to get to know people involved in such diverse activities because it encourages me to get involved too,” notes one Greek woman. In this way, sororities offer a starting point for many women from which they are able to grow and discover a great number of other opportunities.
ARTS AND CULTURE AT CORNELL

Opportunities for women in the arts abound at Cornell. Extensive academic programs and a host of student organizations offer students the chance to get involved in almost any aspect of the arts - studio art, theatre, music, dance, film...you name it!

Classes

The college of Art, Architecture, & Planning offers, among others, classes in the history of architecture, architectural design, urban and regional studies dedicated to various issues such as the environment, historic preservation, and economic factors, painting, drawing, sculpture, photography, and lithography. Students involved with this school have the opportunity to work hands-on and often become involved in campus exhibitions, both group and private. AAP also has a special program for study in Rome. There, students receive instruction in art, architecture, and art history, as well as Italian culture and language.

Contacts:

Architecture, 143 E. Sibley Hall, 255-5236

History of Architecture, 140 E. Sibley Hall, 255-5236

Fine Arts, 224 Olive Tjaden Hall, 255-3558

City Planning/Urban & Regional Studies, 106A W. Sibley Hall, 255-4331 or 255-4025

Rome Studies Program, 149 E. Sibley Hall, 255-6807

Within the college of Arts and Sciences, there are majors and classes in Theatre, Music, and the History of Art. Theatre offerings include everything from costume and stage design to acting and playwriting. Through the Music department you can study history and theory or receive vocal or instrumental lessons. The History of Art department deals with a rich depth and breadth of issues. Course offerings exist which focus on both feminist interpretation and women artists. Also, the English department offers courses in Creative Writing.

Contacts:
Theatre, Film & Dance, 430 College Ave, theater@cornell.edu, 254-2700, box office: 254-ARTS

Music, 101 Lincoln Hall, 255-4097

History of Art, G35 Goldwin Smith, 255-4905

English, 250 Goldwin Smith, 255-6800

Through the College of Human Ecology, you can study textiles, apparel design, and interior design. Each year, the Cornell Design League organizes runway shows in which students exhibit original work.

Contacts:

Textiles and Apparel, MVR, 255-3196

Organizations

There are many student organizations related to the arts at Cornell. Of particular interest may be a number of all-women musical groups (phone numbers may have changed; check CUINFO for more information or call the Information and Referral Service in Day Hall). All of the performance groups hold publicized auditions, usually at the beginning of each semester.

Cornell Chorus, the women’s equivalent of the Glee Club, www.chorus.cornell.edu, 255-2324

After Eight, women’s a cappella, www.rso.cornell.edu/After8/

Touchtones, women’s a cappella

Nothing But Treble, women’s a cappella

Class Notes and Key Elements are two co-ed a cappella groups

Grace Notes, Atonements, and Pamoja-Ni are Christian singing organizations. For other religious groups, contact Cornell United Religious Work at 255-4214
Exxit Only, the all gyrl comedy group, may appeal to those interested in the theatre. The group performs sketch and improvisational comedy.

Other arts related organizations include:

**Impact Dance Troupe**

**Sabor Latino Dance Ensemble**

**Baraka Kwa Wimbo A Capella Gospel Ensemble**

**Big Red Marching Band**, bigredband@cornell.edu

**Brand X Musical Theatre**, BrandX@cornell.edu, www.rso.cornell.edu/BrandX/

**Skits-O-Phrenics**, original sketch comedy group, www.rso.cornell.edu/skits/

**Gateway Theatre**, www.rso.cornell.edu/Gateway/

**Uhuru Kuumba**, African dance troupe

**Whistling Shrimp**, an improvisational comedy group. www.whistlingshrimp.com

For instruction in dance, including ballroom, jazz, modern, ballet, and tap, contact the Physical Education Department at 255-1318.

**Facilities**

Cornell has a variety of excellent facilities directed towards the arts. Here are just a few:

Risley Hall, a residential college dedicated to the creative and performing arts offers various facilities, including a darkroom and music practice rooms. To learn more about Risley, see the section of the handbook concerning campus housing.

*Willard Straight Hall* is home to a number of arts-related facilities. These include:

Art Gallery 255-4311, 526 WSH

Cornell Cinema 255-3522, 104 WSH
Cornell Concert Commission 255-7231, 518 WSH

Darkroom 255-7272, 102 WSH

Music Room apply for membership at Straight Desk

Ceramics Studio 255-5170, 215 WSH

Coffee House: 255-4311, WSH Memorial Room; Free entertainment every Thursday from 8-10 pm.

The Herbert F. Johnson Museum of Art (255-6464) offers various public programs and houses special exhibitions, as well as a permanent collection, featuring art from a wide range of eras and places. The museum accepts applications for student volunteers and each year offers internships to juniors and seniors who are majoring in the History of Art.

Sibley Fine Arts Library (255-3710)

Visual Resources Facility (255-3300)

For information regarding galleries on campus, contact the Fine Arts Department (255-3558).

The Cornell Council for the Arts supports artistic endeavors of all kinds on the Cornell Campus. The Council helps to publicize events, offers grants to departments and individuals, and sponsors special programs, such as arts festivals, dance performances, and poetry and fiction readings. For more information, contact Cornell Council for the Arts, Caldwell Hall, 255-7274.

Facilities in Ithaca

There is more to life at Cornell than just the Hill. I don’t think enough Cornell students realize this. Ithaca is a diverse community with a lot to offer, but also a lot of need. There are plays and concerts as well as many amazing state parks like Treman and Taughannock Falls. There are also many volunteer opportunities. Once I realized this, my experience at Cornell has become much more rewarding. I am meeting families and kids and I feel like I am making a small difference in their lives. Don’t be afraid to go down the Hill; it’s a whole other world down there.

— Arts & Sciences ’98
The Community School of Music and Arts: 272-1474
web site: www.ithaca.ny.us/Education/CSMA/
Classes and private instruction in visual art, dance, music and theatre.

Dewitt Historical Society: 273-8284, 401 E. State Street

Hinckley Foundation Museum: 273-7053, 410 E. Seneca Street

Hangar Theatre: 273-7890, Cass Park

The Kitchen Theatre: 272-0403, 120 N. Cayuga

Emma’s Writing Center for Women: Irene Zahara, 273-4675
Offers small group workshops for women at any level of writing.

Feminist Women’s Writing Workshop
Takes place annually in Ithaca (Box 6583, Ithaca, NY 14851).

Opportunities in the arts are everywhere on campus and off. Keep your eyes and ears open and remember to check out resources like CUINFO, the Cornell Daily Sun, the Bookpress and Ithaca Times, the Willard Straight Desk, and the Information and Referral Service in Day Hall. Contacting individual departments is also an excellent way to get information concerning arts events, organizations, and facilities on campus.

Volunteering

A crucial part of college life is getting involved with the community at large. Political organizations and volunteer opportunities abound! CUINFO has listing for political organizations such as the College Republicans, Cornell Democrats, Cornell Greens, and United Progressives.

There are many ways to be active concerning important issues that face women in society. Volunteer opportunities are consolidated into an easily accessible menu at the Cornell University Public Service Center (PSC). The PSC has a full staff to help you choose a volunteer experience that will suit your individual interests. The Center periodically holds orientation meetings and interviews in order for students to become acquainted with service opportunities and help you decide what you’d like to give back to the community.

Volunteer opportunities are endless; here are a few to spark your interest:
Big Brother Big Sister Program, Southside Community Center, Literacy Volunteers, Loaves and Fishes (soup kitchen), tutoring, the Advocacy Center, Ithaca Senior Center, or peer counseling at Gannett.

*Getting involved in volunteer activities at college reminds you that there is more to life than prelims and problem sets. In college you have to be somewhat self-centered, but just remember that a lot of people gave a lot for you to get here. By volunteering a few hours a week you can start to give back.*

— Arts & Sciences ’97

*Volunteering is fun. It’s a nice break from the pressures of Cornell’s academic life. If you do something you enjoy, it can really take your mind off stress.*

— Ag & Life Sciences ’99

**SPORTS AT CORNELL**

*I have thoroughly enjoyed participating on a women’s sports team. It has taught me so much about commitment, support, and friendships.*

— ’96

*As a female athlete, I have been made to feel inferior to my male counterparts. They receive better gear, higher status, and get all other sorts of quirks that we don’t.*

— Human Ecology ’97

Athletics is an important part of many Cornell women’s daily lives. Whether it is intramurals, club teams, or varsity sports, females at Cornell take great pride in their athletic achievements. It is difficult to imagine how Cornell women can find the time to be both students and athletes, but obviously many do. The life of an athlete at Cornell differs greatly from that of a general student. You must be a great time manager in order to fit in studying and sleeping appropriate amounts in order to do well both on the playing field and in the classroom. However, the sacrifices are worth it when you consider the pride and joy you experience by being part of a Cornell team. Cornell offers the following sports for women at the varsity level: basketball, cross country, field hockey, gymnastics, hockey, lacrosse, soccer, softball, swimming, volleyball, tennis, and track. Several of these teams also offer play at the junior varsity level.

The Title IX law states that schools must provide proportionately equal sports teams for each sex. Therefore, in recent years, many changes have occurred in the varsity sport
realm at Cornell in order to better equalize the sports opportunities for women. In 1993, gymnastics and softball club teams regained varsity status in order to better comply with the Title IX requirements. At the same time, men’s varsity sports like fencing and water polo were relegated to club status. Presently, there are 18 women’s varsity sports teams as well as 18 men’s varsity sports teams. Many universities are struggling to provide equal playing time for men and women but find that task difficult since women’s sports are low revenue creators.

Club sports are also available for many activities. Some of these clubs include aikido, badminton, cycling, equestrian, skiing, sailing, and rugby. Intramurals are a great way for women to meet new people and take a study break while reaping the benefits of exercise! Both individual and team activities (with participation fees) are offered throughout the year. The Helen Newman gymnasium, on North Campus, houses the office for intramurals in room 301, so check for sign-up dates and entry information. The number for the intramural office is 255-2315 (also see the Exercise Section of the Health chapter).

From the extremely competitive to the novice player, there is a level of play for every female at Cornell. So get involved, put down your books, and play hard!

*Women at Cornell kick butt at sports.*

—Arts & Sciences ’95

**ON CAMPUS LIFE IN GENERAL**

*Have faith in yourself. Getting used to college is hard in the beginning, but it gets better!*

— ’95

*In a college population of 17,000, it’s all too easy to feel like a number. Don’t let that happen. Get involved.*

—Human Ecology ’96

*The dating scene at Cornell is what you make of it. If your intention is to have brief physical encounters, then there are plenty of places to go. Bars, fraternity parties especially. If you want a long-term relationship, then it is a bit more difficult. Where do you look? I would say just the places you normally go. After all, the chances of you meeting someone you are compatible with at a place you don’t normally frequent are less than if you stick to places you normally go.*
Cornell's size basically means two things for social life. The first is that we need a niche somewhere so that we feel connected, whether it be with an organization, a sports team, a sorority, or a network. The second implication of Cornell’s vastness is that there is someone similar to each of us somewhere. We shouldn’t be quick to put Cornell down when we’re used to high school friends whom we’ve known for years. We’re women now, and we need to go out and make new friends for ourselves.

So, what are you waiting for?
By becoming Cornellians, we have already proven our capabilities, but upon our arrival we find that there remains an academic mountain to climb. Classes can be a source of motivation and inspiration, but also sources of frustration and stress. Regardless, the academic world at Cornell will shape our experiences for the next four years.

Despite the University’s claims of gender equity, Cornell women may encounter subtle barriers attributable to sexism. Gender bias still exists, for example, in the under-representation of women in traditionally male fields. Yet women have at least made a dent in the system, as illustrated in the strength and growth of the Feminist, Gender, & Sexuality Studies Department and the increase in female faculty members.

Believe in yourself. Have high self-esteem. Make sure you get what you are entitled. Take responsibility for your own future. Don’t expect the University or professors to do it for you. Always pursue your own self-interests.

--- Cathy Enz, associate professor, Hotel Administration

The following provides an overview of the important aspects of academic life for women at Cornell. By being informed of the various influences present in our scholastic world, we become better equipped to meet the high standards of work and more confident of the intelligence, ability, and talent that got us here.

I don’t feel women’s issues are addressed adequately outside Women’s Studies Classes.  

--- Human Ecology ’96
# Cornell University Enrollments by College

## Ithaca Campus - Fall 2001

<table>
<thead>
<tr>
<th>College</th>
<th>Undergraduate Women (%)</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Architecture, Art, &amp; Planning</td>
<td>284 (52%)</td>
<td>261</td>
<td>545</td>
</tr>
<tr>
<td>Arts &amp; Sciences</td>
<td>2303 (52%)</td>
<td>2114</td>
<td>4417</td>
</tr>
<tr>
<td>Engineering</td>
<td>648 (23%)</td>
<td>2161</td>
<td>2809</td>
</tr>
<tr>
<td>Hotel Administration</td>
<td>390 (50%)</td>
<td>384</td>
<td>774</td>
</tr>
<tr>
<td>Internal Transfer Division</td>
<td>19 (45%)</td>
<td>23</td>
<td>42</td>
</tr>
<tr>
<td>Agriculture &amp; Life Sciences</td>
<td>1674 (55%)</td>
<td>1387</td>
<td>3061</td>
</tr>
<tr>
<td>Human Ecology</td>
<td>992 (71%)</td>
<td>407</td>
<td>1399</td>
</tr>
<tr>
<td>Industrial &amp; Labor Relations</td>
<td>338 (45%)</td>
<td>416</td>
<td>754</td>
</tr>
<tr>
<td><strong>Total Undergraduate</strong></td>
<td><strong>6648 (48%)</strong></td>
<td><strong>7153</strong></td>
<td><strong>13801</strong></td>
</tr>
</tbody>
</table>

*Source: Annual Report on the Status of Women, American Indians, Asian Americans, Black Americans, and Hispanic Americans*

## ACADEMIC SUPPORT SERVICES

*Go see your professors during office hours. If you get to know them and they get to know you, you will probably find the classroom experience less intimidating; you’ll find it easier to participate. And if professors are more likely to call on male students than female students, this is one way to change those odds.*

—Nancy Hirschmann, associate professor, Government

*Speak up in class and don’t be shy about approaching professors in general and female faculty in particular. We tend to be very interested in nurturing the intellectual (and other) aspirations of our students- that’s why we chose teaching as a career- but when we have large classes it is hard to get to know each individual. Take the first step- ask questions about course materials or related topics, ask advice about other courses or career possibilities. Too often I see my advisees only during preregistration and my students only when they want to complain about grades.*
The best advice we can give here is for you to seek out your teaching assistants and professors at office hours. For some classes, like physics, biology, and math, you can take a one credit class which provides review sessions and new perspectives on lecture material. The Center for Learning and Teaching is an excellent source of academic support. As well, there are several writing workshops where other undergraduates will help you improve your writing. Finally, some subject areas have tutoring/support centers accessible to all students; this is particularly true for large science classes. Several sources of academic support are listed at the end of this chapter.

Each college has an advising office which can provide helpful information. Each student is also assigned a faculty advisor who helps in choosing classes and making sure you meet requirements for graduation. There is a huge amount of variation in student’s relationships to their advisors. The quality of this relationship depends largely on the student and the effort she puts into establishing this relationship. Make it a point to visit your advisor regularly during office hours. The Director of Undergraduate Studies for your department is also a valuable resource, especially when you have questions about requirements or about which courses to take.

_First, seek out individual faculty who are interested in the things you are, and work with them if at all possible. The best learning is hands-on apprenticeship, not from a book! Also, the best advice I ever got on attending school: two key resources are a good friend and a good filing system. Finally, don’t be afraid to admit what you don’t know._

_-Phyllis Moen, professor, Human Development and Family Studies_

**Learning Disabilities**

Cornell University uses the National Joint Committee on Learning Disabilities definition of a learning disability as it is inclusive of college-age students with learning disabilities. “Learning disability is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, writing, reading, and mathematical ability. These disorders are intrinsic to the individual, presumed to be due to a central nervous system dysfunction, and occur across the life span.”

Reports from clinics and schools show that four times as many males than females are identified as having learning disabilities. However, recent longitudinal and
epidemiological studies suggest that actually there may be as many females with learning disabilities as males. It is suspected that many of these women are not being identified and therefore represent an underserved group of students who are at significant risk for long-term academic, social, and emotional difficulties. The research shows some interesting gender differences - males exhibit more difficulties in visual-motor ability, spelling, and written language mechanics, whereas females exhibit more problems in the cognitive, language, reading, and math. Currently 40% of the students who are registered with Student Disability Services are women compared to 60% who are men.

Students with learning disabilities must register with Student Disability Services (SDS) to become eligible for reasonable academic accommodations. Students that suspect that they have an undiagnosed learning disability should contact SDS to arrange an educational screening. The educational screening examines the various factors that may affect their scholastic performance, and provides information to help make decisions about appropriate referrals. Several Cornell students each year are diagnosed with learning disabilities due to this process.

Cornell University is committed to ensuring that students with disabilities have equal access to all university programs and activities. Policy and procedures have been developed to provide students with as much independence as possible, to preserve confidentiality, and to provide students with disabilities the same exceptional opportunities available to all Cornell students. Student Disability Services (SDS), in concert with the Center for Learning and Teaching, provides a unique, integrated model to serve the needs of students with disabilities. SDS will arrange for the provision of auxiliary aids, assistive technology, and reasonable accommodations for all qualified students with documented disabilities including: academic accommodations, accessible campus housing, and transportation and parking.

WOMEN IN HISTORICALLY MALE FIELDS

In 1895, Cornell awarded the first Doctor of Science degree earned by an American woman. Since that time, women have steadily become more involved in traditionally male fields at Cornell. Throughout the last century, Cornell women have struggled to find a respected place for themselves in this institution. Despite Ezra Cornell’s wish “to have girls educated in the university, as well as boys, so that they may have the same opportunity to become wise and useful to society that boys have” (from Women at
Cornell: The Myth of Equal Education, by Charlotte Conable), the gender disparity in traditionally male fields, such as engineering, mathematics, and the physical sciences, remains heavily imbalanced in favor of men.

I believe that the vast majority of men in the College of Engineering (students and faculty) want to treat women equally. Still, engineering has traditionally been a field dominated by men and some of its old habits die hard. It is probably very easy for men who have been around in the field for a while to mistreat women. I think that most of the bias is unintentional and stems from carelessness but there must be a few men who do it consciously.

— Engineering (male) ’97

Many women students in these fields express that they do not often experience blatant sexism in the classroom from either instructors or their male counterparts. Nevertheless, some do feel intimidated by the sheer overwhelming majority of men in their classes. As one civil engineering major remarked, “You’re surrounded by men. It’s like a sea of men with a few women buoys scattered here and there.” Yet, another woman replied, “you don’t really think about it. It’s just a fact that it’s mostly men.” These statements accurately reflect the composition of the College of Engineering, where women make up only 23% of the undergraduate population.

Although women in male-dominated fields struggle against more obstacles than do their male counterparts and other women, many women on the faculty and students in these fields are noticing an evolution towards a woman-friendly environment. The hope of change in the composition of the faculty and student population in these areas can produce a snowball effect, enabling women to reach further heights in science and mathematics.

Freshman year I entered Cornell as a Chemical Engineer. I enjoyed the challenge of being one of the few women in a male dominated field and I knew that I could do it just as well, if not better, than all of them. I took Calculus, Chemistry, and Physics. I also took two writing seminars that dealt with women and gender issues.

Those classes spoke to me in a way that science didn’t, and I thrived on discovering rather than deriving. When I sat down to pick my classes for sophomore year, I realized that I had no desire or interest in continuing with engineering, but I felt as if I couldn’t give up on it. I had always felt that for an education to be real, it had to include some sort of science and number crunching.
If I transferred out of Engineering, I would be giving up on myself and admitting that I could not handle it. But what I also realized was that I could do it and had done it very well for a year. I knew that the potential was there, but my heart wasn’t. I could not rationalize devoting the rest of my life to something which I did not enjoy. So, I decided to transfer and become a Women’s Studies major.

I still think that completing an Engineering major would have been a personal triumph for me and I could hold myself up as a role model for other women and as an example to all those people who think women can’t succeed in the male professions. I should also add that I have great respect and admiration for women who do complete an engineering degree, because I know what they are struggling against and what they are struggling for. What I have learned is that the struggle for women’s recognition and rights must take place in many different ways and in many different forums. Women’s Studies has given me a broader forum to understand the motivations that placed me in the Engineering College in the first place and the desire to create a world where the gendered motivations I experienced would no longer exist.

—Art & Sciences

WOMEN IN HISTORICALLY FEMALE FIELDS

Just as being in a classroom with mostly men is an issue for many women at Cornell, so is being in a classroom or field of study where there are mostly women. The College of Human Ecology (which began as the College of Home Economics) has a long history of being dominated by women. In Fall 2001, 71% of the students in this school were female. The Feminist, Gender, & Sexuality Studies program (formerly the Women’s Studies Program) in Arts & Sciences is also predominately female, averaging approximately 15% male enrollment.

Being in a mostly female field can be both liberating and limiting. In classes where women are the majority, women often feel more comfortable speaking out in class. In female-dominated fields, the men are more likely to have to prove their ability and understanding in these classes, while women are assumed to relate to the material.

This atmosphere often allows women to excel and challenge themselves academically without having to deal with the many gender issues that sometimes inhibit their success. At the same time, women in female-dominated fields have to deal with the stigmas that often accompany their areas of study. Some view these fields as less respected or not as academically rigorous because of the very fact that they deal with issues traditionally important to women.
As a student in Human Ecology, I often feel as though there is a stigma attached to my academic work because my major is mostly female. It is as though the entire study of human development is demeaned just because women are the majority in the field.

—Human Ecology

Women should remember that these fields are not less important than traditionally male fields, but that the curriculum had long been based on the experience of males. While these female-dominated areas of study are beginning to be taken seriously, much progress must still be made in terms of the status of these subjects.

**THE FEMINIST, GENDER, & SEXUALITY STUDIES PROGRAM (formerly Women’s Studies)**

**A historical note:** Established in 1972 as one of the by-products of the Women’s Liberation Movement, the Cornell Feminist, Gender, & Sexuality Studies Program was initially called Women’s Studies. Women’s Studies was chosen to explicitly name the group rendered invisible by the “patriarchy” - and also to highlight the fact that it would be speaking from the perspective of the traditionally marginalized “other” rather than from the perspective of the group presumed by the dominant paradigm to neutrally represent humankind (i.e., men). The name quickly became controversial, not only because it suggested that the objects of study, as well as those undertaking the studies were exclusively women, but also because it did nothing to discourage the common assumption that the women in question were white, middle-class, and heterosexual.

To expand and institutionalize the sexuality component of the Women’s Studies Program, a minor in Lesbian, Bisexual and Gay Studies was established at both the graduate and undergraduate levels in the early 1990s. To shift the emphasis of the program even further toward the intertwining of gender and sexuality with structures of power and inequality, the program changed its name from Women’s Studies to Feminist, Gender, & Sexuality Studies in 2002.

The Feminist, Gender, & Sexuality Studies Program (FGSS) is an interdisciplinary program in the College of Arts & Sciences that seeks to deepen our understanding of how gender and sexuality are ubiquitously woven with structures of power and inequality. Central to the curriculum are the following overarching assumptions:
That definitions of sex, gender, and sexuality are neither universal nor immutable, but are instead social constructions that vary across time and place, serve political ends, and have ideological underpinnings.

That gender and sexuality are best understood when examined in relation to one another, in relation to the oppression of women and sexual minorities (e.g., lesbians, gays, bisexuals, transgendered, and transsexual people), and in relation to other structures of privilege and oppression, especially racism and class exploitation.

That even the most current knowledge derived from the humanities, social sciences, and natural sciences is not as impartial, objective, or neutral as has traditionally been thought, but emerges instead out of particular historical and political events.

Contact the FGSS office at 255-6480 or 391 Uris Hall for a list of courses and more detailed descriptions of course offerings.

_I didn’t consider myself a feminist when I arrived on campus, but by enrolling in a course that was cross-listed with Women’s Studies, I realized that there was an entire perspective being left out of my other classes. I would recommend that every female student make an effort to take at least one Women’s Studies course in a field that interests them._

—Arts & Sciences

**WOMEN ON THE FACULTY**

As of the 2001-2002 academic year, women comprised 23.1% of the total academic faculty throughout the University. Although these statistics demonstrate an improvement of 7% in the past ten years, issues of gender imbalance remain prominent. The disparity between individual colleges, the rank of women on the faculty, and family-related issues keep the women on the faculty from attaining equal status.

Most of the women in tenure-track positions carry the rank of associate or assistant professors. Only 129 of the 889 full professors (14.5%) are women (2001-02 academic year). This is a significant increase from the 1987-88 academic year, when only 5.5% of full professors were women. Women faculty, however, are still a minority.

Many women on the faculty express the need for a support network, especially a university-wide group which could help to eliminate the feelings of isolation sometimes experienced by women on the faculty.

**Women Faculty By College 2001-2002**
College/School Women/Total Percent

Architecture, Art & Planning 17/57 30%
Arts & Sciences 131/516 25%
Agriculture & Life Sciences 74/385 19%
Engineering 24/212 11%
Hotel 9/39 23%
Human Ecology 47/89 53%
Industrial & Labor Relations 10/47 21%
JGSM 11/48 23%
Law 8/32 25%
Vet. Medicine 25/116 21.5%

Total 356/1541 23%

Note: Faculty include part-time and acting appointments but exclude courtesy, visiting, adjunct, emeritus, Health Services and ROTC appointments. Faculty at the Medical Division, in New York City, are excluded.

Source: Annual Report on the Status of Women, American Indians, Asian Americans, Black Americans, and Hispanic Americans

Women Professors by Rank

Year Full Associate Assistant

#/Total %#/Total %#/Total %

1991-92 73/853 8.6 98/438 22.4 85/302 28.1
1997-98 102/876 11.6 113/415 27.2 89/241 36.9
2001-02 129/889 14.5 128/381 33.6 101/280 36.1

Note: Faculty are defined as the 3 professorial ranks including part-time and acting. Adjunct, visiting, courtesy, and emeritus appointments are excluded.

Source: Academic Personnel Database

Courtesy of the Office of Institutional Planning and Research

In the classroom, women faculty report the desire to be supportive and encouraging towards female students, especially those in traditionally male fields. This translates specifically into such assistance as monitoring the academic progress of women in their classes, consciously recruiting women for research or work-related assignments, and providing a classroom atmosphere in which women feel comfortable participating. Overall, these faculty members are all willing and dedicated to facilitating the education and experiences of women students at Cornell.

RESOURCES

Arts & Sciences Academic Advising Center 255-5004
55 Goldwin Smith Hall
Students in the college of Arts & Sciences can seek academic advice relating to majors, special programs, etc.

Cornell Information Technologies (CIT) 255-8990
124 Cornell Computing Center
CIT provides various computer consulting support and referral.

Continuing Education and Summer Sessions 255-4987
B20 Day Hall
Provides information and assistance regarding summer sessions and continuing education programs for non-traditional students.

Learning Skills Center 255-6310
130 Sage Hall
The learning Skills Center offers classes in study skills and other academic support skills.

Mathematics Support Center 255-4658
B-15 White Hall

Office of Workforce, Diversity, Equity, and Life Quality 255-3976 or 255-7665
234 Day Hall
Provides support, information, and referral regarding all issues of equal opportunity as defined by race, ethnicity, gender, ability, etc.
Women's Programs in Engineering 255-5227
167 Olin Hall
Coordinates targeted forums, recruitment, and events for women in the College of Engineering.

Feminist, Gender, & Sexuality Studies Program 255-6480
391 Uris Hall

Writing Workshop 255-6349
174 Rockefeller Hall
Will critique writing samples and assist in improving writing skills.
Career Services and Networking

The Cornell Women’s Handbook ~ Chapter 4

Behind every successful woman is HERSELF!
—Ag & Life Science ’96

From the moment you enter Cornell, graduation will be looming in the distance. Don’t worry—you don’t have to run screaming in the other direction! It’s not as scary as it sounds, although you shouldn’t put off thinking about your future until second semester of your senior year. Instead, start exploring career possibilities as soon as you possibly can. Cornell classes are hard and don’t allow much time for trips to the Career Center to research possible careers, but when you start thinking about graduate or professional school or jobs your senior year, you’ll be in much better shape if you have already done your homework.

Finding a Job

If you plan to find a job after Cornell, by the second half of your junior year you should do some introspection and self-evaluation and research career possibilities. Interning is a good way to meet people and to decide if you like a particular field. Many employers look favorably upon applicants who have had a summer internship; in fact, many prospective employers expect to see internships on a resume.

Another way to explore a career involves the mysterious concept called “networking.” Networking provides you with a way to move ahead of the competition by getting your foot in the door and gaining precious inside information. It is the most valuable tool for assessing your skills and interests, researching the career field in which you are interested, and possibly landing your first job.

As you start to explore your interests and skills that you might want to use on the job, networking (in the form of informational interviews) can help you gain a better perspective on potential career paths. To gather career information, speak directly with
people who have jobs that you might want someday. Most people are extremely willing to talk about themselves - all you have to do is ask! As you conduct informational interviews, the people you speak with may refer you to other people; this is called networking.

Think of yourself as a spider: you have to build yourself a great big web of contacts extending in all directions. This web is your network of people. When you first begin to look for a job, contact these people again to tell them you are seeking employment and to ask them to keep their eyes open for you. They might even have job openings.

It is said that over 75% of jobs are never advertised - this is the “hidden job market.” This means that going to the Career Center to apply for advertised jobs or just sending your résumé to different companies only works 25% of the time. Networking is another way to open up the hidden job market. Although you may prefer to strike out on your own, the old adage is true: “It’s not what you know, it’s who you know.”

**Why Network with Women?**

Sometimes the relatively egalitarian environment at Cornell creates the illusion that there is general sex equity in the outside working world. You may experience a rude awakening upon discovering that the glass ceiling still exists.

> As a new graduate student, I realized that what I was really lacking throughout my life were female role models in my career area and also in professional situations in general.

---Anon

Estimating contacts with women may even be more important than establishing contacts with just anyone. Women can give you insight on special concerns such as “the glass ceiling,” sexual harassment, and combining a family with a career. It may especially help to have a female role model in male-dominated fields.

Although women have made enormous gains in the workplace, we still experience discrimination. According to the book *Women’s Action Coalition Statistics*, typically women still make less money than men: in 1992 women could expect to earn only 66¢ (up from 64¢ in 1955) for every $1 that men earn. Women are also noticeably absent in corporate boardrooms: in a survey of 92 top U.S. corporations, women represented 37% of employees, but only 16% of management and seven percent of executive management.
Establishing contacts with women can help you learn about the reality of these concerns in particular fields as well as find encouragement in the face of discrimination.

**Establishing Contacts**

If you don’t know where to start, search the Alumni Career Advisory Network (ACAN) at the Career Center. ACAN is a database of over 2,500 Cornellians in many career fields. You can choose women professionals in the database. Some alumni specify that they are interested in helping young women start their careers.

_Cornell University has done an exceptional job educating women leaders. From the beginning, Cornell women have achieved major successes in their professions. One goal of the PCCW is to identify these women who are outstanding in their fields and present them as role models to students and alumnae so that we may all be inspired to raise our own levels of achievement._

—Carol MacCorkle ’64

An invaluable resource for networking is the President’s Council of Cornell Women (PCCW). This alumnae organization brings together a wide variety of highly successful professional women. The group sponsors luncheons and networking meetings for both undergraduate and graduate women. PCCW also maintains a roster of alumnae who are willing to lecture to groups both on and off campus. Additionally, students can access the PCCW directory which is organized by profession and industry. Alumnae listed in the PCCW Profile Book have made their names accessible because they want to help other Cornell women succeed. PCCW also funds projects like the computers for the University wide extern program (see below), the PCCW grants program, Cornell Tradition, and facilities for women’s athletics.

If you live in the Northeastern U.S., you may want to attend the Senior Women-Alumnae Dinners to network with other women. Twelve separate dinners hosted by Cornellians at their homes in Washington, DC, New York City, Philadelphia, and Boston take place over January break. During these dinners, eight to fifteen senior women meet with an equal number of alumnae to discuss career issues of interest to women. Look for applications for this event after Fall Break or call the Career Center. Make sure you adhere to application deadlines, because space is limited for this popular event.
Another important networking event for seniors takes place the first two days of spring break in Washington, DC. Seniors choose a mentor from various fields ranging from law to the environment to the non-profit sector and meet with this mentor for informational interviewing. While in Washington, students also attend information sessions about working in their area and attend a reception where they can network with alumni participating in the event. Although this event is for men and women, you can request a woman mentor.

Externing offers another way of getting to know women in your field. The Cornell Extern Program gives sophomores, juniors, and seniors a chance to gain an insider’s view of a career field and experience the work environment firsthand. Each year during winter break, several hundred students spend from one day to one week shadowing alumni in dozens of career fields, everywhere from Atlanta to San Francisco. They see what it’s actually like to be a bank vice president, an environmental lawyer, a museum curator, or a science teacher. A similar program - FRESH - enables first-year students to explore their career interests. Many participants have arranged summer or permanent jobs through contacts they made as externs!

Finding other ways to network is not difficult at all. Joining professional societies will give you an opportunity to network with members working in your field of interest. You should also check with your major department to see if they have special groups for women. For instance, women in the engineering school can join the Society of Women Engineers. Not only will you receive support from other students in your field, you have the chance to network with your professors and professionals out in the “real world.” If you are a member of a sorority, check to see what kinds of services are offered. National headquarters of many sororities have lists of alumnae who are willing to serve as contacts for other women in the sorority.

**Career Center Services**

Cornell Career Services is comprised of college career offices and the University-wide services in Barnes Hall which work together to provide a full range of services to help students make the transition from Cornell to a first job or to graduate or professional school. Career offices in each of the undergraduate colleges and schools offer a variety of career development services, including advising and programming, tailored to the curricular and career goals of students in the colleges. Generally, college career offices
offer the first point of contact for career issues during the freshman and sophomore years.

Professionals in the college career services offices will help you discover, explore, and choose a career or find your first job. Cornell Career Services educates students about the career planning and job search process and promotes linkages between students and employers, or graduate and professional schools. In line with this mission, Cornell Career Services focuses its efforts in several major areas:

**Career planning** - career testing, counseling on decisions with majors and careers, and networking opportunities

**Career information** - career library with an extensive collection of print, audio, and video reference materials on careers and career decision-making; employment; internships; graduate and professional schools; fellowships; and international opportunities to assist students with job searches and applications to graduate and professional schools

**Job search strategies** - job search seminars, employer career fairs, company information sessions, and on-campus interviews

**Employment services** - up-to-the-minute information via the Internet on summer jobs, internships, and full-time jobs after Cornell

**Graduate and professional school, including health careers and fellowships** - advising and seminars on the application process, information resources, a credentials service, and Graduate and Professional School Days

Cornell uses information technologies to provide students and alumni with access to information and job openings and to expedite communication between job seekers and potential employers. Here are some examples of the technological assistance you’ll find as a Cornell student:

**Cornell Career Services Home Page** on the Web provides 24 hour-a-day access to information about career services at Cornell, a calendar of events, career resources, summer jobs and internships, full-time jobs, and links to selected Internet career sites.
**Internships and Summer Jobs** are listed on Cornell MonsterTRAK, an online service that provides information about internships and career-related summer jobs nationwide. Internships and summer jobs offer excellent opportunities for exploring your interests and determining your “fit” with a career field.

**Cornell MonsterTRAK** also provides descriptions and application information for full-time positions with regional, national, and international employers. This database is used exclusively by Cornell students and alumni and is updated daily with positions for entry-level candidates and recent graduates in a wide range of career fields.

Each college also has its own career center which may better match your interests (see Resources).

**RESOURCES**

**Cornell Career Centers**

For further information about dates and times of events and services, stop by the University Career Center or the career center of your college.

Cornell Career Services 255-5221
103 Barnes Hall

Agriculture and Life Sciences 255-2215
Career Development Office
177 Roberts Hall

Architecture, Art, and Planning Career Services 255-7696
B1 West Sibley Hall

Arts and Sciences Career Services 255-4166
61 Goldwin Smith Hall

Engineering Career Services 255-5006
201 Carpenter Hall

Hotel Administration Career Services Office 255-9794
255 Statler Hall

Human Ecology Career Services 255-2532
172 Martha Van Rensselaer Hall

Industrial and Labor Relations Career Services 255-7816
201 Ives Hall
“It is not wise to wait until every ‘i’ is dotted and ‘t’ is crossed to decide how to live healthier. You should be basing your lifestyle on the best available medical knowledge, which says to eat a low fat diet and exercise daily. Avoid smoking and excessive alcohol use and you are likely to achieve your goal. Establish the philosophy of the Ancient Greeks: To die young as late in life as possible.”

— Jane E. Brody, College of Ag & Life Science ‘62

Every single day we are forced to make decisions that affect both our physical and emotional well-being. Some of these decisions involve serious thought and consideration, while others are practically unconscious. This chapter details some information that might assist us in making positive decisions regarding nutrition, exercise, substance use, and stress. Problems such as eating disorders, depression, drug and alcohol dependencies, and suicide are also discussed. While problems such as these may not have a direct effect on each individual, it is important to understand these problems so we may help others who are dealing with them. By taking good care of ourselves, we have the power to enhance our quality of life and, ultimately, to get the most out of our college experience.

**NUTRITION**

Eating right at Cornell can be quite a challenge. Meals are always at odd times, or there may not be time at all. With the help of the Food Guide Pyramid published by the USDA, we can make our best daily food choices to keep us full of energy and in good health. The Pyramid translates the Dietary Guidelines for America into practical eating advice. It is a flexible guide, meant to suit any age, lifestyle, need, or preference.

The Food Guide Pyramid is made up of five food groups and the Pyramid tip.

**The Bread, Cereal, Rice, and Pasta Group:**
These foods are made from grains and add fiber, complex carbohydrates, and a variety of B vitamins to the diet. Many of these foods are naturally low in fat.

**The Fruit and Vegetable Groups:**

These characteristically low-fat foods contain Vitamin A and Vitamin C as well as numerous other nutrients.

**The Milk, Yogurt, and Cheese Group:**

Dairy products offer calcium, protein, and riboflavin. Some of these products are high in fat, while others can be bought in low-fat forms.

**The Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group:**

These foods are mostly of animal origin, but some plants can offer the same benefits. This group provides protein, iron, and zinc. Some of these items contain more fat than others.

**The Pyramid Tip:**

The tip contains fats, oils, and sweets. These foods should be eaten in very small amounts. Items such as salad dressing, margarine, and soft drinks are included in this group.

There are small circles and triangles scattered throughout the Pyramid that represent fat and sugars, respectively, that are either added to the foods or are naturally present. While each food group contains some sugars, fats, or both, the tip contains the most, which is why moderation is highly encouraged. It is also important to remember that while each group provides many nutrients, no one group provides them all. Each group is unique; one group cannot replace another.

The Food Guide Pyramid recommends the number of servings to be eaten from each category every day in order to maintain a healthy diet. The number of servings you consume depends on your sex and personal level of activity. Follow this chart to determine how much of each group you should consume:

**Average Women Children Teenage boys**
Older Adults  Teenage Girls  Active Men

Active Women

Average Men

**Bread Group**  6 9 11  
**Servings**

**Vegetable Group**  3 4 5  
**Servings**

**Fruit Group**  2 3 4  
**Servings**

**Milk Group**  2-3 2-3 2-3  
**Servings**

**Meat Group**  1 1 1  

Now, you may ask, how big is a serving? Well, it depends on the type of food you are about to eat.

**Food Group Serving Size**

**Bread, Cereal, Rice**, 1 slice of bread  

**and Pasta** 1/2 hamburger bun, bagel, or English muffin  

1 ounce ready-to-eat cereal  

1/2 cup cooked rice or pasta  

1/2 cup cooked cereal  

2-4 crackers
According to the Pyramid, there are three basic guidelines to follow in order to sustain a healthy diet:

1. Variety: Choose foods from all five food groups to get maximum nutrients.
2. Balance: Get enough servings from the five food groups to match your personal calorie and nutrient needs. Balance food choices over several meals, not just one meal.
3. Moderation: Make sure you get enough, but not too much, oils, fats, and sweets.

By understanding the basics of the Food Guide Pyramid, we’re on our way to healthy eating with lots of options. Whether at the dining hall, supermarket, or vending machine, we’re empowered to make the decisions that will treat our bodies best.

**Elements of the Diet**

Did you know that a woman’s bone mass peaks at age 35, after which she tends to lose about 1 percent of bone mass every year? Calcium, vitamins C and D, and exercise NOW can help you keep your bones in shape for later! (Our Bodies, Ourselves)

The scope of human nutrition extends far beyond the classical study of the physiological and biochemical processes involved in nourishment. Human nutrition has come to include all the effects that food has on human function and its relation to chronic disease, athletic performance, resistance to infection, and fetal health and development.

**Carbohydrates**

Carbohydrates are probably the most abundant and widespread organic substance in nature and are an essential constituent to all living things.

Functions:

- serves as body’s main source of energy and vital structural components
- serves as part of the structure of nucleic acids which contain genetic information
- necessary for the utilization of the other macronutrients
- provides necessary glucose for brain functions

Sources: cereals, grains, breads, fruits, vegetables, milk, honey, syrups

**Proteins**

Proteins are fundamental to life. Some serve as structural materials, acting as a major constituent of cellular membranes and the principal component of skin. Other proteins, such as antibodies, provide defense against invading destructive forces. Still others, the
enzymes, are essential catalysts that accelerate thousands of complex chemical reactions that are necessary for sustaining life.

Functions:

- structural, fibrous proteins are involved in maintenance of either a rigid or flexible structure (collagen—>bone, tendons, ligaments, and skin)
- fibrinogen and fibrin are involved in the clotting process
- immunoglobins and antibodies combat foreign substances in the body
- enzymes are catalytic proteins that accelerate reaction rates

Sources: meats, dairy, legumes, nuts, seeds, fish, poultry, eggs, grains, beans, tofu, vegetables

**Fats**

Fats are important because they give us long-time reserve energy stores. On a weight basis, fats contain more than twice as much energy (and twice as many calories) as carbohydrates and proteins. Lipids made by fat cells serve as an energy source but also form structural components.

Functions:

- growth, healthy skin
- normal functioning of all tissues
- immune functions
- adequate composition of biomembranes
- insulation and protection for organs and body structures
- facilitate the absorption of essential fat-soluble vitamins (A,D, E, K)

Sources: dairy products, meats, oils, nuts

**Water**

Water is the most vital nutrient of any diet. Unfortunately, very few people realize the importance that water holds within the body’s system. Without water we would not be able to survive. Why is water so important? Fifty-five to sixty five percent of the female body is composed of water. Every single living cell in our bodies is composed of water, surrounded by water, and entirely dependent on water. The average adult body contains 45 to 50 quarts of water. That’s around 14 gallons!
Knowing this, it is easy to understand why we need to consume so much water. Experts recommend eight glasses (eight ounces each) of water a day. Many people will comment that they have remained healthy without drinking eight glasses of water a day. However, the water you need in your diet can come in many different forms. Many fruits and vegetables have a high water content, as do juices and other drinks. Water is gained from consuming these foods; however, these alone cannot provide the amount of water that your body needs.

Functions:

- carries out cell functions
- transports nutrients and oxygen to cells
- removes waste (essential to digestion, absorption, and elimination)
- cools body through loss of water (perspiration)
- provides cushion for tissues
- protects growing fetus
- lubricates joints of the body

Food Choices

Along with the excitement of coming to Cornell, many people fear the “freshman fifteen.” However, we can modify or maintain our weight as we like by making healthy choices. Most new students opt to eat in dining halls, which can be quite overwhelming and tempting at first. Just keep in mind what your body needs are, and you’ll be able to make the right choices.

In addition to the dining halls, vending machines provide a quick place to pick up snacks. There are over 100 vending machines on campus! This makes it very convenient to grab chips, candy, or soda when in need of an energy boost; however, most snack foods from vending machines contain 35-40% calories from fat and lots of sugar and salt. Instead of using vending machines, you may want to take a piece of fruit from the dining halls for a snack. In general, try to limit the use of vending machines; when you do opt to use them, be sure to choose wisely. Being conscious of the foods you eat, eating a balanced diet, and choosing healthy alternatives for snacks are the first steps to a healthier lifestyle.

Vegetarianism

*Being a vegetarian in Ithaca is very easy. Being a vegetarian at Cornell is a different story. The food selection for vegetarians at on-campus dining facilities has gotten quite*
better over the years, thankfully. Meals at Jansen’s my freshman year were somewhat of a challenge. Though a vegetarian option was available at most meals, the food selection became very repetitive. Cooking for myself posed another challenge, as I tried to maintain a balanced diet and cook healthy meals on limited time.

---Arts & Sciences, ‘02

Vegetarianism has become increasingly popular in the past decade and is one of the largest categories of alternative diets. People choose to become vegetarians for various reasons. Often, the reasons are related to ethics—respect for animals and concern for the environment—or health. Sometimes, the choice to become vegetarian is out of convenience, since meat is difficult to prepare. In other instances, a meatless diet is necessitated by financial restraints. Whatever the reason for becoming vegetarian, it is essential for all vegetarians, especially women, to be aware of the importance of maintaining a healthy balance of nutrients.

Some vegetarians only cut meat out of their diets and still continue to eat fish, eggs, and dairy products. Lacto-ovo vegetarians won’t eat fish and meat, but they will consume eggs and dairy products. Vegans stick to a strict diet of plant products: beans, legumes, and grains. The varying degrees of vegetarianism indicate that individuals must be aware of special considerations when following their chosen diet.

Vegetarians need to be especially conscious of including: protein, calcium, B12, iron, zinc, and riboflavin in their diet. Protein from animal sources provides the most complete and most varied amino acids, but plant sources of protein can also provide the amino acids that one needs, if consumed carefully. For example, combinations of certain protein-rich foods will effectively provide the required amino acids. Iron and zinc, calcium, B12, and riboflavin are slightly more difficult to obtain. Dairy products and soy products, like tempeh and miso, are rich in these nutrients and can serve to provide an adequate amount of nutrients that otherwise may be missed.

Some staple items for the vegetarian diet include:

1. fresh produce—especially green, leafy vegetables
2. legumes: peas, beans, lentils
3. grains, including rice and pasta
4. tofu and other soy products
5. nuts and seeds
Fortunately, Ithaca is a wonderful place for vegetarians, and Cornell also does its share to accommodate. For example, the famous Moosewood Restaurant is located in Ithaca. There are also many restaurants located right in Collegetown, like the ABC Café, that offer a variety of vegetarian dishes. For co-op meal plan participants, Cornell dining halls all offer at least one vegetarian entree at each meal, plus usual staples: salad bars, pasta bars, and stir fry. Vegan entrees are also available upon request.

**EATING DISORDERS**

*NINETY-EIGHT POUNDS*

Kate Moss is 5'7" I'm 5'7" Kate Moss weighs ninety-eight pounds NINETY-EIGHT POUNDS I’m fat fat FAT maybe if I starve myself just for a week my thighs will be thin

BEAUTIFUL I want to be beautiful and INVISIBLE I want girls who have never met me to hate me at first sight I want to puke at first bite I want to be so thin that guys won’t want to fuck me— they’ll have to find in my bony frame something they actually LIKE — something that has NOTHING to do with sex I want to be SEXLESS I’m not hungry I’m not hungry I’m not hungry.

—Lauren Wheeler, Arts & Sciences ’98

Women who suffer from eating disorders can usually be characterized as high achievers or “model children” who tend to be intelligent and perfectionists. It is speculated that anorexic women may be struggling to gain control over their bodies and lifestyles, which is often hard in a culture which places unrealistic expectations on young women and their bodies. Women with eating disorders seem to exaggerate the common behavioral and psychological affects of our society’s contradictory messages. Although there are times when anorexia and bulimia affect the same individual, the disorders have important differing characteristics.
Last year I was in a support group for girls with eating disorders. The group consisted of eight women who were students at Cornell. I was shocked to learn that on the outside these women seemed perfect. They were smart; they were athletic; they were artists; they were beautiful. At first it was comforting to know that I wasn’t alone. But then it made me extremely sad to realize that in our world, everyone is susceptible to this disease.

—Arts and Sciences ‘00

Anorexia Nervosa

Anorexia is an all-consuming and life-threatening disorder which is most prevalent among teenage women (and some men, especially athletes). The female to male ratio for eating disorders is 10:1; one out of every one hundred women are likely to become anorexic. Although anorexia may start from normal attempts at dieting, anorexic women become obsessed with losing weight and shaping their bodies to an image which can never really be attained. Most anorexics do not recognize their actual bodies in the mirror; this suggests that the figure they desire can never be embodied in their reflection. The anorexic woman is preoccupied with food and has an irrational fear of becoming fat. Although she starves herself, she will deny her hunger, that she may have a problem, and that she is too thin.

Behavioral Signs of Anorexia:

- Fluctuating body weight: usually 15 to 20% loss of normal body weight
- Preoccupation with food and/or dieting
- Distorted body image
- Unusual dining rituals which emphasize an attempt to control amount of food intake
- Compulsive exercise
- Use of laxatives and/or diuretics
- Depression
- Social isolation
- Amplified feelings of insecurity, loneliness, and helplessness

It should be taken into consideration that some of these behaviors are normal for brief periods of time. For example, many of us have felt fat and uncomfortable with our bodies at one point or another. Perhaps during that time dieting and exercise were a very serious concern. However, there is a very definite distinction between a normal attitude
of concern about body image and the characteristic obsession with weight control that is characteristic of eating disorders.

**Physical Symptoms of Anorexia:**

- Unusual thinness
- Loss of menstrual period
- Constipation
- Loss of hair on head
- Sensations of coldness, particularly in the extremities
- Low heart rate
- Low blood pressure
- Decreased metabolic rate
- Dizziness, weakness, and fainting spells

**Bulimia**

*I used to walk home from classes and play this game with myself. I'd count how many girls that I passed were thinner than me. If no one was skinnier, then I wouldn’t have to puke my guts out that night. Funny how I always lost that game.*

—Engineering ‘00

Bulimia is characterized by cycles of uncontrolled binge eating (eating large amounts of food in short periods of time) followed by purging through vomiting or the use of laxatives. About twenty out of one hundred college age women may become bulimic, which is a frighteningly high statistic. Although bulimics may begin a cycle of relatively infrequent purges, they become addicted to the pattern and it can begin to absorb nearly all of their time, energy, and money. The bulimic believes she will feel good about herself by purging, but she only succeeds in making herself feel worse and incurring serious health risks.

**Behavioral Signs of Bulimia:**

- Bingeing on high calorie food
- Secret eating
- Binges followed by stomach pains or vomiting
- Weight fluctuations
- Feeling out of control after eating
- Low self esteem
- Hypersensitivity to criticism
• Self isolation
• Lacking the language to express feelings of emptiness, worthlessness, and hopelessness

Again it should be noted that, as with anorexia, some of these behaviors and feelings are normal on occasion. It is considered a disorder if these characteristic signs become constant and consuming in the person’s everyday life.

**Health Risks and Physical Symptoms of Bulimia:**

• Chronically inflamed throat
• Salivary gland enlargement
• Tooth and gum decay
• Dehydration
• Irregular menstrual cycle
• Internal bleeding
• Intestinal infection
• Kidney damage
• Constipation
• Depression
• Swollen face, red eyes, and runny nose
• Raw knuckles

**Treatment**

Although friends and relatives may recognize that a person has a problem, only the person with the eating disorder can initiate treatment by first admitting to herself and then to a health care professional that she needs help. Medical and psychological help should be sought from clinicians experienced in eating disorders. Eating disorders appear to be a dieting or nutritional problem but more often reflect psychological conflicts. Therapy provides the immediate benefit of assuring the anorexic or bulimic woman that she is not alone and that her life does not need to be a secret. Nutritional education along with psychotherapy can be an effective path to recovery.

**How to Help Someone Who Has an Eating Disorder:**

*The most important thing for friends to know is that food has nothing to do with eating disorders.*

--- Human Ecology, ’99
• Do not nag the person about eating habits and do not assume the role of monitor. People with eating disorders are already self-conscious about their eating habits and will only become more secretive and isolated by intrusive behavior.
• Be supportive and approach her gently. Be persistent, but try to listen to her. She is a person first, one with an eating disorder second.
• Encourage her to get help by giving her resources for medication, psychotherapy, and nutritional education.
• Do not let yourself be convinced that the person does not have a problem. The problem exists, and she can fully recover with help.
• Do not deal with it alone. Confide in a trusted friend, a member of her family, or health professionals at Gannett.

EXERCISE

Take care of yourself! No one else will.

— Ag and Life Science ’97

A key component to optimal health is exercise. For an individual seeking good health, exercise is as important as nutrition and sleep. Exercise need not be formal; anything that gets our bodies up and moving is considered physical activity. For those of us looking to lose, maintain, or gain weight, exercise has a role in our daily lives.

People who engage in regular physical activity add many benefits to their lives, including improved mental outlook, improved self-image and self confidence, improved circulation, reduction or elimination of menstrual cramps, increased resistance to colds and infections, sound sleep, and a feeling of vigor — all the necessities for life at Cornell! Although not everyone attains all the benefits listed, every active individual reaps at least some of them. Exercise can help us meet the demands of Cornell life.

Exercise need not be a structured activity. All that is recommended is a minimum of 20 minutes of sustained aerobic activity three to five times per week. Exercise can be built into class schedules, too. Consider saving the dollar it costs to ride the bus and put on a comfortable pair of walking shoes. It may seem unbelievable that this could compare with a set exercise program, but it can be just as beneficial. For example, a twenty-five minute walk from North Campus to the Veterinary School is the same as a structured walk after classes, yet saves time and gets you where you’re going. Another easy exercise adjustment is to take the stairs instead of the elevator.
In addition to these easy substitutions in your daily life, there are always the structured activities available both on and off campus (see On Campus and Off Campus activity sections). The following is a list of activities that you might enjoy doing to get exercise and feel good. You are encouraged to add your own activities to this list.

- Aerobic Dance
- Basketball
- Bicycling
- Canoeing
- Cross Country Skiing
- Field Hockey
- Football
- Golf
- Handball
- Horseback Riding
- Jump Rope
- Paddleboating
- Ping-Pong
- Raquetball
- Rowing
- Running
- Soccer
- Softball
- Swimming
- Tennis
- Volleyball
- Walking

The activities mentioned above are beneficial for anyone regardless of exercise goals. For people who are looking to lose weight, exercise is a great way to burn calories. We burn calories while exercising and consequently burn more calories during sedentary activities as well. With an increase in lean tissue, metabolism increases since muscle burns more calories than fat. The increase in metabolism means it will be easier to lose weight, should you choose to do so. (Note that not everyone wants to lose or gain weight for self-image purposes.) For each pound of weight you plan to lose, you must burn off 3500 more calories than you consume. A reasonable weight loss goal is one to two pounds each week. For those who are interested in weight maintenance, exercise, in addition to a balanced diet, is a method of warding off those excess pounds.

Even though exercise is usually thought of as a method for losing weight, it is also a good idea for those looking to gain weight. The type of exercises profitable to complement an
increased caloric intake include resistance training or weight lifting. These activities will aid in gaining muscle weight instead of fat.

No matter what goal you have in mind, everyone can benefit from exercise and physical activity. By choosing an activity that suits your personality, you will be on your way to achieving better health and a more positive outlook on life. Exercise is something that every Cornell student should not go without, since it helps us meet the everyday demands of college life.

Exercise Opportunities on Campus

One of the motivating factors for joining the gym freshman year was the convenience - the gym for West Campus was located in my dorm. I worked out freshman year more than I did subsequent years. Finding the time to exercise when you’ve got school, work, and extracurriculars can sometimes be aggravating, but exercise can be such a release from the stresses of life that it’s worth it to find the time.

---Arts & Sciences, ‘02

Without ever stepping foot off campus, we can access an amazing array of athletic facilities and classes. Everyone is required to take two semesters of physical education or the equivalent. Fulfilling this obligation is rarely a chore when we have such a wide variety of activities. In fact, many students who have already fulfilled their requirements continue to take phys-ed classes non-credit.

Most people agree that the phys-ed opportunities here are incredible. Classes include:

- Personal Growth Dance Aerobics
- Massage
- Country line
- African body-mind
- Expanding intuition
- Water Meditation
- Ballet
- Step Stress Management
- Ballroom Dancing
- Yoga
• Modern Archery
• jazz Equitation
• Martial Arts/Self defense • Racquet Sports Team Sports
• self-defense for women - badminton - lacrosse
• boxing - tennis - basketball
• judo - squash - ice hockey
• karate - racquetball - soccer
• kung fu - team handball
• Pa Tuan Chin - First Aid - volleyball
• Taekwondo - life guarding
• Tai Chi Chuan - water safety
• CPR
• Ice Skating, Swimming, Diving
• Fencing, Firearms, Rock Climbing
• Fitness Skiing & Conditioning
• Nautilus Sailing
• Fly Fishing
• Golf, Olympic weight training
• Gymnastics Universal weight training
• Scuba

The physical education department is located in Teagle Hall (255-4286). Stop by for a complete, up-to-date listing of classes and schedules.

Cornell also has a wonderful Outdoor Education Program. They offer classes such as caving, rock climbing, hiking, paddling, biking, and skiing. For more information, contact the Outdoor Ed. office (255-6415).

*Taking a rock climbing class through Cornell Outdoor Education was not only fun, but a strengthening experience for me as well. It taught me that I could try something new and succeed at it; something that was for me alone. And I learned how great it feels to touch the ceiling.*

— Arts & Sciences ‘98

Cornell Wellness program (255-3886), in Helen Newman Hall on North Campus, offers a variety of services (which require a semester fee), from stairmasters and treadmills to an excellent variety of aerobics classes. Different package deals are available.
Another popular, on-campus activity that involves new people and good workouts is the intramural program. There are many teams; students can sign up as a free agent and join another team. Sign-ups are at the beginning of the semester, so look for advertising or call 255-2315 for more information.

Here is an abbreviated list of the facilities on campus:

Teagle Hall (5-1318): two pools, weight-lifting rooms, steam room

Grumman Squash Courts (5-1318)

Helen Newman Hall (5-5133): pool, dance studio, bowling alleys, open gym, Universal weight room

Equestrian Center (5-3625): Pine Tree Road

Barton Hall (5-7775): indoor track, open gym

Lynah Rink (5-4171): skating

Schoelkopf (5-4713): Nautilus weight room

Reis Tennis Center (5-2932): indoor tennis

Note: there are also open tennis courts next to Risley Hall, Helen Newman Hall, and in the woods behind the baseball field

Field House (5-4115): phys ed classes

*inside: Lindseth climbing wall (5-1807), known as one of the foremost facilities IN THE WORLD for rock climbing training and education.

Robert Trent Jones golf course (257-3661)

**Exercise Opportunities: Off Campus**

**Skiing:**

---Greek Peak (1-800-955-2SKI), near Cortland on Rt. 392
---Song Mountain (1-800-677-SONG), 45 min. away in Tully, NY

---Labrador Mountain (1-800-446-9559), 45 min. Rt. 13 to Rt. 91

**Skating:**

---Cass Park (273-9211) on the west side of Lake Cayuga: ice skating in the winter and roller skating in the summer

---The Rink (277-RINK (7465)), 1767 E. Shore Drive, Ithaca, NY

**Swimming:**

---Cass Park (273-9211), outdoor Olympic size pool

**Hiking:**

---Taughannock Falls State Park: North Rt. 89, on the west side of Cayuga Lake

---Buttermilk Falls State Park: South of Ithaca on Rt. 13

**Health Clubs:**

---City Health Club (273-8300), 482 W. Green St., Ithaca

---Courtside Racquet and Fitness Club (277-0200), 16 Judd Falls Rd.

---Ithaca Fitness Center (272-8779), 119 Third St.

**Horseback Riding:**

---Far Country Ranch (898-3186), Locke, NY

**Martial Arts:**

---Agape Institute for Movement Studies (272-1458)

overall fitness, aerobic boxing to Kung Fu, self-defense
---Ithaca Harmony with Nature Karate (273-8980), 120 E. King Rd. Ithaca Karate also offers women’s self-defense

**Rowing:**

---Cascadilla Boat Club (273-1167), Stewart Park

Getting exercise will never be as easy as it is here in naturally beautiful Ithaca. There’s no excuse: sign up for something today, or grab a friend and try something new. Have fun!

**ALCOHOL**

*Did you know that women make up 1/3 of the alcoholics in the US?*

For many college students, alcohol has become an integral part of the social scene. Cornell is not excluded from this rule. A need to escape the rigorous academic demands of school, the desire to feel more relaxed in unfamiliar social situations, the freedom from parental monitoring, and alcohol’s easy accessibility all contribute to its prevalence in college. Small amounts of slowly consumed alcohol in social situations is fairly safe and may even lower the risk of heart attack, lessen the effects of circulatory problems, and control high blood pressure.

However, we need to avoid rapidly consuming large quantities of alcohol with the intention of getting drunk; a slew of serious physiological, sexual, and emotional issues accompany excessive drinking patterns. Even social drinking has its risks; it is dangerous to become dependent on alcohol to have a good time because we run the risk of forgetting how to enjoy ourselves and feel comfortable in social situations without it.

Moreover, women in particular, need to be prepared when entering situations involving alcohol, since many incidents of sexual assault resist our good judgment when we are intoxicated.

**Physiological Issues**

Due to our physiology, women in general are particularly affected by alcohol. When we’re intoxicated, our judgment and ability to protect ourselves in threatening situations may become impaired.
From the moment alcohol is ingested, the liver and a cohort of enzymes begin to break it down in an attempt to protect the body from its poisonous effects. The disposal process is a slow one. Black coffee, fresh air, and cold showers will do nothing to speed up the process; only time will work. In other words, the rate at which the body rids itself of alcohol cannot be altered. It takes about an hour to metabolize the alcohol in 1 oz. spirits (1 shot) = 1 beer = 1 glass of wine = 9 oz. wine cooler. However, the amount of alcohol and the rate at which it enters the bloodstream depends on a variety of physiological factors. The more alcohol in the bloodstream, the higher the blood alcohol concentration (BAC) and the more intoxicated we become.

An empty stomach allows alcohol to pass unrestricted from the stomach to the small intestine and then into the bloodstream. A full stomach is one of the best ways to slow down the rate at which alcohol is absorbed into the bloodstream. Proteins and fats are especially good for pre-alcohol meals; they take time to digest and therefore provide extensive protection.

When alcohol is consumed, it diffuses into body water, which dilutes the alcohol and helps reduce its potency. Muscle tissue contains more water than fat tissue. Therefore, women, who naturally have more fat tissue than do men, have a decreased water level. If a man and woman of comparable weight were to drink the same quantity of alcohol, the woman would have a higher BAC than the man, generally speaking.

*When you drink too much, you lose your sense of good judgment. You may not care what you’re doing at the time, but you will regret it in the morning.*

— Human Ecology ’97

The fluctuation of hormonal levels during the menstrual cycle also affects the rate at which women metabolize alcohol. Women who are ovulating, menstruating, or are on the Pill experience increased sensitivity to alcohol. This is because the rate at which alcohol is metabolized under these conditions is at a minimum. In addition, heavy regular drinking can lead to several menstrual and reproductive problems: painful menstruation, heavy menstrual flow, premenstrual discomfort, irregular or absent cycles, premature menopause, and infertility. Women who drink also have a high risk of still births, miscarriages, and giving birth to infants with fetal alcohol syndrome and birth defects.
Women who drink moderately have 40-100% greater risk of getting breast cancer than those who don’t drink. Alcohol increases the level of estrogen in the bloodstream by up to 32%. Increased levels of estrogen have been linked to increasing our risk for developing breast cancer.

Alcohol is a toxin. Therefore, when alcohol is in the body, the liver devotes most of its energy to clearing it out. This results in the liver temporarily abandoning its other important functions, such as maintaining stable blood levels of glucose in the brain. Women are more susceptible to liver damage due to alcohol consumption than men, due to their increased likelihood of having a higher BAC.

Alcohol causes an increase in the secretion of digestive acids. This tends to result in the irritation of the stomach lining which often leads to nausea and vomiting. Stomach irritation and ulcers are common among regular, heavy drinkers. Women have diminished levels of gastric alcohol dehydrogenase compared to men. Consequently, less alcohol is metabolized in the stomach, leaving more available to enter the bloodstream.

Alcohol is a Central Nervous System (CNS) depressant. Most people falsely classify alcohol as a stimulant because of the loss of inhibition that usually accompanies the drunken state. In reality, these features result because the alcohol depresses one’s self-control. Alcohol depresses virtually all brain activity. The final result is slurred speech, hazy thinking, slowed reaction time, dulled hearing, impaired vision, weakened muscles, and fogged memory.

From this description it becomes obvious why drinking and driving are seriously discouraged (and highly illegal). Anyone who has not given themselves the time necessary to metabolize the alcohol which they have consumed should not be driving. Individuals who drink often (i.e., every weekend) become numb to the physiological and other effects alcohol has on the body and begin to notice its effects less and less. This does not mean that the alcohol has not impaired and depressed activities controlled by your CNS. It just means women and men with high “tolerance” are not as in tune to these changes as they were initially. Therefore, ability to drive can only be determined by measuring the time between the last drink consumed and the time of departure, NOT by how capable we might feel. Since underage drinking (under the age of 21) is illegal in New York State, underage drinking plus driving under the influence are extremely serious offenses.
Alcohol depletes the store of vitamins already in the body and reduces the absorption of new ones. Long term depletion of B vitamins, vitamin A, and vitamin C can result in one or more of the following conditions: impairment of the heart, liver, and other organs, damage to muscles and nervous tissue, anemia, reduction of disease resistance, impairment of vision, over stimulation of the adrenal gland, and beriberi, a disease characterized by severe nerve degradation.

_I came to Cornell as someone who wasn’t that much of a drinker, but I didn’t quite leave that way. I usually fit into the category of most Cornell students who drink 0-3 drinks, though not always. Ironically, I think I drank less after I turned 21 - I’m not sure if the novelty had worn out by then or what._

---Arts & Sciences, ’02

**Sexual Issues**

Many drinkers do not realize that alcohol presents a paradox when it comes to sexual activity. On the one hand, alcohol reduces the inhibitions and some of the stress that accompanies making decisions about sex. In addition, for women, alcohol acts as an aphrodisiac by stimulating the production of sex hormones. On the other hand, alcohol decreases the ability for both men and women to have satisfying sex. Alcohol dehydrates the mucous membranes that lubricate the vagina, thereby making penetration more painful. In addition, women under the influence often have more difficulty reaching an orgasm, while men have difficulty achieving and maintaining an erection.

Alcohol impairs judgment and reduces one’s ability to make healthy choices. This impairment often adversely affects decisions regarding ‘safer sex’. This puts both partners at risk for HIV, other sexually transmitted infections (STIs), and unwanted pregnancy. Women and men who report a history of STIs are significantly more likely to have a history of problem drinking.

Alcohol greatly increases the chance that a rape will occur. It is estimated that 55% of women and 75% of men involved in acquaintance rape are under the influence of alcohol. The impaired judgment which results from alcohol consumption increases the likelihood that a woman will find herself in a potentially dangerous situation. In addition, communication is often impaired; the man might be too drunk to understand or to pay
attention to the woman's verbal and physical signals, while the woman might be too drunk to give these signals.

It is important to realize that, under New York State law, a woman who drank too much may be considered “unable to consent” to sexual activity because of the altered state alcohol leaves on mind and body.

**Emotional/Dependency Issues**

Persons who are suffering emotionally often use alcohol as a means to escape their painful reality. Depression and stress are commonly thought to be relieved or reduced by alcohol. However, alcohol is a central nervous system depressant and therefore can make the pain far worse. Resorting to alcohol also creates more problems in the long run and does nothing to solve the problem at hand.

Women are 50% more likely than men to be taking other prescription drugs, such as amphetamines, anti-depressants, and anxiety reducing drugs. Many of these drugs have adverse effects when combined with alcohol; they can either enhance or decrease the strength of the medication, increase the effects of alcohol, or produce toxic reactions.

**Alcoholism**

Although recent findings have found evidence for a genetic predisposition to alcoholism, no one is excluded from the effects of heavy regular drinking. It is therefore important to familiarize yourself with the signs and symptoms of the disease so that you will be able to diagnose yourself and those around you. Female alcoholics often conceal the disease longer than males. Therefore, be especially aware of the drinking patterns of women. The American College Health Association offers the following distinctions:

**A Social Drinker**

- Drinks slowly
- Knows when to stop drinking
- Eats before or while drinking
- Never drives after drinking
- Respects nondrinkers
- Knows and obeys laws related to drinking

**A Problem Drinker**
Drinks to get drunk
Tries to solve problems by drinking
Experiences personality changes when under the influence
Drinks when she or he should not- before driving or going to class
Causes harm to others or her/himself

An Alcoholic

Drinks alone
Denies drinking
Frequently experiences “blackouts” (memory loss) and hangovers
Needs to drink before a stressful situation
Has inability to drink in moderation
Feels bored, upset, or tense if not drinking

Self Test: Questions for Women About Alcohol Use

If you or a friend are questioning your drinking patterns, Gannett recommends taking this quick test:

Do you drink when you feel depressed hoping that it will make you feel better?

Do you regularly use alcohol as medicine - to relieve menstrual cramps, help you sleep, or calm your nerves?

Do you feel sociable only when you drink?

Do you drink when you are under pressure or after an argument?

Do you try to get someone to buy you alcohol because you are too ashamed to buy it yourself?

Do you hide the empty bottles or cans and dispose of them secretly?

Do you buy liquor at different places so that no one will know how much you purchase?

Do you plan in advance to reward yourself with several drinks after you’ve worked hard?

Do you ever have blackouts- periods about which you remember nothing?

Do you ever wonder if anyone knows how much you drink?
Do you ever carry liquor in your purse or backpack?

Do you worry about hurting someone when you have been drinking?

Do you drink to make your partner less angry at you?

If you only drink occasionally, do you have a lot of drinks at one time?

Do you drink more when you have been emotionally or physically abused?

Do you feel panicky when you are faced with non-drinking periods of time or when you are without money to buy alcohol?

Do you become defensive when anyone mentions your drinking?

Do you try to cover up when you cannot remember promises and feel ashamed when you misplace or lose things?

Do you ever operate your car or machinery after you’ve been drinking?

Do you ever take sleeping pills or tranquilizers together with alcohol?

Do you ever make sexual decisions that you later regret after drinking alcohol?

Do you ever use alcohol to have or to avoid sexual activity?

Do you think that drinks at home are OK but drinks in a bar are not, or vice versa?

Have you fallen down or hurt yourself as a result of drinking?

Are you absent or late for work or school more often after you drink?

Do you ever suffer from indigestion, nausea, or diarrhea due to drinking?

If you have answered “yes” or “sometimes” to two or more of these questions you could be developing an alcohol problem. Talk with a professional in the alcohol and drug field or consult your doctor about ways in which you can help escape your dependence on alcohol. Resources are listed at the end of this chapter.
Emergencies

Gannett recommends the following:

If someone you are with has had too much to drink, get immediate medical help if a person:

- Has passed out and cannot be aroused by shouting or shaking
- Has shallow or irregular breathing
- Has mixed alcohol with other drugs
- Is injured or collapsed after drinking
- Is engaged in unpredictable, violent, or highly risky behavior
- Is talking of suicide, self-injury, or hurting another person

Extreme Intoxication

If you are sure medical attention is not required, but are not positive that this individual is out of danger:

- Do not leave the person alone until you are sure that they are out of danger
- Do not try to walk or exercise the person
- Do not give the person any food, drink, or medication because this might induce vomiting
- Do not give the person a cold shower; the shock might cause her/him to pass out
- Do not permit her/him to drive

If the intoxicated person is sleeping:

- Check regularly for breathing and consciousness
- Make sure the person is on her/his side with bent knees; this will prevent choking should the person vomit
- If the person vomits ensure that she/he does not swallow or breathe in the vomit; get immediate help if the person gags on the vomit

If the intoxicated person is aggressive or angry:

- Protect yourself and others from physical harm
- Approach the person calmly and reassuringly but firmly
- Explain anything you are planning to do before you do it
- Do not laugh, ridicule, provoke, threaten, or argue with the person
- Do not attempt to restrain the person
- If the person becomes too rowdy, uncontrollable, or violent, call the Cornell Police to intervene for you.
Medical Amnesty Protocol (MAP):

To encourage people to seek medical attention in the case of emergencies, Cornell has instituted a Medical Amnesty Protocol. If an individual who receives emergency medical attention related to the consumption of alcohol completes a designated intervention at Gannett, he or she will not be subject to judicial action should the Code violations of underage possession of alcohol and disorderly conduct occur at the time of emergency.

The individual receiving amnesty will not be required to meet with the Judicial Administrator, will not be required to pay for Gannett’s services, and will receive a warning rather than a written reprimand. A person is eligible for medical amnesty on more than one occasion.

An individual who calls for emergency assistance on behalf of a person experiencing an alcohol-related emergency will not be subject to judicial action for the following Code violations in relation to the incident: underage possession of alcohol, provision of alcohol to an underage person, and/or disorderly conduct.

More information on the medical amnesty program can be found at www.medical-amnesty.cornell.edu.

DRUGS

While alcohol is by far the most frequently and commonly used drug by college students, it is certainly not the only one. It is, however, the only legal one (that is, if you are 21). This section includes a discussion of the most frequently and commonly used illegal drugs by college students.

Marijuana

Key Information*

Slang Name: Pot, Grass, Hashish, Kif, The Bomb, Kine, The Mackedoshus, Mary Jane

Chemical Name: Cannabis Sativa

Pharmacological Classification: stimulant, depressant, or hallucinogen
Medical Use: used legally in the US as a pain treatment for some AIDS and cancer patients

How Taken: smoked, swallowed, or sniffed

Usual Dose: 1 or 2 Cigarettes

Duration of Effect: 4 hours

Physical Dependence Potential: None

Marijuana is the name given to the dried leaves and stems of the hemp plant, cannabis sativa. It can either be smoked or ingested. Marijuana is composed of 421 chemicals which are broken down in the body through a series of complex stages.

Psychological Effects: While marijuana has never proven to be physically addictive, it can be highly psychologically addictive. Marijuana exerts its psychological effects by upsetting the balance of brain chemicals that control sensory perception (including appetite), mood, energy, and concentration. The result is a state of heightened sensitivity, mild euphoria, hunger, drowsiness, nervousness, and a distorted sense of the passage of time. In addition, marijuana adversely alters judgment, reasoning skills, and reaction time (thereby making driving under the influence dangerous) and causes short term memory loss.

Physical Effects: The immediate effects of marijuana usually peak within thirty minutes and fade completely after two to four hours. However, the by-products can remain in your system for up to five days and may still be detectable thirty days or more after the last time you smoked.

Marijuana:

- causes the heart rate to increase by as much as 50%
- increases blood pressure and may trigger pre-existing heart problems or panic disorder
- has up to 50% more tars and carcinogens than cigarettes; smoking one joint does as much damage to the lungs as smoking ten cigarettes
- triggers emphysema and bronchitis
- decreases brain cell activity
- may permanently damage nerve connectors
- has been shown to impair the immune system
• causes increased vulnerability to disease
• temporarily decreases the release of hormones that direct sexual growth and development
• upsets the balance of hormones that control the menstrual cycle

Cocaine

Key Information*

Slang Names: Speed Balls, Gold Dust, Coke, Bernice, Corine, Flake, Star Dust

Chemical Name: Methyl ester of benzoylcegonine

Pharmacological Classification: stimulant

Medical Use: local anesthesia

How Taken: sniffed, injected, or swallowed

Usual Dose: varies

Duration of Effect: varies

Physical Dependence Potential: none

Mental Dependence Potential: yes

Cocaine is an alkaloid extracted from the coca plant, erythroxylon. Cocaine’s popularity is partially due to its dual effect; it acts as a stimulant in the brain and central nervous system while simultaneously acting as an anesthetic that numbs all the tissues with which it interacts. The drug is usually sold as a white powder which is commonly inhaled or “snorted” but can also be injected.

Some forms of the drug are smoked: freebase is a concentrated form of cocaine which is made by adding solvents to the powder form; crack is a rock-like form of cocaine processed in “street labs;” coca paste, a paste made from the plant from which cocaine is usually extracted, is usually spread and smoked on tobacco cigarettes.

The major difference between these various forms of cocaine is the high they produce. The high obtained from inhaled powder usually peaks and diminishes within minutes;
effects usually fade completely within an hour. Injecting and smoking cocaine produces a fast “rush” that also peaks in minutes; effects usually completely fade within the half-hour.

The most significant problem with cocaine is that the line between low and high risk cocaine use is extremely hard to draw; what is a “social habit” one week can develop into a dangerous addiction by the next. Mild dependency symptoms include anxiety, suspiciousness, irritability, tension, and insomnia. Severe addiction is marked by extreme paranoia, compulsive behavior, hallucinations, and feelings of being watched or followed.

**Psychological Effects:** Cocaine exerts its main stimulating effect by altering the action of a central neurotransmitter, dopamine, which is responsible for controlling mood and relaxation. Cocaine re-regulates the secretion of dopamine, which results in a state of increased energy, alertness, arousal, and confidence. Within about an hour, the surge of intense stimulation achieved from taking cocaine wears off and the user “crashes,” a state characterized by feelings of edginess and irritability. The “crash” is brought about as the body begins to return to a level of stimulation lower than before it was subjected to the cocaine; this low level of stimulation is characterized by decreased levels of dopamine and results in a state of depression. Taking more cocaine seems like the easiest way to reverse or avoid the “crashes;” this dangerous logic is what leads to a high rate of addiction.

**Physical Effects:** The effects of the stimulation on the brain and the central nervous system are far reaching.

Cocaine:

- drastically increases heart rate (can damage cardiac tissue and disrupt one’s normal heart beat)
- has been known to cause heart attacks and sudden death in otherwise healthy users
- causes an increase in blood pressure which can weaken or rupture the brain’s blood vessels (leading to stroke, coma, or death)
- produces decreased appetite and causes fatigue (can lead to malnutrition, weight loss, insomnia, and a weakened immune system)
- can lead to lung damage, chronic congestion, coughing, and throat pain (smoked forms)
Heroin

Key Information*

**Slang Name:** H, Horse, Scat, Junk, Snow, Stuff, Harry, Joy Powder

**Chemical Name:** Diacetylmorphine

**Pharmacological Classification:** depressant

**Medical Use:** pain relief

**How Taken:** injected or sniffed

**Usual Dose:** varies

**Duration of Effect:** 4 hours

**Physical Dependence Potential:** yes

**Mental Dependence Potential:** yes

Heroin was originally synthesized in 1898 by the Bayer Company, the same pharmaceutical laboratory that developed aspirin, with the hope that it would be as effective as morphine at reducing pain, suppressing coughs, and relieving diarrhea without being as addictive. Morphine is the active ingredient in opium, a drug made by collecting and drying the liquid which oozes from the stem of a freshly cut opium poppy flower. The opium is filtered into a morphine base, which is then synthesized into heroin. Often heroin is not found in this pure form. By the time one buys it on the street many other potency-altering substances have been added; this explains the slang term the drug has acquired, “junk.”

There are four main ways in which heroin can be ingested: smoking, snorting, skin-popping, and mainlining. To smoke heroin, usually a bit of tobacco is removed from a normal cigarette and replaced with heroin. Snorting involves inhaling the drug through the nose as one would cocaine. Skinpopping, injection of the drug intramuscularly, and mainlining, injection of the drug directly into the bloodstream, are the most potent ways of using the drug, because little of the drug has a chance to be metabolized before it
begins to exert its effects. However, these last two ingestion methods both require syringes which, when shared, can transmit HIV. If you do use heroin, protect yourself; always use a clean, disposable needle and, above all, **never share needles.** This will minimize your risk of contracting HIV.

**Physical Effects:** Heroin’s effects are almost immediate and last from three to four hours. The first symptoms are usually nausea and even vomiting. However, within minutes, feelings of well-being and euphoria set in. When mainlining, these feelings expresses themselves as a “rush” which is often compared to an orgasm. However, when the drugs begin to wear off, the crash is drastic and is often what sends a user looking for more heroin.

Not only is the drug highly addictive, but by using the drug often enough, one can also build up a tolerance for it. In other words, you need more and more heroin to produce the same effects. As a result, many people overdose on heroin, and there is a high death rate associated with the drug.

**Shrooms**

**Key Information***

**Slang Name:** Shrooms

**Chemical Name:** 3-(2-dimethylamino)-ethylindol-4-ol dihydrogen phosphate

**Pharmacological Classification:** hallucinogen

**Medical Use:** none

**How Taken:** swallowed

**Usual Dose:** 25 milligrams

**Duration of Effect:** 6-8 hours

**Physical Dependence Potential:** none
Shrooms are mushrooms which contain a psychoactive substance, psilocybin. Many choose to take shrooms over other drugs which produce similar effects because of the common belief that they, being mushrooms, are more natural than these other psychedelics. However, psilocybin is a chemical that is no different from the ones in these other drugs. Shrooms are usually eaten straight, but can also be put in food or drink. The effect of shrooms peaks about two hours after ingestion and can last between three and eight hours.

As is true for other hallucinogenic drugs, your mind-set and your physical surroundings greatly influence your experience with shrooms; feelings of anger or distress can be exaggerated on shrooms, while unfamiliar, over-stimulating, or noisy environments can result in a chaotic and scary sense of a loss of control.

**Psychological Effects:** Distortions of time and space and impairment of judgment, concentration, and coordination are usually among the first symptoms. Hallucinogenic effects, such as synaesthesia (the perception of one sense as another), hallucinations, and distortions of sight and hearing eventually set in.

**Physical Effects:** The first physical sensations noted after ingestion are muscle relaxation, a rise in body temperature, pulse rate, and blood pressure. In addition, nausea, drowsiness, numbness, and coldness of the extremities may occur at this point. Sometimes, fatigue and depression follow the psychoactive phase.

**LSD**

**Key Information***

**Slang Names:** Acid, Sugar, Big D, Cubes, Trips

**Chemical Name:** d-lysergic acid diethylamine

**Pharmacological Classification:** hallucinogen

**Medical Use:** experimental study of mental function, alcoholism

**How Taken:** swallowed

**Usual Dose:** 100 milligrams
Duration of Effect: 10 hours

Physical Dependence Potential: none

LSD is a semi-synthetic psychedelic drug. Its intense ability to excite the visionary senses has made it one of the more popular “recreational” drugs used today. The extreme potency of the drug is best exemplified by the way in which it was first discovered. Dr. Albert Hofmann, a Swiss chemist, learned of the drug’s effects when working with the substance in his laboratory. A small quantity of it soaked through his fingertips into his bloodstream; within minutes he was experiencing the first “acid trip” ever.

LSD is so intense that it is measured and packaged differently than other drugs. Most drugs are measured in thousandths of a gram, but LSD is measured in millionths of a gram. An effective dose of LSD, 20-125 mg, is invisible. As a result, it is packaged in small powder pellets (microdots), gelatin chips (window panes), and squares of LSD (soaked paper blotter). As with any street drug, it is nearly impossible to know the amount and purity of the drug.

Depending on the form, LSD can be swallowed, taken on the tongue, absorbed through the skin, or ingested. It is important to realize that increasing the dosage affects the intensity of the “trip” rather than the length. Body weight, the time of day, mental state, and physical environment can also effect the intensity of the trip.

There are many misunderstandings concerning the adverse long-term physical effects produced by LSD. It has not been shown to cause either brain damage or chromosomal mutations. In addition, it is virtually impossible to overdose on the drug. However, this is not to say that there are no harmful consequences from taking the drug. LSD produces powerful hallucinations, many of which can be quite disturbing. It also severely impairs one’s judgment; people have died or seriously injured themselves because of actions performed under the influence of the drug. It has also been known to result in a state of psychological instability which can last weeks or months and may possibly require hospitalization.

Psychological Effects: Only 0.01% of the ingested dose of LSD ever crosses the blood-brain barrier. However, this minimal amount is enough to produce an intense psychedelic experience which can last between 6 and 9 hours. The psychedelic effects produced by the drug result from the interaction of LSD with serotonin, a
neurotransmitter which plays a large role in processing sensory perceptions. The interaction of the drug with serotonin explains the elaborate visual and auditory hallucinations produced by the drug. It has also been associated with rapid mood swings, distortions of reality, and synethesia, when smells are interpreted as colors or sounds as touch etc. “Flashbacks,” a return to the psychedelic state produced by LSD at a time when you are not on the drug, have also been noted. They are triggered by stress or environmental or mental “cues” and are not physiologically based.

**Physical Effects:** LSD is rapidly distributed to most major tissues, especially the liver, spleen, kidneys, and adrenal glands, within minutes of ingestion. Upon ingestion, most people complain of a “metallic taste” in one’s mouth. Twenty minutes to one hour after ingestion, other physical effects set in: nausea, dizziness, muscle weakness, loss of appetite, increase blood pressure, dilated pupils, tenseness, drowsiness, and a tingling sensation in the extremities. Usually these symptoms disappear long before the psychedelic ones do.

**Ecstasy/MDMA**

**Key Information***

**Slang Name:** X, XTC, Adam, E

**Chemical Name:** 3,4-Methylenedioxymethamphetamine (tablets often contain other drugs)

**Medical Use:** Previously used in psychotherapy

**How Taken:** Swallowed

**Usual Dose:** varies, usually around 100-125 milligrams

**Duration of Effect:** 3-5 hours

**Physical Dependence Potential:** No

**Mental Dependence Potential:** Yes
MDMA was created in 1912. Patented but never studied or marketed for human consumption, MDMA interacts with the brain cells that produce serotonin. Serotonin is an important neurotransmitter that helps to regulate our mood and feelings of well being, as well as our sleeping and eating habits, thought processes, and sexual function. MDMA blocks the natural re-uptake of serotonin, flooding the gap between neurons with serotonin. The exact dose and ingredients in Ecstasy tablets available for sale are unknown. Pills marketed as Ecstasy have been found to contain LSD, caffeine, amphetamines, ketamine, and dextro-methorphan, an ingredient found in over-the-counter cough syrup. In order to make sure your pill truly has MDMA, test kits can be purchased via the web at www.dancesafe.org. The Dancesafe website also has a database with pictures of pills, a description of the imprints on the pills, a list of cities where they are sold, and their ingredients.

Ecstasy became very popular in the late 1990s because it was considered to be a drug with an easily controlled, pleasant high and no harmful side effects. Users generally report feelings of empathy, well-being, connection to others, and increased sensitivity to touch. There is growing evidence, however, that Ecstasy might not be so harmless, with both short-term effects for occasional users and those who experiment with the drug and long-term damage that can come with frequent use. Some users report “Tuesday blues” - feeling depressed, anxious, and irritable and having difficulty concentrating for several days after use. Harm from long-term use or a single high dose of Ecstasy can cause long-term loss of serotonin. This sort of damage could cause subtle but significant impairment to cognitive abilities, memory, arithmetic calculation, complex attention, and increased impulsiveness.

**Physical effects:** Ecstasy produces a mild, euphoric state within 20 to 40 minutes after ingesting a tablet, with the peak effect occurring 60-90 minutes after. You may also feel a little rush of exhilaration accompanied by nausea. Users report the “high” as feeling intensely empathetic, with a sensation of understanding and accepting others. This is also accompanied by feelings of increased physical sensitivity and a desire to touch. Most people can usually deal with important matters even when the high is at its peak. Its stimulant effects can increase energy and decrease appetite.

Potential negative effects may include anxiety, confusion, depression, sleep problems, and paranoia. Also, people may experience muscle tension, involuntary teeth clenching, increased heart rate, increased blood pressure, and increased body temperature. Some
deaths have been associated with Ecstasy, usually as a result of heat stroke. It is important for those who decide to use Ecstasy to stay cool and hydrated. Ecstasy can also be dangerous for people with heart problems.

**Ritalin and Adderall**

**Key Information***

**Slang Name:** Vitamin R, R-Ball, Ritty, New Coke

**Chemical Name:** Ritalin: Methylephenidate; Adderall: Dextroamphetamine Saccharate, Amphetamine Asparate, Dextroamphetamine Sulfate USP, and Amphetamine Sulfate USP

**Medical Use:** Attention Deficit Disorder

**How Taken:** Swallowed

**Usual Dose:** 5, 10, or 20 mg

**Duration of Effect:** 4 to 8 hours

**Physical Dependence Potential:** Yes

**Mental Dependence Potential:** Yes

Ritalin and Adderall are central nervous stimulants commonly prescribed for Attention Deficit Disorder (ADD). The stimulants help those diagnosed with ADD to focus and concentrate. Some students who do not have a prescription for these medications take these drugs in order to help them pull “all nighters,” either to study or to party. Most people swallow the pills, but some crush the pills and snort the powder or cook the powder and inject it. For those who choose to use Aderall or Ritalin as a study aid or party drug, it is safer to swallow the pills rather than snorting or injecting them.

Physical effects: For people not diagnosed with ADD, taking a single dose of Ritalin or Adderall will increase mental alertness and decrease fatigue. When you take the drug, you may find yourself to be more energized, talkative, and sociable and then slightly depressed and irritable while coming down from the high.
The most serious harm from Adderall or Ritalin can come from taking too much of it at one time. Regular use of these drugs for pulling all-nighters can make it hard to regulate your sleep cycle. Tolerance can develop, and you may find yourself needing more and more of the drug to feel the same effect. Potential side effects include dizziness, insomnia, depression, stomach cramps, and loss of appetite. Do not take these drugs if you have heart irregularities like tachycardia.

**Caffeine**

*I had friends who lived on caffeine freshman year. They couldn’t stay awake in class without it. My sleep deprivation made me privy to caffeine use, too, that first year. But then we grew up and realized that assaulting your body with caffeine wasn’t so healthy. Admittedly, I still do drink coffee when I’m extra tired, which unfortunately is too often. The key, I guess, is moderation.*

---Arts & Sciences, ’02

**Key Information***

**Pharmacological Classification:** Stimulant

**How Taken:** Pills, food, drink

**Usual Dose:** 200mg - 300mg (2 cups of coffee)

**Physical Dependence Potential:** Yes

**Mental Dependence Potential:** Yes

The first thing most people think of when they hear the word “coffee” is caffeine. Caffeine, found also in teas, cola, and chocolate, may get you going in the morning or pick you up for late night of studying, but it is important to keep in mind that it is a powerful and addictive drug.

Caffeine affects people in different ways. People who use caffeine on a regular basis may become irritable and tired if they go without it. On the other hand, people who don’t normally use caffeine may become jittery, nervous, and unable to concentrate, or experience an upset stomach or headache when they use caffeine.
Once caffeine enters the body, it is absorbed through the stomach and is rapidly taken up by the brain. There it achieves its purpose by stimulating the CNS. The cortical layer of the brain is aroused, resulting in an increased wakeful state and mood elevation. At higher levels of caffeine ingestion (500 mg, or 4 cups of coffee), autonomic centers of the brain are stimulated and the heart rate and respiration increase.

If you drink more than five cups of coffee a day, you may be addicted to caffeine. Use caution when reducing your caffeine intake; stopping suddenly will leave unpleasant side effects, like headaches and dramatic fatigue. For many of us, caffeine can be a very important part of our lives. Sometimes it may feel like we couldn’t stay awake without it, but it is an unnatural substance to the body and must be used in moderation. If you feel yourself depending on caffeine for energy all the time, you may want to get advice from Gannett or look into changing your diet, exercise, and sleep habits in order to keep you awake and alert on your own.

Alternatives to Caffeine Use to Keep You Awake

1. Take a cold shower.
2. Turn on wild music and dance around your room (singing along is optional).
3. Go for a quick run (this could even be up and down stairs).
4. GO TO SLEEP! Often times sleep is the best thing you can get; you’ll be more alert in the morning or after a nap.

Tobacco

When I first came to Cornell, it seemed like no one smoked here. I guess I was just hanging out with the non-smoking crowd. Then I started to notice a few places on campus where smokers congregated. Sort of a smokers club, if you will. Especially on weekends, at bars and parties, there is a lot of smoking.

---Arts & Sciences, ‘03

I don’t notice too many people smoking at Cornell. However, I do have to inhale the disgusting fumes of the minority of people who do smoke at Cornell. They seem to be attached to the doorway. Remember smokers...30 feet AWAY from the doorway!!!

---Human Ecology, ‘04
Tobacco is a drug that is widely used by college students. Many students that had never even considered smoking in high school begin in college. While there are some women who “chew” or smoke cigars, the predominant choice of nicotine among women is cigarettes. This may be due to the image created within the realm of advertising. Marlboro was created as a “feminine” cigarette, but in 1981 the Reynolds company (a major tobacco power) labeled women as the industry’s unexplored market. Fifteen years later, lung cancer remains the leading cause of death among women, bypassing breast cancer in 1987.

Some tidbits:

- Lung cancer is the leading cause of cancer death among women in the US (nearly 68,000 women a year will die from lung cancer.)
- 3,000 non-smoking people die each year in the US due to breathing second hand smoke
- Smoking amongst women causes faster aging of facial skin; is a major cause of coronary heart disease and cancers of the lung, mouth, pharynx and bladder; and increases the risk of cancers of the liver, colon, rectum, pancreas and kidney.
- Women who smoke may have an increased risk of developing cervical cancer than non-smoking women and women who are not exposed to environmental smoke.
- Women are now the fastest growing group of smokers.

Types of Smokers

Stimulation Smokers

- smoke to give themselves a lift (to stay active and not slow down)
- don’t start to wake up until they have had a cigarette in the morning

Handling Smokers

- like to have something to hold in their hands
- like to watch the smoke
- often pipe smokers are handling smokers because they like to try to keep the pipe lit

Relaxation Smokers

- like to smoke when they are relaxed and comfortable
- also known as social smokers
- most can get along without cigarettes
Crutch Smokers

- smoke when they are upset, stressed, or angry
- smoke to take their mind away from worries
- may quit easily during calm period of life but can’t stay away during crisis or difficulty

Craving Smokers

- psychologically addicted
- craving for a cigarette begins as soon as they finish the old one
- this type of smoker must quit “cold turkey” (nothing else seems to work)

Habit Smokers

- smoke automatically
- may not be aware that they are smoking
- do not get satisfaction from smoking
- is easier for them to stop then for craving smokers

From— Dr. Daniel Horn (in Tobacco And Your Health. 1969. Harold S. Diehl)

Physical Effects

It cannot be denied that smoking has harmful effects on the body. When people smoke for the first time, it is usually a rather unpleasant experience. This is because beginning smokers usually experience mild nicotine poisoning. Nicotine is a chemical. When it is released within our system, the body responds as it would to any foreign chemical. Dizziness, faintness, increase in heart rate, and clammy skin are some of the ways that the body responds. Nausea, vomiting, and diarrhea are also common. As people continue to smoke, their bodies begin to become accustomed to nicotine. They no longer experience discomfort with smoking, but the effects on the body are not diminished.

When nicotine enters the body, heart rate immediately increases. Blood pressure also goes up and stays elevated for quite some time. Due to this stress that smoking puts on the heart, coronary heart disease is common among smokers and more likely to occur among women smokers. For women who use oral contraceptives and smoke, the chances of having myocardial infarction are increased by a factor of 10.
When smoke is inhaled into the lungs, it irritates the mucous membrane of the respiratory tract. This tract is lined with cilia that serve to keep the lungs free of dust and other foreign substances. Nicotine slows the movement of these cilia and eventually causes them to stop working. At this point the delicate membrane of the lungs is exposed to smoke, which leaves them susceptible to numerous lung problems, ranging from something as simple as “smoker’s cough” to pneumonia to lung cancer.

Upon absorption, nicotine causes a release of glycogen from the liver. This surge of sugar into the blood stream acts as a stimulant causing the smoker to feel more awake and alert. But the effects wear off quickly, and the person is left feeling more tired and groggy than before. Some smokers claim that smoking is a relaxant that “calms their nerves.” This is not true, but may seem true to a smoker’s body that craves nicotine, leaving them restless and irritated.

Smoking deteriorates one’s overall health. This can be seen most clearly through a decrease in endurance; the body cannot perform at maximum level when it is compensating for nicotine’s effects. Athletes that smoke perform consistently lower in endurance activities than those who don’t. Smokers are also more apt to catch colds or take sick days from work than non-smokers.

**How to Quit**

While smoking may give you something to do, a way to fit in, or a solution to an oral fix, quitting is always a healthy alternative. A recent study showed that for women, quitting smoking at any point will improve their health. In other words, while men’s health can be expected to decline in proportion to the duration of their smoking career even when they quit, women’s systems seem to rebound better, no matter how long they smoked before quitting.

Quitting smoking is not the easiest thing to do. It definitely requires motivation and a conscientious effort. Luckily, Cornell and the Ithaca area offer many support networks and counseling opportunities. Quitting “cold turkey” is an alternative for some, while others use a nicotine patch or gum. Gannett has plenty of resources in regards to quitting smoking, as well as information pertaining to encouraging a smoke-free society on a larger scale.
STRESS

It is certainly no secret that at Cornell, stress is very common in our daily lives. Some of us can’t even count the number of times we say to ourselves and our friends I am so stressed. Stress can be both positive and negative. Positive stress can help us to focus our energies and work harder on a project. However, positive stress is short term. Once the moment of panic has passed, we should be able to relax. Negative stress happens when you can not relax and is more long-term. It has serious health risks associated with it, including ulcers, high blood pressure, increased risk of coronary heart disease, rheumatoid arthritis, and cancer.

Physical Symptoms of Excessive Stress:

- headaches
- neck, back, and shoulder pains
- nervous twitches
- insomnia
- rashes
- greater susceptibility to colds, flu, or other illnesses
- worsening of existing conditions or illnesses
- feelings of depression, anxiety, irritability, nervousness, and despair
- jaw pains and tooth aches from grinding teeth
- cankers and cold sores
- stomachaches, diarrhea, change in appetite

Mid-Semester

Sitting in my room

All I can see

Are the mounds of work

Looming over me

Pages upon pages

I haven’t read

Camping on

My unmade bed

Undone research
Laundry piles
Papers waiting
To be filed
Lab reports
Should be done
Problem sets
Oh, what fun!
Printer breaks
Needs repair
Grades are starting
To cause a scare
Dirty dishes
Hard to hide
Mold is growing
On the inside
Pre-registration forms
On the floor
Post-its cover
The closet door
Marked off chapters
In assigned books
Roommate shooting
Dirty looks
Headaches scream
What to do?

Often they’re better

Than getting the flu

Body aches

Needing sleep

Trying hard

Not to weep

All this work

The end in sight?

Maybe I’ll just

Call it a night.

~J. K. Eisenhard, Ag & Life Science ’97

Possible Causes of Stress

At Cornell, our work often seems to consume us and be the main source of stress in our lives, but it is important to realize that stress is caused by a number of different factors. Different people will feel stressed by different things. Some typical causes of stress include:

- moving
- making the transition from being dependent to independent (beginning college)
- beginning or ending a relationship
- being discriminated against because of race, gender, sexual preference, class, or ability
- physical stressors in your environment
- improper nutrition and diet
- sexual harassment and abuse
- significant changes in work load and expectations
- dealing with the loss or illness of a loved one

These are only a list of “typical” causes of stress. It is possible for almost anything to be a source of stress. Every stressor is equally important and should be kept at a healthy level.
Coping with Stress

The frequency with which people become stressed and their ways of coping with it vary from individual to individual. The first step is to identify the cause of your stress. Ideally, the cause can be removed and thereby the stress is eliminated, but often times the cause is beyond personal control. In this case, we are left to cope with the situation. When we can’t get rid of the stressor itself, we must recognize what things can be changed to reduce our stress.

Ways to reduce stress:

- **Time management.** Not only can this help with personal organization, but it also reduces the intensity of stressful bouts by spreading the cause over a longer time period.
- **Take a break.** A break from a stressful situation allows you to refocus and gain a new perspective on the problem.
- **Chill out.** Reduce the intensity of your emotional reactions to stress. Try not to overreact or put too much emphasis on something that is not critical or urgent.
- **Free time.** Plan time for yourself that you can spend doing something enjoyable and relaxing. During that time, keep your mind free from worry.
- **Meditation.** Deep breathing, visual imagery, yoga, exercise, and relaxation techniques all help to minimize stress.
- **Eat and Sleep.** Getting enough sleep and eating healthy foods can reduce stress. Often if you are over-tired, you tend to have a distorted sense of stressful situations or problems that arise.
- **Talk to Someone.** Sometimes we can not deal with our stress alone and need to turn to others for support and guidance. Friends are easy to talk to if you need to get something off your chest. Professional counselors at Gannett are also available if the problem is more serious.

Time management workshops, yoga and meditation classes, EARS, and study groups can help you deal with stress and provide ways to combat it. Most importantly, you should not let stress get out of hand. You will have to be willing to set realistic goals and organize your priorities. It will not always be easy to follow through and meet your expectations, but help is available at all stages of the game.
At Cornell and in every day life, we deal with many other people: professors, friends, lovers, and roommates. The way we choose to approach these situations depends on our personalities and preferences, none of which are necessarily right or wrong. However, relationships (including those with ourselves and our bodies) usually involve effort, whether we’re aware of it or not.

**FRIENDSHIPS**

No matter what our romantic status may be, we are social beings who enjoy the company of others. Our friends can teach us new things, involve us in different activities, and introduce us to new worlds and other friends. Especially in a world where most of us will pair off with someone, it is reassuring, normal, and some might say essential to keep ties to the world outside of our romantic relationships through close friends. Intimate friends give us fresh perspectives and love, as long as we do the same.

When first coming to Cornell, we all want to stay as close as we can to our friends from high school. Initially, it seems like we can do just that. However, letter-writing, and phone calls can be time consuming and pricey; e-mail communication may be a more efficient option. When we recognize that coming to Cornell is entering a new phase of life (while our friends at home and at their respective schools are doing the same), we are better able to let go of the security of old friendships. Of course, we don’t stop communicating with old friends entirely, but the way in which we do changes dramatically. We no longer spend all day with a familiar circle of friends but instead adjust to roommates and hallmates. Later, it becomes easier to meet new people in sororities, organizations, sports teams, and jobs.

*I once learned that new experiences are like U-curves. When you first get to a new place, everything is great and you’re on a “high.” After some time, though, you realize that you long for familiarity, and you get a little worn out from trying so hard to adjust. You want your close and best friends back! After this period, things pick up again and pretty soon the new place is just as familiar and more real than the old one.*
It’s good to know that getting a little depressed when everyone else seems so ecstatic about college is normal; everyone else just isn’t telling you that they get homesick, too.

— Art, Architecture and Planning ’97

In the first few months of campus life, you will inevitably meet many people—some of whom you may never see again until graduation. Don’t be alarmed if you don’t keep in touch or stay friends with everyone in your orientation group or the girl down the hall who seemed like the perfect friend. While many good friendships begin in the early weeks of freshman year, many more friendships fade. That’s normal; it takes time to figure out who you’re most compatible with.

One of your first potential friends is your roommate. A recent Cornell survey found that roommates who were good friends freshman year stayed that way up until their senior year. However, roommates who were not close friends but classified themselves as friends drifted apart. In the beginning, you and your roommate will probably spend a lot of time together because you have not had the opportunity to meet many other people. It’s only natural that you’ll each find your own group of friends with time.

No one ever said that making new friends is easy, even for the most outgoing person. When the feeling of loneliness and friendlessness persists, however, we may need to talk to someone else. International students in particular may feel lonely. Cornell offers counseling services through EARS and Gannett; see the Health chapter for more information.

**SEXUAL RELATIONSHIPS**

Is dating dead? How do you meet people? Can I just look the other way if I see an old hook-up? Am I the only lesbian here? Is it okay to not want to be with anyone right now?

At Cornell, there is a wide variety of sexual relationships. As our situations vary, from the celibate to the polygamous, so do our ideas about sex. Many of us may avoid sex before marriage or avoid oral and anal sex due to our religious, moral, or political beliefs. We need to remember that learning and being informed about these sexual activities is not an endorsement but rather an attempt to protect ourselves from STIs, HIV, and unwanted pregnancies. No matter how casual the relationship, if sexual activity is involved, we need to be aware of some health and safety aspects.
Thursdays

At night I close my eyes to feel his breath

So near and hot like the lucid lazy lamps.

His arms fold into waves and swallow me whole and I feel like Seth

Drowning in the summer sea except the cramps

Behold me and send my arms wailing in the stagnant air for help

And I miss his outstretched hand feeling it slip like silk

My sweaty palms and heavy breathing, gasping, pleading and

only kelp

I hold within my hand, white and placid wrinkled milk.

Consciousness regained, nothing lost, all remains still in the scorchingsky unknown.

I see him there wrapped in the folds within the sheets and my sweat

Drenching the cascades of green and paisley sheets, awake and

the wind has blown

My frightening images away from my head, warm embrace I let

His scent invade my skin and every pore and blemish transcend

into me

His eyes are open, pupils dilate and I take him in...willingly.

—Lisa Kunizaki, Ag & Life Sciences’97

Lovers may be women, men, physically challenged, old, young, and from any background. People may have many partners or be involved in monogamous
relationships. Romantic relationships need not involve intercourse or sex. Being sexual with others covers a wide range of activities and reminds us that relationships involve many, many qualities beyond physical pleasure.

According to Gannett’s sources, a good checklist for determining how we each feel about sexual involvement includes the following:

1. Recognize your potential to be in a sexual relationship.
2. Learn to accept and appreciate this sexuality.
3. Anticipate and plan for responses to sexual advances or impulses before they happen.
4. Understand your personal and moral views on sex, and find out your partners’ feelings on the same issues.
5. Decide on a comfortable level of intimacy.
6. Discuss your conclusions with your partner, doing so when both of you are relaxed but not in the middle of a romantic interlude!

Discussing sex with a partner may not be easy or comfortable, but honest communication about safe sex is critical for your health and your relationships. We can bring up the topic by showing our partners public health literature that addresses the issues without making us verbalize them flat out. (As always, there are many resources at Gannett, from brochures and condoms to very friendly and helpful counselors.)

But what about those one-night hook-ups? Many of us may regret them; perhaps we were slightly intoxicated at the time and feeling less inhibited. [Of course, if we say “no” at any point and our wishes are not acknowledged, we may have been subject to rape or assault. See Protecting Ourselves chapter.] In casual sexual encounters, protection is absolutely vital. Keep in mind that oral contraceptives prevent pregnancy when used correctly, but they do not protect us from sexually transmitted infections.

_I’m in a sexual relationship because I love her and love being close with her and making her feel good and letting her make me feel good. When I’m not in a sexual relationship, I long for one; I miss the intimacy and closeness._

As mentioned above, it is crucial that your partner understands where you are coming from and what you expect or want sexually. If and when you choose to be sexual with someone else, you should also decide how to avoid sexually transmitted infections and pregnancy (see the Gynecological and Reproductive Health chapter!). Communication about every topic, including sex, is crucial for a healthy relationship. Anyone who takes a
Communications class knows that there is verbal and non-verbal communication. Often, body language, whether we’re telling our partners that we’re upset or that we would like a massage, sends a more memorable message than words might.

*I had to learn to get over the barriers and awkwardness about sexual communication. I do talk about sex with my lovers, but I get self-conscious. I don’t want to seem either embarrassed or too proud of my sexual experience.*

We also owe it to ourselves to communicate about what we specifically want in sexual situations. If you tell your partner what s/he can do to heighten your enjoyment, both partners will get more satisfaction. Your partners will know that you are pleased, and that should please them, too. Of course, we need to respect others’ rights to refuse to perform certain acts, just as unsolicited force in any sexual encounter is dangerous and wrong.

*I feel a little embarrassed to ask for what I want and usually try to use non-verbal communication, like putting myself in the right place.*

*I was very in love my first time and I have no regrets. I am still glad I made the choices I made. Two years later, he’s still the only one I want to be with.*

The decision whether or not to become sexually active with another person is one that we all confront at some point in our lives. It is important to make the decision that will ensure your physical and emotional well-being. You have choices to make, and you are the only one who can make these decisions. It is your right to decide when sexual activity with another individual is right for you and if you are willing to accept the responsibility of the physical and emotional consequences. It is also your right to decide to stop sexual activity with another person for any reason, at any time. Abstinence is completely acceptable in a relationship; it does not mean a lack of sexual feelings, but a choice not to act on them.

*I think I was as close to love as a 17 year old can be. We used protection, it was never an issue if we would or not...I felt as though sex had been hyped up way too much. It certainly wasn’t the earth shattering phenomenon I thought it would be. I had no regrets about it. We grew up together in our relationship and this was a part of it...*
Many positives and negatives come with sexual relationships. Some issues you may want to consider are the degree of emotional commitment you want, as well as the exclusiveness of the relationship (i.e.: will you or your partner have other partners?). Other issues to consider include: risk of sexually transmitted infections, communication with your partner, and religious or moral beliefs. If you are in a heterosexual relationship, you need to consider birth control methods as well.

Communicating honestly about your needs, desires, and fears is perhaps the hardest part of a relationship. It helps to be as fully aware of your feelings as possible and be honest with yourself about them. It is important to express them with clarity and with no apologies to the men or women you are with. Pay close attention to the details of your partner’s possible needs, desires, and fears. Open, clear communication is the only way a couple can know if they can meet each other’s needs and desires.

**ABSTINENCE**

Whether or not you’re in a relationship, abstinence is always an option. Refraining from sexual activity does not necessarily mean not dating or not even having a steady partner. Perhaps you find yourself attaching too much to brief sexual encounters; perhaps you don’t have any sexual drive; perhaps you want to regroup. Although these all are temporary reasons for choosing abstinence, keep in mind that some people make abstinence a life-long practice. Abstinence is not necessarily a phase; it may very well be a deliberate choice. Whether abstinence is appropriate for a year of your life, your whole life, or not at all is entirely up to you.

**RELATIONSHIPS WITH OURSELVES: SELF-STIMULATION, SELF-SATISFACTION, AND MASTURBATION**

Whether or not we are sexually active, most of us have some kind of sexual energy. Masturbation is a way of being sexual with ourselves by allowing us to explore our bodies, learn what kinds of touch arouse and please us, and learn our own patterns of sexual response. Some women feel guilty masturbating because they have been taught that it is not something “good girls should do.” However, it is a way for us to enjoy ourselves and can be a source of sexual freedom. Healthy sexual relationships begin with feeling good about yourself and your body.
Initially the experience of masturbation may feel awkward, and you may feel self-conscious, but these feelings generally change over time. Start by finding quiet time where you can feel comfortable with yourself. Some women enjoy a relaxing bath, soft music, or candles to put them in a sexually aroused mood. By relaxing our minds and exploring our bodies, we can learn more about ourselves and pleasure.

As women, we have many ways of masturbating, such as rubbing the clitoris, putting fingers in vaginas, and rubbing or stroking breasts or other body parts. Some women use a stream of water, a dildo, or an electric vibrator. (Interestingly, lovers may feel slightly intimidated by sex toys. You may need to reassure them sometimes) Experiment with what feels good. Change the pressure or timing, move your pelvis rhythmically, or change your breathing. One of the keys to reaching orgasm through masturbation is letting go of control and enjoying the sensations throughout the process; keep in mind that reaching orgasm is not a perennial finish line. Self-knowledge and self-awareness are as important as orgasm in masturbation.

We can also take advantage of a great tool: imagination. By engaging in fantasies and erotic storytelling, we can elevate our senses not only physically but emotionally. According to one woman, “Sexual imaging is about thinking in. I go totally inside. I empty my mind. It’s a spiritual space - quiet and light. The image is always a place where I can take care of myself. [Excitement at this point] is an expression of self-nourishment.” (From Women Who Love Sex) Self-nurturing begins with thumb-sucking, according to the book’s author, and evolves into taking care of our bodies and our minds.

**ORGASM AND SEXUAL EXCITEMENT**

Excitement is the physical response to appropriate sexual stimulation. At first, the blood vessels in the pelvis, vulva, and clitoris swell as they fill with blood. The vagina produces extra lubrication, the vaginal lips become wet, and tension increases throughout the body. Muscles begin to tense up, breathing may be more rapid, the heart beats faster, body temperature rises, and the nipples may become erect. Orgasm occurs in a series of involuntary contractions of the pelvic muscles and is followed by the perception of tension release.

Orgasms differ from person to person. They may be like ripples, intense feelings, a small sigh, or even an internal earthquake. Some of us experience feelings of sunshine, energy, love, and spirituality. Our sense of touch may be radically heightened. We can reach
orgasm through masturbation, sexual activity, even just by holding hands. Orgasm, though interesting and often amazing, need not be the focus of love-making or even masturbation. Pressuring ourselves to “perform” in these situations makes sex a tense and uninviting experience.

**SEXUAL ACTIVITY**

**Intercourse**

When most people think of “sex,” their first thought is vaginal intercourse. If you’re concerned about contracting sexually transmitted diseases and/or getting pregnant, use protection. Condoms and other barrier methods are the only way, besides abstinence, to protect yourself against sexually transmitted infection.

For some women, heterosexual intercourse is not all that enjoyable. You are not alone if you find vaginal intercourse stifling, uninviting, or even uncomfortable. If you want to enjoy intercourse more (although you shouldn’t feel obliged to try to change your feelings) you can get information from Gannett on lubrication methods. Not everyone (heterosexual or not) enjoys vaginal intercourse, but there are a myriad of other ways of expressing yourself sexually and enjoying sex, whatever form it may take.

**Oral Sex**

There are quite a few words to describe this activity, *cunningilus* for women and *fellatio* for men being the least descriptive yet most proper. Some find oral sex to be the most intimate form of sexual activity, but others may be self-conscious about someone getting so close to their bodies. For those of us concerned with vaginal odor, remember that we all have perfectly natural odors. Strange smells may indicate a problem; consult a doctor. While oral sex eliminates most concerns about pregnancy in heterosexual interactions, all partners need to understand the importance of protection from STIs, which can still be transmitted orally. Condoms and dental dams are the way to go.

**Anal Sex**

Although anal sex is not a very safe form of sexual expression, many people find it satisfying. Men have sensitive prostate glands, and stimulation by finger or by penis is often pleasurable. Some women enjoy anal sex as well. Anal penetration can be done
with a finger, a dildo, a sex toy, or a penis. The tissue of the anus, however, is lined with blood vessels and tears easily. Consequently, sexually transmitted infections are more communicable during anal sex than during vaginal intercourse. Always use protection and caution.

**Variations...**

The world of sex has a myriad of possibilities for the novice and the self-proclaimed “expert;” we know that there are a lot out there because sex is everywhere we look in society. Some of us use role-playing and fantasy in our sexual lives; others rely on fetishes for satisfaction. We may fantasize about leather or long hair, whips or whipped cream, music, or lingerie.

Browsing through the personals in, say, local newspapers reveal a wide array of options as well. Couples often seek a third person for a *menage a trois*; sometimes two or more couples consider an orgy or a masturbation circle to be an exciting endeavor. The more partners involved, the more risk the situation holds, since each participant brings to the activity all of the diseases of their former partners. We need to balance our desire for experimentation with a sense of caution and a serious consideration for safe alternatives.

**SEXUALITY AND SOCIETY**

At Cornell, we enjoy a wide representation of ethnicities, including many international students. We also enjoy a full spectrum of ideas and beliefs, including views on sexuality.

Sexuality has many facets, contexts, and connotations. Society, our family, and our experiences all have shaped our feelings about sexuality. In the past, women were condemned for enjoying sex or expressing their sexuality, while men were applauded. Even today, society presents us with conflicting images of women and sexuality: white women are virginal, women of color are animalistic and erotic, Asian women are passive, physically challenged women are asexual, and the list goes on. On the one hand, we are “sluts” and “whores” when we’re sexually active, but “prudes” when we choose abstinence.

*Sex has become recreational, and is no longer purely procreational. However, this does not mean that recreational sex cannot turn into procreational sex. Those who choose to have sex for recreational purposes should take the time and responsibility to ensure...*
that it does not become procreational. Though abortion is always an alternative to an unwanted pregnancy, there is a price to pay, both physical and emotional along with monetary.

— Engineering (male) ’97

As many of us learned in our pre-college years, promiscuity is not only unsafe but is also not an effective mechanism to gain popularity. Alternately, when refraining from sexual experience altogether, we may deny ourselves sources of pleasure. Just how much time and energy we put into our sexual lives is entirely up to each of us. Ignoring society’s dictates, we can see ourselves in a position to relish SAFE sexual encounters when we choose to do so. Our personal views on sexuality depend on our parents, religion, education, and most importantly, our feelings.

Today, the negative stereotypes and attitudes regarding our sexuality are beginning to change. Women are trying to eliminate the double standard that has plagued our sexual enjoyment by outwardly expressing our desires and needs, both in society and in bed.

For some of us, sexuality is a topic reserved solely for marriage and perhaps not even then, except as sexual intercourse as a duty. Certain religious traditions teach that sexuality is sacred. Others feel that God gave us sex to enjoy; at the same time, treating sex casually or exaggerating its importance is unhealthy. For those of us brought up with these views, discussions of sexuality may make us uncomfortable, and that’s fine.

In any case, most of us include sexuality as part of our full picture of health. We are all sexual beings who feel attractions and desires. We all have ways in which we enjoy being touched. Often “sex” and “being sexual” have exclusively meant intercourse. In reality, sexuality encompasses a wide range of feelings, experiences, and forms of expression. It includes sexuality with ourselves, masturbation, fantasies, heterosexual and homosexual relationships, sights, sounds, smells, and feelings. By exploring our sexuality we can learn about ourselves and our partners.

RESOURCES

Gannett: University Health Services 255-5155

8:00 - 5:00 Monday - Friday during semesters
8:00 - 4:30 Monday - Friday during summer and intersession

- confidential counseling and medical services for women and men - lesbians, gay men, bisexuals, heterosexuals, and transgendered people.
- free confidential HIV testing and counseling
- routine gynecological care, annual exams, colposcopy and infection check-ups, sexual-assault examinations, sexually transmitted infection exams
- contraception, emergency contraception, pregnancy testing, counseling, and referrals for prenatal care, abortion, or adoption
- counseling for sexual harassment, rape, sexual identity, pregnancy, sexual dysfunction, and personal relationships
- moderately priced contraceptive prescriptions and over-the-counter supplies

Planned Parenthood of Tompkins County 273-1513
314 West State Street
8:30 am-8:00 pm Monday-Thursday
8:00 am-4:00 pm Friday
www.sextalk.org

Medical Services 273-1513
- Annual exams, including Pap smears
- Birth control, pills and shots
- Emergency contraception
- Pregnancy testing
- Abortion services, medical and surgical
- Counseling
- STI testing and treatment
- HIV counseling and testing
- Safer sex supplies
- Sliding fee scale

Educational Resources 273-1526
- Sexuality education programs
- Professional training
- Sex information and resources

EARS

Empathy, Assistance and Referral Service 255-EARS, 211 WSH
- provides confidential peer counseling
Places Of Interest:

Book Sales Gallery 272-9882  
103 W. State Street  
M-Sat. 10am-12 pm; Sun 1 pm-10 pm  
  • Adult toys- novelties, magazines, video tapes

References:


As we enter college, many of us begin to consider important health issues such as birth control, sexually transmitted infections, and gynecological health. Taking care of ourselves is important but becomes even more complicated if we are sexually active. A life-long habit of self-care begins with education. This means reading whatever we can; learning from books, friends, counselors, and health care professionals; and staying in tune with our bodies.

One of the best sources of information on these topics is Gannett: Cornell University Health Services. Gannett provides pamphlets, counselors, doctors, and referrals and offers a wide range of confidential services. Armed with these resources, we can take our physical well-being into our own hands.

Everyone (males, females, couples) should make use of the services offered by Gannett. As a peer counselor and a student, I have realized that people need much more information regarding their sexual health. Our peer counseling sessions provide people with vital knowledge regarding STIs, birth control, abstinence, gynecological health, self exams, relationships, and safety issues. Most importantly, they provide students with the opportunity to learn and ask questions in a confidential, one on one setting with a sensitive peer.

---Human Ecology

ANATOMY

In order to understand your body, it is vital to know the medical terminology of the female reproductive and sexual organs. Also equally important is to know your partner's body - whether it be a male or female. Throughout this chapter, we will be referring to both male and female body parts and offer this section as a reference.

Female Sexual and Reproductive Organs

Vulva: the external genitalia, which consists of the clitoris and clitoral hood and the labia majora and minora.
**Mons pubis**: the soft fatty tissue covered with pubic hair that lies on top of the pubic bone.

**Clitoris**: the highly sensitive sexual organ made of erectile tissue, located near the top of the vulva within the outer lips. The external part of the clitoris, called the glans, is covered by the hood of skin. It is connected to a shaft which extends down towards the vaginal canal. The entire clitoris is made of erectile tissue. When aroused, it fills with blood, becoming harder and more sensitive. The sole purpose of the clitoris is sexual sensation and, if sufficiently stimulated, can produce orgasm.

**Labia majora** (outer lips): the soft folds of skin which form overlaps on the outer part of the vulva.

**Labia minora** (inner lips): the folds within the labia majora which surround and cover the openings of the urethra and the vagina.

**Urethra**: the tube leading from the bladder to the urinary opening.

**Hymen**: A thin membrane surrounding and partially covering the vaginal opening, which becomes stretched and/or broken when a finger, tampon, penis, or other object is inserted into the vagina. A common myth is that first sexual intercourse may be painful for the woman due to the rupture or stretching of the hymen. This may be true if the hymen is especially thick and blocks the vaginal entrance.

**Vagina**: the muscular canal that leads from the vaginal opening to the uterus.

**Cervix**: the base of the uterus which extends into the vaginal canal. In its center is a small opening into the uterus, called the cervical os.

**Uterus**: the pear-shaped muscular organ situated in the pelvic cavity that receives and holds the fertilized ovum (egg).

**Ovaries**: the two small organs located on either side of the uterus in which the ovum (eggs) are stored and grow to maturation.

**Fallopian tubes** (oviducts): the two small tubes which extend from the ovaries to the uterus, through which ova travel.
Male Sexual and Reproductive Organs

**Penis**: male organ for urination and the release of semen; associated with feelings of pleasure during sexual stimulation.

**Scrotum**: a sac that encloses the two testes and maintains the testes at a temperature suitable for sperm production.

**Testes**: contains the seminiferous tubules and interstitial cells that produce sperm and secrete the male hormone testosterone.

**Epididymis**: stores slowly maturing sperm until sperm are released into the vas deferens.

**Vas deferens**: carries sperm from the epididymis to the ejaculatory duct.

**Prostate gland**: secretes fluid that initiates the movement of sperm and nutritionally sustains sperm.

**Cowpers’s gland**: secretes fluid that neutralizes the acidity of any urine in the urethra.

**MENSTRUATION**

It has been said that some women leave their periods at home when they arrive at Cornell and they don’t resume their regular cycle until they leave. Stress, travel, extensive exercise, improper diet, and low body weight can all be reasons for missed periods. There is no exact timetable for the menstrual cycle (normal range is between 21 - 45 days). Some women, especially young women, are naturally irregular. It is a good idea to have a pelvic exam if you are consistently missing your period.

Premenstrual syndrome (PMS) is a complaint of as many as 85% of menstruating women. It is common to sense changes in mood and energy level, as well as bloating, cramps, breast tenderness, back pain, headaches, food cravings, and other personal signals related to the menstrual cycle. The symptoms of PMS are real, although the exact causes are not known.

No single treatment has been shown to be effective for curing all symptoms, but there are a number of ways to lessen them. These include birth control pills, vitamin supplements,
eating a balanced diet throughout the month, and getting regular aerobic exercise. During the premenstrual interval, it is best to follow a diet high in complex carbohydrates (bread, pasta, cereals) and low in salt and sugar and to minimize coffee, tea, and caffeine-containing beverages.

ANNUAL EXAM

I was already 20 when I figured I should schedule my first annual exam. I'd just always put it off, and I wasn't looking forward to it, but I realized it would be a good thing to start before I got out into the 'real world' where it might be even scarier. I'd heard horror stories, and I had absolutely no idea what it would be like. Fortunately, Gannett was great about making sure I knew what to expect. Before my exam, I met with a peer counselor who explained the entire procedure and made sure I didn't have any questions. When I went for my exam, the clinician told me what she was doing at every step and made sure I was as comfortable as possible. It was still a weird experience, but I'm relieved that I finally know what happens, and I'm glad that I chose to have my first exam while I was in an environment where a lot of people are still learning about their bodies.

---Arts & Sciences '04

One of the best ways to start learning about our sometimes mysterious gynecological health is by having an annual pelvic exam. You should begin having pelvic exams when you become sexually active or by the time you turn eighteen. The more informed you are about the exam, the more comfortable and beneficial the process will be. The exam is divided into several parts.

At Gannett, you will often meet with a trained peer counselor who will take your general medical history including your family health history, personal medical history, and sexual history. The peer counselor’s main purpose is to write down vital information in order to aid the clinician. Be honest and complete because it gives your clinician vital information about your health. Don’t let fear or embarrassment be a reason for withholding information. This information is strictly confidential, and peer counselors are under the same guidelines as clinicians. If you feel uncomfortable talking to a peer, you can schedule an appointment with a clinician.

The physical exam begins with a general examination including blood pressure, pulse, weight check, examination of your head (eyes, nose, and throat), and a check of the heart, lungs, and abdomen. The clinician will also check your breasts for any lumps and will explain the procedure for the self-breast exam. (This procedure is also explained later in the chapter.)
The next part of the exam is the pelvic exam. The clinician will ask you to lie on an examining table with your knees apart and your feet in the stirrups; s/he will first visually examine your vulva for discoloration, irritation, swelling, bumps, hair distribution, and unusual vaginal discharge. The clinician will then insert a slender instrument called a speculum into your vagina to hold the vaginal walls apart. This device allows the clinician to view the vaginal canal and the cervix to look for discoloration, abnormal discharge, growths, and signs of infection. You can look at your cervix with a mirror while in this position. Some practitioners will ask if you would like to look, but feel free to ask if they do not offer. The clinician will then take a Pap smear from the cervix or vagina with a small sterile brush while the speculum is in place. A pap smear is a sample of cells which are placed on a slide and examined in a lab for abnormalities which could be a sign of infection or disease. After the pap smear, the speculum is removed.

The final part of the exam is the bi-manual exam. The clinician will insert one or two fingers into your vagina and press the outside of your lower abdomen with the other hand in order to feel your uterus, fallopian tubes, and ovaries for swelling, tenderness, cysts or other growths. During the exam, if you have any questions, ask! This is your body, and you have a right to feel comfortable and to know what is going on.

Generally, the exam does not hurt, although you may feel some pressure in your vagina. If at any point it does hurt, make sure that you let the clinician know. It often helps if you can relax your pelvic muscles, and you can practice this by doing the Kegel exercises.


Kegel Exercises

These exercises are designed to strengthen and to increase control of the pubococcygeal (PC) muscle. This muscle is responsible for retaining urine and feces. It also contracts during orgasm. By performing the Kegel exercises, you are better able to control contraction and relaxation of this muscle during the pelvic exam. In addition, some women feel more sensation during sexual stimulation if they regularly exercise the muscle. The exercises are very discrete. You can perform them in class or in line at the store and no one will ever know!
To perform the exercises, first locate the PC muscle. Urinate with your legs apart; the muscle that you squeeze to stop the flow of urine is the PC muscle. The first Kegel exercise is squeezing the muscle inward and upward for three seconds, relaxing it for three seconds and then squeezing the muscle again. This should be repeated for ten squeezes and releases at three different times in the day. The contractions may be difficult to perform at first, but they will become easier over time.

The second Kegel exercise is a fluttering motion; the object is to squeeze the muscle, relax, squeeze, relax—as quickly as possible. This should be repeated for 10 squeezes at three different times during the day.

The third exercise is called the elevator exercise. You should imagine yourself slowly pulling an elevator upward by contracting the muscles upward along the vaginal canal, starting at the vaginal opening and ending near the uterus. After three or four seconds of raising the “elevator” you should slowly lower it back down. Perform ten contractions three times daily. The last exercise consists of bearing down as if you were pushing a tampon out. This should be held for three or four seconds.

These exercises are very discrete and can be practiced any where. It is important to isolate the right muscles. If you are grimacing, squeezing your legs together, or holding your stomach in, you are not performing the exercises correctly and you should relocate the muscle as described before.


**BREAST SELF EXAM (BSE)**

Breast cancer is one of the leading causes of death for women. Although the risk of breast cancer is low in young women, it is important for us to become familiar with our breasts now so that we can detect changes and abnormalities early. Some women find performing the breast self exam uncomfortable because they have been taught not to touch themselves. However, the BSE is one of the best ways to detect breast cancer in its early stages. If detected soon enough, breast cancer can often be treated successfully. Your health care provider will perform a breast exam during an annual exam and can show you how to perform a BSE.
Step One: Visual Inspection

1. In good lighting, stand in front of a mirror and look at your breasts from all angles. With your arms relaxed at your sides, look for any change in the size or shape of the breast, dimpling, puckering, or color change. Look for a change in the direction of the nipple or any discharge.
2. Then place your hands over your head and look to see if the breasts move up and down together. Look for any dimpling or sores.
3. Put your hands on your hips and tighten your chest muscles. Again, look for any dimpling or puckering of the skin. Be sure to view your breasts from all sides during this examination.

Step Two: Physical Inspection

1. To examine your right breast, begin by putting your right hand behind your head. Hold your left fingers together and use the pads (not the tips) of your fingers to press firmly on the breast, beginning at the top outer portion of the breast and moving around the entire breast using small circular motions.
2. Move inward one finger’s width and continue to make small circular motions. Continue this pattern until you have reached the nipple. Cover all areas of the breast tissue including the underarm and chest area below the breast. (This portion of the BSE can be done in the shower or bath. Fingers slide over wet soapy skin which makes it easier to feel lumps and tenderness.)
3. Repeat steps one and two while lying down. Place a small pillow or folded towel under your right shoulder and place your right hand behind your head. Use the same circular technique to check your right breast. Repeat this procedure for your left breast.

Do this exam monthly to maximize effectiveness. Breast tissue is naturally lumpy, but BSE helps you become familiar with what is normal for you. You should do the BSE one week after the beginning of your menstrual period because the consistency of your breasts will often change throughout the menstrual cycle. Examine your breasts at approximately the same time every month in order to monitor changes in your breasts effectively.

From— “Breast Self-Examination,” American Cancer Society pamphlet.

Common vaginal infections AND DISEASES

Women are susceptible to a variety of vaginal infections from the overgrowth of organisms such as bacteria, yeast, and fungi. One of the first signs of infection is unusual vaginal discharge. Healthy vaginal discharge is transparent or cloudy white. It may dry
onto clothing as a yellow color. Normal discharge causes no discomfort and is part of bodily functions.

**Yeast Infections**

Yeast is normally present in a healthy vagina but increases to higher levels during a yeast infection (Candida vaginitis). Yeast infections are sometimes more likely to occur when you are taking antibiotics or if you are on the Pill. The infection is often accompanied by a thick white discharge that may look like cottage cheese and may smell like baked bread. It often causes the vulva to itch or burn, and it may be accompanied by a red rash on the vulva. Yeast infections are easily treated with a medicated cream or suppository that you place inside your vagina. The first time you get a yeast infection, see a gynecologist for diagnosis and treatment.

If you have had a yeast infection previously, you can treat it in several ways to reduce chances of recurrence:

- Try nonprescription medication such as Monistat and Gynelotrimin. Aloe Vera gel relieves external itching and burning.
- Drink cranberry juice to help decrease the pH in the vagina to allow for more favorable lactobacillus growth. This is a “good” bacteria that lives in the vagina and eats yeast.
- Promoting general good health, including proper nutrition, sleep, exercise and stress management, is the first step to prevent infections.
- Avoid high-sugar diets which favor yeast growth.
- Wear cotton underwear, wear loose-fitting clothing, and no underwear at bedtime.
- Avoid tights and pantyhose.
- Rinse and dry the vulva after cleansing with mild soap, douche only with your health care provider’s advice, change sanitary napkins and tampons regularly, and wipe from front to back after a bowel movement or urination.

**Bacterial Vaginosis**

Another vaginal infection is Bacterial Vaginosis caused by an overgrowth of bacteria which are normally present in small amounts in your vagina. The condition may arise spontaneously or may be transmitted sexually (although this is unusual). The symptoms include a white, foamy, thin discharge that has a strong, fishy odor. The discharge may cause an itching or burning sensation. Treatment usually consists of oral antibiotics or intravaginal suppositories or creams.
Urinary Tract Infections (UTIs)

UTIs occur when bacteria, such as *Escherichia coli*, travel from the vagina or colon into the urethra and bladder. UTIs can be the result of a sudden increase in vigorous vaginal intercourse or by sexually transmitted infections such as trichomoniasis and chlamydia (see STIs in this chapter). Inflammation or infection of the bladder is the most common UTI; this is known as cystitis. The symptoms include frequent urination, burning during urination, blood or pus in the urine, and pain just above the pubic bone. UTIs are diagnosed by a urine test performed by a health care practitioner and are treated with antibiotics.

*To prevent UTIs:*

- Drink lots of fluids.
- Urinate frequently and completely empty your bladder.
- Wipe from front to back after urination and bowel movements.
- Empty the bladder immediately after intercourse.
- Avoid caffeine and alcohol, which irritate your bladder.

Ovarian Cysts

Ovarian cysts are relatively common gynecological occurrences. Many are functional and will take care of themselves. Some develop when a follicle has grown large but has failed to rupture and release the mature egg. Symptoms may include irregularity in the normal menstrual cycle, unfamiliar pain or discomfort in the lower abdomen, pain during intercourse, or unexplained abdominal swelling. A pelvic exam and/or an ultrasound will help clinicians evaluate the cyst.

Endometriosis

When endometrial (inner uterine) tissue appears in the ovaries, fallopian tubes, outer surface of the uterus, body tissues in the abdomen, or bowels, it can lead to endometriosis. The endometrium responds to the cycle of hormones: it grows with the uterine lining, and at the end of the cycle it breaks apart and bleeds. Unlike the uterine lining which flows out of the body, the displaced tissue has nowhere to go. The body responds with inflammation of the collected tissue trying to absorb the blood back into the circulatory system and forming scar tissue. Endometriosis may cause adhesions of tissue that bind organs together.
The condition may gradually worsen with time and symptoms may come and go. Endometriosis can lead to sterility if left untreated. This possibly hereditary disease occurs only between menarche and menopause, mostly among women in their thirties and forties. Hormonal treatment, such as oral contraceptives, is often effective, although in some cases removal of the tissue is necessary.


**Toxic Shock Syndrome**

Toxic Shock Syndrome (TSS) is a disease caused by toxins released from some types of the bacterium *Staphylococcus aureus*. About half of the cases of TSS are associated with menstruation, in which healthy, young women use tampons during their periods. TSS symptoms appear quickly and are often severe. TSS is often characterized by a high fever (105°F), aching muscles, sore throat, and symptoms that resemble the flu.

For those women who use tampons, there is a greater risk of TSS for women who use highly absorbent tampons. It is suggested that you follow the manufacturer’s instructions about how long the tampon should be kept inside your body, store tampons in a clean, dry space, and wash hands with soap and water before and after inserting or removing a tampon.

**CONTRACEPTION AND STI PREVENTION**

Choosing to become sexually active is a personal decision that is often surrounded by a myriad of questions. “Am I ready to become sexually active?” “What kind of contraception is best for me?” “How can I prevent STIs?” “Where can I go for help?” This section addresses these questions and other concerns you might have, as well as provide you with a list of resources (See Relationships & Sexuality).

**Abstinence**

Abstinence is the only 100% effective method of birth control and is also the best way to avoid contracting sexually transmitted infections (STIs). Women choose not to have sex for many reasons. Some feel that pre-marital sex is contrary to their religious beliefs, while others want to save their virginity for marriage, but there are many other reasons
to abstain as well. Removing sex from the equation can help to refocus your energy on other aspects of the relationships. Saying no to sex can be empowering; it confirms to both you and your partner the boundaries and limits you have set.

You, and only you, are responsible for personal choices about sexual intimacy. A person who commits herself to abstinence needs to think about how she will deal with the situations that may test her resolve.

_I am 21 years old and I’ve never had sex. I’m not going to lie and say that I’ve never been tempted. In fact, every time I’m with my boyfriend, I have this incredible urge to just get it over with. But I really want to wait until I can lose my virginity to someone that I am truly in love with. I’m very lucky - my boyfriend now sincerely supports my decision._

— Industrial and Labor Relations ’96

While abstinence may be temporary or life long, those who choose to become sexually active have a number of decisions to make. Sexually active people need to make the prevention of STIs a primary concern. Heterosexual relationships involve the added consideration of birth control, but often the two go hand-in-hand. No method, except for abstinence, guarantees the prevention of pregnancy or STIs. Becoming sexually active is exciting but involves careful thought and responsibility. Whether you’re in a monogamous relationship or are interested in casual contact, you have several important decisions to make.

_Although I don’t believe in pre-marital abstinence, I do believe in being a little choosy in whom you decide to make love to. There is a reason it’s called making love — you should feel the person is someone special and that you feel comfortable sharing such an intimate experience with them. Sex is not a toy, and strangers who share it will most likely stay strangers, but with even more of a reason to stay away from each other. It’s also possible to become numb to sex. A person does not necessarily have to choose one person and make them their only sex partner for life, but a person should at the very least try to weigh the effects of the decision against the future._

— Engineering (male) ’96

Things to do before becoming sexually intimate:

- talk to your partner frankly about both of your sexual histories
- get tested for sexually transmitted diseases at clinics like Gannett Health Center
- buy contraceptive supplies and PRACTICE beforehand!
I believe in birth control. The pill is very effective, but a pain for women. I believe that condoms are pretty effective, even more so when combined with spermicides. I also believe in premarital abstinence from sex — this view hasn’t changed for the most part since I came to college.

—Engineering (male) ’96

CONTRACEPTION

There is a wide range of contraceptives on the market, and it is important to look both at the disadvantages as well as the advantages for each contraceptive. This section will give you an overview of the different kinds of contraceptives, how to use them, and the pros and cons for each one. One should realize that not all types of birth control offer protection against STIs.

Condoms/Latex

Not using a condom has never even entered my mind. It’s just always been a part of the experience.

— Human Ecology,’96

Unfortunately, many of us are reluctant to ask our partners to use a condom. Some of us may feel afraid to ask or may think that it would create an awkward situation. Resist the temptation to let it go “just this once.” You have every right to demand that a condom be used each time you have sexual intercourse.

Condoms are the best choice, despite their inconvenience. I’m still not convinced that the Pill is completely effective alone. There’s always that 0.1% chance (or whatever it is).

—Engineering (male) ’97

Although condoms do not provide 100% effectiveness against either pregnancy or STIs, they are highly effective if used properly each and every time you have intercourse. A condom is a thin latex, animal skin, or a polyurethane sheath that is put on the penis as soon as it becomes erect, long before it comes into contact with the vagina. After ejaculation, the semen is caught in the closed end of the condom and the condom is immediately removed while the penis is still erect.
Advantages:

- may enhance sexual (fore)play
- may help to control rapid ejaculation
- available in drug stores, grocery stores, Residence Halls, Gannett, etc.
- reduces mess
- women and men can buy them
- protects against most STIs

Disadvantages:

- may take practice to enjoy using
- may reduce sexual spontaneity
- may leak, tear, or come off if not used properly
- not 100% effective

How to use a condom

1. Talk to your partner about using condoms and practicing safer sex before you become genitally intimate.
2. Buy a supply of condoms. Condoms vary in type, size, and color, so be careful to choose one that is right for you and your partner.
3. Practice putting on a condom in an unpressured situation (men can masturbate, women can use a banana) following the steps below.
4. Check the expiration date of your condom. Always use fresh condoms, since prolonged exposure to sunlight or heat can cause deterioration of latex.
5. Open condom package after your partner has an erection. Be careful not to tear or puncture the condom.
6. A drop of water-based lubricant in the tip increases comfort. Never use oil-based lubricants such as Vaseline, baby oil, or lotion because they cause rubber to deteriorate.
7. Place the condom on the head of the penis while still pinching the tip to create a reservoir for ejaculate. Unroll it all the way down to the base.
8. Immediately after ejaculation, have your partner withdraw his penis to avoid leakage of semen. He should hold onto the condom at the base of the penis during withdrawal.
9. Knot and dispose of used condoms in the trash.
10. Use a new condom and repeat above steps for each act of intercourse.

**If the condom breaks, consider taking Emergency Contraception to prevent pregnancy (available at Gannett).**
**Dental Dams**

A condom cut lengthwise or dental dams (latex squares) should be used to prevent transmission of STIs when there is any mouth-vagina or mouth-anus contact. They are used as a barrier between the body of one partner and the mouth of the other. Carefully hold the latex square in place, and dispose of each sheet after use.

**To make things more pleasurable when using latex squares, try the following:**

- spread a water-based lubricant on the vagina underneath the dental dam
- use a “hands-free” harness to hold the dental dam in place
- use flavored condoms or dental dams
- put a flavored, edible lubricant on the outside of the condom or dam

**Spermicides**

Spermicide (nonoxynol-9) is a chemical that kills sperm. In the past, condoms lubricated with spermicide were recommended. However, it should be noted that these condoms give virtually no more added protection than a regular lubricated condom. Additionally, according to the Center for Disease Control and the World Health Organization, recent studies have shown that nonoxynol-9 does not provide protection against STIs, including HIV. In some cases, it may actually increase the risk of transmission by irritating the vagina and anus.

**Advantages:**

- easy to carry
- are widely available without a prescription
- can be obtained by both men and women
- no removal: spermicides are discharged with natural secretions

**Disadvantages:**

- may cause irritation to either partner (try switching brands to alleviate symptoms) which may increase the risk of contracting a STI
- may interfere with sexual spontaneity
- protection diminishes after 30 minutes
- may diminish oral-genital pleasure
- must be inserted before genital contact
- increases vaginal discharge
How to use spermicides

1. Read the manufacturer’s directions.
2. Insert 10 to 15 minutes before intercourse (only necessary with film and suppositories.)
3. Suppository spermicides are inserted with a finger into the vagina.
4. Put foam, jelly, or cream spermicide in a plastic applicator.
5. Insert applicator into the vagina and push plunger to cover cervix.
6. Repeat applications may be necessary since spermicides are only good for 30 minutes. Reapplication of spermicide is needed for each act of intercourse.

The Female Condom

This relatively new form of contraception called Reality® consists of two rings, a smaller ring that covers the cervix and an outer, larger ring that lies outside the vagina. The two rings are connected and covered with polyurethane. The female condom acts like a closed tube. When a male ejaculates, the closed end of the condom catches the semen and prevents contact with the vaginal canal and cervix. The female condom is effective in preventing both pregnancy and STIs, but the failure rate is higher than with the male condom due to improper use.

Advantages:

- no prescription needed, widely available in drug stores, grocery stores, etc.
- allows the female to take control of preventing pregnancy and STIs without having to rely on the male using his own condom
- may be a good alternative for both men and women allergic to latex
- may be inserted up to 8 hours before sex

Disadvantages:

- can reduce sexual spontaneity
- requires some extra time and practice to get used to

How to use the female condom

1. Read the package instructions carefully.
2. Hold the condom with the open end hanging down. While holding the outside of the pouch, squeeze the inner ring with your thumb and middle finger.
3. Push the inner ring and the pouch into the vaginal canal. Then, using your index finger, push the condom into the vagina until the inner ring is up just past the pubic bone.
4. You will feel the pubic bone by curving your index finger when it is a couple of inches inside the vagina.
5. Make sure that the condom is not twisted inside and that the outside ring lies against the outer lips.
6. If you feel the outer ring being pushed into the vagina during intercourse, STOP. Take out the condom and put in a new one, using extra lubricant.
7. To take out the condom, squeeze and twist the outer ring to prevent spilling.

From - Reality Condoms

The Diaphragm

The diaphragm is a dome-shaped latex cup that covers the cervix. Spermicidal cream or jelly is placed in the cup before insertion.

Advantages:

- reduces the incidence of some STIs such as gonorrhea, chlamydia, and pelvic inflammatory disease
- may be inserted up to six hours before intercourse

Disadvantages:

- requires clinical visits for fitting and checking for fit at least yearly
- must be refitted during the year if you gain or lose ten pounds; if you have had an abortion, miscarriage, or delivery; if you have had pelvic surgery
- must be left in place for six to eight hours after last act of intercourse
- cannot be used during menstruation
- additional spermicide must be inserted into the vagina if you have intercourse more than once

How to use a diaphragm

1. Obtain specific directions for use from your health care provider
2. Place approximately one tablespoon of spermicide into the dome of the diaphragm. Spread it around the inside with your finger.
3. Fold the diaphragm and insert so that the jelly or cream is against the cervix.
4. Check placement of diaphragm - run your finger around the rim of the diaphragm to make sure it completely covers the cervix. In addition, the front rim should be tucked behind the pubic bone.
5. If the diaphragm is uncomfortable, it is probably not in the correct position.

From - “Diaphragm and Cervical Cap.” Cornell University Health Services
The Cervical Cap

The cervical cap is much like the diaphragm in that it also acts as a mechanical barrier over the cervix and it is also used in conjunction with spermicide. The Cap is a thimble-shaped cup made out of soft latex rubber and is kept in place by a suction seal created between its rim and the cervix.

Advantages:

- can be inserted up to 72 hours before intercourse
- offers some protection against STIs
- may be used by women who cannot be fitted for a diaphragm

Disadvantages:

- requires clinical visits for fitting, checking for fit, exam, and pap smear
- requires being able to feel the back of your cervix
- should be inserted at least 30 minutes before intercourse
- cannot be used during menstruation
- abnormal Pap smear may occur
- must be refitted during the year if you gain or lose ten pounds; if you have had an abortion, miscarriage, delivery; if you have had pelvic surgery

How to use a cervical cap

1. Fill the cervical cap approximately 1/3 full with spermicide.
2. Insert the cap, using one hand, by pressing the opposite sides of the rim together and pushing it up towards the top of your vaginal canal.
3. Release the cap so that the cap fits directly over your cervix.
4. Check placement of cap - run your finger around the rim to make sure that it is completely covering your cervix and that a suction seal has been created.

From - “Diaphragm and Cervical Cap.” Cornell University Health Services

The Birth Control Pill

Birth control pills are made of two synthetic hormones, an estrogen and a progestin. Just enough estrogen is provided each day to prevent release of FSH (follicle stimulating hormone), the hormone responsible for ovulation. Thus, the birth control pill prevents an egg from being released by the ovaries. The progestin also makes the lining of the uterus unsuitable for implantation so that even if an egg is fertilized, it will not be able to
survive. The Pill is not recommended for women who have circulatory disease, liver disease, kidney disease, blood clotting disorder, high blood pressure, migraine headaches, diabetes, sickle cell anemia, breast cancer, or for women who are obese, over the age of 40, or smokers.

**Advantages:**

- is one of the most effective contraceptives available
- permits sexual spontaneity
- relieves menstrual problems (decreases days of bleeding, decreases blood loss, minimizes cramps)
- decreases incidence of functional ovarian cysts, fibrocystic breast disease, fibroadenomas of the breast
- lowers risk of ovarian and endometrial cancer

**Disadvantages:**

- must be taken at same time every day
- requires two visits per year to physician/clinic
- does not protect against STIs
- may not be effective when used in conjunction with other medicines
- may have side effects, such as spotting, nausea, breast tenderness, and weight gain or loss, though all should disappear after 2-3 months or by changing the type of pill

**How to use the Pill**

1. Different types of pills require different instructions. Find out from your doctor/clinic exactly how to begin, continue, and stop using the Pill. Also find out information about what to do if you accidentally miss a pill or pills.
2. Take the pill every day at the same time. Associate taking the pill with some regularly scheduled activity, such as meals.

**Norplant**

Norplant is a highly effective, implantable contraceptive consisting of six flexible tubes containing progestin. Once in place, Norplant remains effective in preventing pregnancy for up to five years. They can be removed at any point before that and normal fertility is restored soon after removal. More than 75% of women can become pregnant within one year of removal.
The matchstick-sized tubes are placed on the inside of the upper arm, a little above the elbow bend in a procedure that takes about 15 minutes. Twenty-four hours after insertion, the woman will have full contraceptive protection.

Norplant releases small amounts of progestin, a synthetic form of the female hormone progesterone. Pregnancy is prevented through a combination of the following: inhibited ovulation, thickening of cervical mucus (making it difficult for sperm to enter the uterus), and thinning of uterine lining (preventing implantation of fertilized eggs).

Advantages:

- highly effective, long lasting
- does not affect sexual spontaneity
- no estrogen, no estrogen-related side effects
- no special follow-up clinical visits

Disadvantages:

- initial expense is high
- unpredictable changes in menstrual cycle, such as bleeding or spotting between periods, no periods, and longer and lighter periods
- minor incision needed to insert and remove
- not appropriate for women who have had blood clots in the legs, lungs, or eyes; heart disease or stroke; liver disease; or unexplained vaginal bleeding
- does not protect against STIs

Depo-Provera

Depo-Provera (DMPA) is a very highly effective synthetic progesterone shot given every three months to prevent pregnancy. The hormone prevents pregnancy by stopping ovulation, so each month there are no eggs released by the ovaries. It also works by thickening the cervical mucus, making it more difficult for sperm to enter the uterus.

Advantages:

- highly effective, long lasting
- does not affect sexual spontaneity
- a good alternative for women who cannot take “the pill”, women over the age of 35 who smoke, women who take seizure medication for epilepsy, women who cannot remember to take “the pill” daily
- prevents and treats endometriosis, ovarian and endometrial cancer
- less blood loss during menstruation
Disadvantages:

- often causes reduced or no menstrual bleeding
- rare side effects include weight gain, headache, breast tenderness, depression, abdominal discomfort
- For some women, it may only take 12 weeks after the last shot to get pregnant. For others, it may take up to 18 months.
- cannot be used by women who have a history of liver disease, unexplained vaginal bleeding, breast cancer, or recent blood clots in legs, lungs, or eyes
- does not protect against STIs

New birth control methods that work similarly to the birth control pill and Depo-Provera are: Lunelle, Ortho Evra (also known as the “patch”), and Nuva Ring (also known as the “ring”). Contact Gannett for more information on these methods.

Intrauterine Device (IUD)

The intrauterine device is a moderately effective, small plastic/copper object inserted into the uterus by a clinician. The exact method in which it prevents pregnancy is unknown. It is thought that the IUD may inhibit fertilization by rendering the sperm incapable of fertilization. It may also disrupt normal buildup of the uterine lining and implantation in the uterine lining.

Advantages:

- does not affect sexual spontaneity
- may remain in place for up to 8 years
- does not change hormone levels throughout the body

Disadvantages:

- most clinicians prefer not to insert the IUD in women who have not yet given birth
- insertion may be painful
- may increase menstrual cramps and flow
- may increase risk of pelvic inflammatory disease, infertility, sterility, iron-deficiency anemia
- does not protect against STIs

From - “The Intrauterine Device,” published by the American College of Obstetricians and Gynecologists (1990)
Fertility Awareness (The Rhythm Method)

Fertility awareness is a method of avoiding pregnancy by determining what times during the month you ovulate and not having sexual intercourse during these times. Different methods are employed for determining which days are “safe,” including monitoring basal body temperature, cervical mucus changes, and menstrual calendars. Sperm can be viable up to five days after intercourse, so you must take this into consideration when determining which periods of the month are “safe”. The fertility awareness method requires extensive guidance and instruction from a doctor or health care practitioner. If you feel that this method is the only one open to you, be sure to get professional assistance.

Advantages:

- does not require special contraceptives
- does not inhibit sexual spontaneity (during unfertile periods)

Disadvantages:

- is not very effective
- can be very frustrating for both you and your partner during fertile periods
- does not protect against STIs

BIRTH CONTROL METHODS THAT DO NOT WORK

Withdrawal

Withdrawal refers to unprotected vaginal sex in which the male withdraws from the vagina immediately prior to ejaculation, and ejaculates away from the vagina and vulva. People use this method with the notion that no sperm enters the vaginal canal, and consequently, no fertilization can occur. Unfortunately, there may be small amounts of pre-seminal fluid released from the penis prior to ejaculation that contain up to a half-million sperm. This fluid also may contain organisms responsible for transmitting STIs. Therefore, the withdrawal method is unreliable in preventing pregnancy and STI transmission/infection.

Douching
Douching immediately after intercourse with the intent to flush any semen out of the vagina is not an effective means of birth control. First of all, sperm are very strong and fast swimmers. Thus, they are likely to have already entered the cervical canal before they can be washed away. In addition, douching may actually help push the semen up into the uterus, which would encourage pregnancy, not prevent it.

SAFER SEX MENU

Light Fare

Talking with each other

Kissing and hugging

Listening to music and dancing

Back rubs, foot rubs, and body rubs

Dressing up in erotic lingerie or costumes

Stroking, brushing, or playing with each other’s hair

Caressing, tickling, and nibbling

Looking at erotic pictures

Reading erotic literature

Watching erotic movies

Dry humping

Undressing each other

Watching each other undress

Showering together

Talking sexy or sharing fantasies
Kissing or licking your partner’s body (except for the genitals and anus)

Talking about sexual histories and desires

*Entrees*

Stroking, caressing, and fondling your partner’s body

Mutual or simultaneous masturbation

Mutual or simultaneous masturbation with a vibrator or sex toy (cover with a condom or wash with soap and water before sharing)

Putting a condom on your partner (use only water-based lubricants)

Putting spermicide on or in your partner

Rubbing your vulva or penis against healthy, unbroken skin on your partner’s body, breast, thighs, or buttocks, avoiding contact with your partner’s body orifices

And, if the condom doesn’t leak, tear, or come off:

Oral sex on a man (fellatio) with a condom

Oral/anal contact with a latex square or split condom

Oral sex on a woman (cunnilingus) with a latex square or split condom

Vaginal intercourse with a condom and spermicide with nonoxynol-9

Anal intercourse with a condom and spermicide with nonoxynol-9

*Desserts*

Massaging with warm oils

Licking whipped cream off your partner’s body
Masturbating while your partner watches or holds you

Making sexy videotapes or taking sexy pictures

Having breakfast, lunch, or dinner in bed

Bubble baths

Body painting

Holding each other

Talking with each other

Falling asleep together

Starting over

If you don’t find your favorites on this menu, ask your partner about them. Improvisation and variations encouraged. Partner’s consent required.

*Sexual toys (vibrators, dildos, etc.) should be cleaned between each use in a 1:10 solution of household bleach to water. If you plan to share sex toys, be sure to both clean the device and use a new condom with each use.

If you have unprotected sex...

**Emergency Contraception**

Emergency Contraception (EC), previously termed the “morning-after pill,” is used only as an emergency measure to prevent a likely pregnancy. It is not to be used as a form of regular birth control. EC can be taken up to five days after the act of unprotected intercourse, although it is most effective the sooner it is taken. It contains relatively high doses of synthetic estrogen and progestin and works by preventing proper implantation of the fertilized egg. Vaginal bleeding usually occurs within a week of taking the pill, but this is not a sure indicator of effectiveness.

EC may cause nausea and vomiting. Personal/family health history may prevent use; medical screening for cardiovascular risk is required. As well, use of emergency
contraception may cause irregular menstruation. Of course, it provides no protection against STIs. If you need Emergency Contraception, you can call Gannett.

*I've had so many sex ed classes in my life that I can't help but be mad at myself. “You knew better. Why weren’t you more careful?!” I knew the risks, but that didn’t make me any more careful, and now here I am, waiting for the morning-after pill and feeling like a fool.*

—Anonymous

Pregnancy

For the majority of women in our stage of life, a pregnancy is frequently unplanned and unexpected. The knowledge that one has accidentally become pregnant is sometimes extremely difficult to deal with alone. It is important to understand that there is help for you out there. There are people to listen nonjudgementally to your personal story and who can help you explore the options open to you. This section provides some basic information about pregnancy and some suggestions for you to consider if you do become pregnant.

Pregnancy occurs when an egg is released during ovulation, is fertilized by sperm in the fallopian tube, implants itself in the uterine lining, and begins to grow. It is difficult to predict precisely when a woman ovulates. Typically, ovulation occurs approximately fourteen days prior to her menstrual bleeding. Therefore, a woman with a 24 day cycle will ovulate on day 10 while a woman with a 28 day cycle will ovulate on day 14. In addition, women may have different monthly cycles, so that they do not ovulate on the same day each month. To make matters even more unpredictable, sperm can live up to approximately five days in a woman’s body. This means that it is possible to become pregnant even after having intercourse several days before ovulation. Thus, there is no completely “safe” time to have unprotected intercourse.

*She was in her last semester in college. She was in the process of applying to law school and deciding what she would do for the rest of her life. She wanted to travel to the gold-rich countries of Africa, to the gem-filled caves of Brazil. The world was supposed to be her jungle gym. How could she handle a baby?*

*Joaquin went to her bathroom and eyed the pregnancy test she had bought a day ago. You know, she mused. It wouldn't hurt to take it. I mean, at least I’d know for sure. She ripped the delicate carton with her crimson nails and glanced through the instructions.*
Pregnant?

There are several typical symptoms of early pregnancy, although not every one who is pregnant will experience many of these symptoms. Some indicators of pregnancy include a missed period, breast tenderness or swelling, fatigue, nausea or vomiting, frequent urination, mood swings, weight gain, and a slightly elevated body temperature. It is important to realize that all of these symptoms can also be attributed to environmental factors, stress, or pre-menstrual syndrome (PMS). Therefore, even if you experience all of these signs of pregnancy, it does not necessarily mean that you are pregnant.

“Home” tests bought at the supermarket or drug store are generally accurate. However, if your home test shows a negative result, verify your condition at a clinic, where the tests are more accurate. Pregnancy testing is inexpensive and confidential at Gannett.

Pregnancy tests work by detecting the presence of human chorionic gonadotropin (HCG), which is secreted only during pregnancy. The standard urine test can be performed as early as ten days after possible conception. Blood tests are also available, but they are much more expensive and not usually necessary. Please refer to “Resources” at the end of this chapter for places to find confidential pregnancy testing and counseling.

Results of Pregnancy Tests

Pregnancy tests are not 100% accurate, no matter how or where they are performed. Thus, you should go for a second test if you still have not started menstruating a week after the first test or if you are experiencing signs of pregnancy. This is also a good time for self-reflection: perhaps you will reevaluate your method of birth control, decide to talk to your future partners about pregnancy before becoming sexually intimate, or simply think about what you would do if you had tested positive.

Finding out that you are pregnant as a young woman can be an emotionally traumatizing experience. Some women at first feel emotionally numb, while others become overwhelmed by feelings of anger, desperation, anxiety, and depression. A good way to
start thinking about your options is to talk to people who are professionally trained to counsel pregnant women. They can clarify any questions you might have regarding your options and listen to your concerns and feelings. One thing to remember is not to rush your decision, since your perspective will undoubtedly change with time and introspection.

**Pregnancy Options**

Once you are sure that you are pregnant, you have two options: terminate the pregnancy or continue the pregnancy. If you decide to carry the baby to term, then you can choose to either keep the baby or give up the baby for adoption. Each option has its advantages and disadvantages, and unfortunately, the “right” answer for you is not always easy to find. Underneath each option listed below are questions to ask yourself that may help you make your final decision.

**Carrying the Pregnancy to Term**

- How will my baby affect my life both academically and socially?
- How do I feel about being a single parent?
- Who can help me, financially and emotionally, through pregnancy and raising a child?
- Is welfare or other help available?

If you decide to carry your pregnancy to term, it is important to realize that there are numerous resources in the Ithaca community that can help you through this time. Not only is there emotional support, but there are also some organizations that offer free prenatal care, baby clothes, maternity clothes, etc.

Arranging for prenatal care within the first three months after conception is vital to your baby’s health, since this is a very sensitive stage in embryonic development. Taking care of yourself by healthy eating, sleeping, and not consuming alcohol and drugs, are all things that can and should be discussed with your doctor.

*I am a mother. Nineteen years old with the world against me, but I’ve got this baby and a man that I love with me. I have to ask myself if that’s enough to succeed. I guess all I can do now is just pray and hope that it is.*
Adoption

- How do I feel about someone else raising my child?
- How will I feel during pregnancy and the adoption process?
- What are my feelings likely to be in 1 year? 5 years?
- What kind of adoption would be best for me?
- Will someone close help out during the pregnancy and adoption?

Laws regarding adoption and the rights of the mother are complex; they also differ from state to state, so it is best to be fully informed by a lawyer or adoption organization in the area before you make your final decision.

Choosing an adoption plan can be complex as well. An adoption agency often provides counseling and other assistance, and some allow the birthmother to help choose the new parents. Alternately, independent adoptions are either arranged by lawyers or doctors, or are directly arranged between the birthmother and adoptive parents. In closed adoptions, the birthmother and adoptive parents never meet, nor do they exchange names. In open adoption, the birthmother and adoptive parents exchange names and addresses. Many times in an open adoption, the birthmother visits the adoptive family throughout the child’s life.

Adoption in recent times has changed so that the birthmother can play a large role in her child’s life and remain actively involved in a lot of the decision-making. To fully understand all of your options regarding adoption, be sure to contact either adoption lawyers or agencies in the community. Again, please refer to the “Resources” section at the end of the chapter.

Abortion

- What are my moral beliefs on abortion?
- Can I accept abortion as the right choice for me?
- What are my feelings likely to be in 1 year? 5 years?
- Would someone close to me be against the abortion? How would I feel about that?

Abortion is legal in the state of New York through the 26th week of pregnancy. However, the procedure is cheapest, safest, easiest, and most widely available during the first trimester, 7 to 12 weeks after the first day of your last menstrual period. Some doctors use the first trimester method for early second trimester abortions. Late second trimester
and third trimester abortions employ a different method that is more difficult to perform and carries more risk to the pregnant woman.

Abortions performed in health clinics are generally cheaper than ones performed by private doctors, and since licensed M.D.s perform the procedure, the quality of care is virtually the same. It is important, however, to choose a place that treats you with as much respect, care, and sensitivity as possible. Call the clinics, ask them as many questions as you need to satisfy your concerns, visit the clinics to assess the atmosphere and personnel, and if possible, talk with women who have had abortions at the locations you are considering.

Gannett keeps up-to-date information on area providers.

*I decided to have an abortion, something I told myself I would never do. But I did, and I'm trying to deal with it. It's so hard...I think about the baby all the time and what it would have looked like... it makes me think about Eric Clapton's song “Tears in Heaven.” You know that line: “Would you know my name, if I saw you in heaven?” I ask my baby that all the time.*

**First Trimester Surgical Abortions**

The first trimester abortion is a relatively safe and simple medical procedure. Although procedures vary slightly from clinic to clinic, most begin by carrying out a brief physical exam. This may involve taking a blood sample to determine red blood cell concentration, and blood typing, determining vital signs, and checking the lungs, heart, and blood pressure. At this time, an additional pregnancy test will be performed to make sure that the woman is indeed pregnant.

The doctor will then conduct a pelvic exam to feel the size and shape of the uterus. A local anesthetic like Xylocaine will be administered around the outside of the cervix to numb the region. The cervix is dilated with a series of blunt tipped metal rods. They work by gradually stretching the muscle open. Then, a narrow plastic tube, which is connected to a suction pump called a vacuum aspirator, is inserted through the dilated cervix into the uterus. The suction from the aspirator gently dislodges and empties the contents of the uterus. This part of the procedure takes only a few minutes.
A doctor may then use a sharp curette, a long, thin, plastic or metal instrument, to check for any remaining tissue adhering to the walls of the uterus. The vacuum aspirator is once again used to remove anything else left in the uterus. The entire procedure takes less than ten minutes.

During these sections of the abortion, some women feel cramps equal to or greater than their normal menstrual cramps. Communicate with your doctor during the procedure. At certain points, the doctor may stop what s/he is doing to alleviate your discomfort.

After the procedure is finished, you will be assisted into the recovery room, where you will be monitored for unusual bleeding anywhere from 1/2 hour to 2 hours. You will also be given a pill to help your uterus contract back to normal size, a painkiller to numb any cramps, and some antibiotics to reduce the risk of infection.

**Medical Abortions**

Medical abortion is a way to end pregnancy without surgery. It is done with medications up to 63 days after the last period begins.

Medical abortions using mifeprex involves three steps. First, the clinician will give you mifeprex, which blocks progesterone, a hormone needed to maintain pregnancy. Two to four days later, as directed by your clinician, you will insert another medication called cytotec as a vaginal suppository. Cytotec causes the uterus to contract and empty which completes the abortion. Finally, women must return to the clinic approximately one week after taking the cytotec for a follow-up.

Medical abortion with mifeprex and cytotec is 92-95 percent effective.

**Caring for Yourself Afterwards**

After the abortion, it is important to take all of the prescribed medication. In addition, contact your doctor if you are suffering from the following symptoms: a fever over 100.4 degrees, excessive bleeding (more than one sanitary napkin per hour), no vaginal bleeding, bleeding that lasts for more than fourteen days, and no menstruation within 8 weeks. Do not exercise strenuously for one week, and do not insert anything - fingers, tampons, penises, douches - into your vagina for two weeks following your procedure.
Remember to go for a post-abortion check-up 2-3 weeks after the procedure, and equip yourself with effective means of birth control.

Terminating a pregnancy sometimes causes persistent emotional stress. Attending support-group meetings, talking with your family and close friends, and seeking professional counseling may all help in alleviating some of the pain. Again, there are many places in Ithaca and the Tompkins County region that offer help. Please refer to “Resources” at the end of the chapter for a listing.

**SEXUALLY TRANSMITTED INFECTIONS (STIs)**

When you decide to become sexually active, it is important to remember all the risks that are involved. In addition to becoming pregnant, women face the possibility of acquiring any number of sexually transmitted infections. In general, women are at a higher risk for acquiring STIs.

STIs are primarily (though not always) transmitted through sexual contact, including vaginal and anal intercourse and oral-genital contact. Bacterial STIs (including chlamydia, gonorrhea, and syphilis) are relatively easy to cure with early detection, whereas viral STIs are more difficult to treat and may often be incurable.

No matter what type, most STIs can be asymptomatic — that is, they may not cause any symptoms to appear for years in an infected individual.

It is possible to contract and be afflicted with more than one infection at the same time. Gonorrhea and chlamydia are two such diseases that are frequently interrelated in such a manner. If infected with more than one STI, the symptoms of one may obscure those of the other. Furthermore, if you are carrying one STI, your chances of contracting another disease may increase. If you test positive for one STI, it is probably a good idea to get tested for other common STIs at the same time to avoid any future problems.

One of the best ways to begin protecting yourself against STIs is to talk to your partner openly and honestly about risk factors and about your past sexual histories. You may want to consider getting tested for STIs before becoming sexually involved with your partner. Moreover, remember that avoiding infection with most STIs is relatively easy with the help of some preventive devices. Using condoms and spermicide containing nonoxynol-9, dental dams, or split condoms can greatly reduce the risk of transmission.
Furthermore, if you are diagnosed with an STI, you need to inform your past and present partner(s) so that they can be tested and undergo treatment if necessary.

At any rate, awareness is the first step towards protecting yourself. This section lists some common STIs, symptoms, and cures, along with local resources for further help and counseling.

**Chlamydia**

Chlamydia is one of the most common STIs in the US with 3 to 4 million people infected each year. It is estimated that 10-15% of all college students come into contact with the disease.

Chlamydia is a bacterial infection that can be treated with antibiotics. The problem is that over 70% of those infected have no visible symptoms, especially women. Sometimes symptoms do appear within one to three weeks after infection, although they may go unnoticed. Testing for chlamydia is possible as early as two weeks after infection. For both women and men, early warning signs may include: genital itching, burning, and yellowish discharge. In addition, women may experience abdominal or pelvic pain and/or bleeding in between periods (men may feel testicular pain).

Health practitioners diagnose chlamydia by running tests on cells collected from the cervix during a pelvic exam, much like a pap smear. Treatment involves taking oral antibiotics for a given period of time. It is vital that chlamydia be treated immediately because long-term infection can lead to complicated pregnancy, Pelvic Inflammatory Disease, or even infertility or sterility. It is equally important for an infected person to inform all partners, since they too will need to be treated with antibiotics. Finally, remember that even during the time of treatment, it is still possible to infect others, so proper precautions (i.e. — abstinence, condoms, dental dams, etc.) need to be taken.

**Genital Warts and HPV Infection**

HPV, or the human papillomavirus, is a family of viruses, some of which cause genital warts in both women and men. HPV is transmitted primarily through genital, anal, and oral sexual contact. Though experts believe that HPV cannot be entirely removed from the body, treatment can cure symptoms enabling the immune system to suppress the
virus from causing future problems. If not treated, HPV can contribute to cervical and other genital cancers.

Genital warts are small growths that may be found in both women and men on external or internal genitalia, near the anus, and possibly even inside the throat. Someone who does not have any visible warts may still be infected, since they may be located internally. Moreover, many times the warts are so small that they cannot be seen by the naked eye. Some people also experience itching and burning in the affected area, although the warts are usually asymptomatic. **In general, a condom gives considerable but not complete protection.**

HPV infection/genital warts can be diagnosed by sight or by a pap smear. Males cannot be reliably tested for asymptomatic HPV infection. Therefore, it is important for women to have annual pap smears. Treatment generally requires the use of chemicals, freezing, or perhaps laser removal. It is important for an individual to make regular, follow-up visits with their physician, even after the warts and lesions have healed completely, to prevent/treat possible recurrences. Those infected with HPV must inform their partner(s) so that they too can be checked for asymptomatic infection.

**Gonorrhea**

Gonorrhea is a bacterial infection that can only be transmitted through sexual contact - that is, through genital, genital-oral, and genital-anal contact. The disease can be hard to detect because it is frequently asymptomatic in both women and men. Symptoms appear a week or two after initial infection and include genital discharge, fever, and pain during urination, bowel movements, or intercourse. Women may feel abdominal pain and pain during menstruation, and men may feel testicular pain.

Professional diagnosis involves taking a culture of cervical secretions in women and a culture of urethral secretions in men. Unfortunately, tests haven’t always been 100% accurate in women and false negatives have been reported; therefore, if you do get a negative result, you may consider getting retested to confirm the results. Treatment simply requires taking antibiotics and having a retest approximately one week after you have finished the prescribed medication. If untreated, gonorrhea can result in a number of other health problems in both men and women, including, arthritis, dermatitis, heart conditions, and permanent reproductive damage.
**Hepatitis B**

So much media attention has been paid to HIV and AIDS that many people overlook a common and equally dangerous sexually transmissible disease such as Hepatitis B. The Hepatitis B virus is transmitted through blood, semen, vaginal secretions, and other body fluids. Therefore, it can also be transmitted by non-sexual means. Sexual transmission among adolescents and young adults accounts for about half of the 140,000 to 320,000 new cases diagnosed each year in the United States. The virus can live outside the human body for extended periods, thereby creating a risk of infection for those who share needles, tooth brushes, or razor blades.

Hepatitis B is the only sexually transmitted disease that has a vaccine. Vaccination against Hepatitis B is safe and effective and has been made widely available in this country; infants are being vaccinated starting at birth. The vaccination is a series of three injections that are usually administered over a period of seven months. If untreated, Hepatitis B can cause jaundice and, very rarely, death caused from liver failure or complications.

Also, it should be known that there are other types of Hepatitis: A and C. There is a vaccine for Hepatitis A, but you should speak to your clinician about vaccinations.

**Herpes**

The herpes simplex virus exists in two forms, oral or type I (HSV-I) and genital or type II (HSV-II). Although type I generally causes cold sores around the mouth and type II affects the genital area, either virus can infect either area. This means that the virus can be transmitted not only during sexual intercourse, but also through (non-sexual) contact with blisters or sores. People infected with herpes go through phases where the virus is at times dormant and other times active, meaning it causes various symptoms to arise. Unfortunately, there is no known cure for herpes simplex. Treatment may alleviate and limit symptoms.

Many people have life-long herpes infections and never have symptoms. It’s impossible for them to know when they may be infectious to others. Even those who do eventually show symptoms may not do so in the early stages of infection.
The first outbreak is usually the most severe. Symptoms include sores and blisters around the mouth, genitals, or anus accompanied by painful urination and flu-like symptoms such as fever, headache, muscle aches, and swollen glands. The initial outbreak can last anywhere from a few days to nearly three weeks.

Subsequently, outbreaks vary in intensity and frequency of outbreaks vary from person to person. Recurrences are sometimes preceded by “prodromal symptoms,” which include a burning or tingling sensation in the blister area(s), pain in the legs or genital area, or vaginal discharge. Herpes has been linked to increased chances of cervical cancer and can endanger an infant during delivery.

Although herpes is most easily transmitted during an outbreak of symptoms, it can also be passed on during an inactive stage. Aside from the visible symptoms, herpes simplex can be diagnosed by pap smear and culture or blood test. One common treatment involves acyclovir, administered orally, intravenously, or in ointment form. At this time, it is best to abstain from all sexual activity; however, the use of condoms/dental dams can help reduce risk of infection. Furthermore, during outbreaks, keeping the infected area clean and dry and avoiding unnecessary contact with the blisters or sores can help limit the severity of the symptoms. Finally, since extensive physical and emotional activity can trigger outbreaks, it is important to maintain a healthy state of mind and try to keep stress levels low.

**HIV Infection and AIDS**

The human immunodeficiency virus (HIV), which causes the acquired immunodeficiency syndrome (AIDS), can only live inside the body and can be transmitted through sexual contact, from mother to infant during pregnancy, and by sharing intravenous needles. The greatest amounts of HIV are present in the following body fluids: blood, semen, breast milk, and vaginal secretions. Although relatively low concentrations of the virus can also be found in saliva, tears, urine, bone marrow, and lymph nodes, no one has reported infection with the virus after coming in contact with these.

**HIV cannot be transmitted through kissing, coughing, sneezing, sharing toilet seats, drinking cups, or swimming pools, or through casual contact.** Unprotected vaginal and anal sex and sharing intravenous needles pose the greatest risk for transmission of the virus. Oral-genital contact is also considered fairly risky. In either
case, latex barriers should be used at all times. Even if both partners are HIV positive, the risks involved in re-infection are unclear, so it is still best to practice safer sex and use clean needles.

People who test HIV-positive may be asymptomatic, have some minor symptoms, or have serious illnesses. The most serious consequence of HIV infection is AIDS. Symptoms may be flu-like and include fever, chills, cough, sore throat, swollen glands, and blotchy skin. The virus slowly destroys the immune system, and at later stages (generally meaning five to ten years after infection), symptoms can be far more severe. They may include chronic fatigue, hair loss, diarrhea, weight loss, dementia, depression, cancer, and other life-threatening illnesses. There is no known cure for AIDS or HIV infection at this time.

It is important to remember that a person carrying HIV may not show any serious symptoms for anywhere from a few months to ten years after infection. Furthermore, the test for HIV requires detecting HIV antibodies in the blood, yet these antibodies may not appear until three months after having contracted the virus. Nonetheless, HIV may be transmitted soon after infection, when the person has no symptoms and when the virus has not yet produced enough antibodies to appear in a blood test.

If you choose to get tested, first talk to a health care practitioner or a counselor — ask any questions that you may still have and get advice on the best place to go to get tested. Find out exactly what the procedure is at the testing facilities. It is a good idea to go somewhere that offers some type of support or counseling both before and after the test, regardless of whether you test positive or negative. In addition to the conventional resources at the end of this chapter, know that there is also a referral network on campus. People on this list are more than willing to discuss any academic or nonacademic matters involving AIDS/HIV confidentially.

You’ve probably heard this before, but it can never be said too often: AIDS does not discriminate. People get infected regardless of their age, sexual preference, gender, ethnicity, or income. You can become HIV-infected the first time you have sex or the hundredth time. An overwhelming number of people who are diagnosed with AIDS today contracted the virus when they were in college. Cornell students fall into the age group with a high risk of contracting HIV. In 2002, approximately 50 Cornellians a month got an HIV test at Gannett. Therefore, the most important thing to remember is
to protect yourself. Talk to your partner about your history and ask about hers or his. Keep in mind that not all partners are going to be completely honest; if you have any doubts, suggest testing. This should not be an uncomfortable topic to discuss — such a conversation could very possibly save your life.

**Pelvic Inflammatory Disease (PID)**

PID is an infection that affects a woman’s fallopian tubes, ovaries, and uterus. The disease is transmitted by small organisms that carry the infection into the cervix and other reproductive organs during sexual contact. These organisms are frequently associated with other STIs, including gonorrhea or chlamydia. Chances of contracting PID increase with the use of intrauterine devices (a form of birth control).

Symptoms of PID include abdominal swelling or pain, backache, bleeding in between periods, discharge, fever and chills, general fatigue, painful intercourse, and increased urination. Diagnosis may be difficult and may require undergoing a battery of tests such as blood tests, pap smear and culture, and a biopsy (which is the removal of live tissue from the infected area for lab tests). In early stages, PID can be treated with antibiotics, but later on, hospitalization may be necessary. It is vital that PID be treated immediately because prolonged infection can lead to permanent damage to the reproductive system and possible infertility.

**Pubic Lice (Crabs)**

Pubic lice are tiny parasites that attach themselves to pubic hair and live off of human blood. Normally, they are grayish and difficult to see, but after a meal, they become rust colored and slightly bloated. Pubic lice are primarily transmitted through sexual contact, but since they can live away from the human body for 24 hours, they can also be passed along through clothes, towels, and bedding. Pubic lice can cause severe discomfort and itching in the pelvic area. They can be diagnosed on sight and easily killed by using prescribed shampoos, lotions, and/or creams. Partners and even roommates should be checked and treated at the same time. Contaminated clothing should be boiled to remove any eggs and kill any lice.

**Syphilis**
Syphilis, a bacterial infection, can be transmitted through sexual contact and through sores and rashes on the skin. Syphilis occurs in several stages, and, like many other STIs, it may be asymptomatic at any time. Nonetheless, it is curable, and it is imperative that it be treated as soon as possible.

In its first stage, starting about three weeks after contraction and lasting 2-6 weeks, syphilis causes sores to appear at the point of contact — on the vaginal opening or penile shaft, anus, or mouth. The second stage begins one to six months after the first and is characterized by rashes anywhere on the body, fever, sore throat, nausea, painful joints, and hair loss. Syphilis is highly contagious at this time. The third stage (10-20 years later) is the most severe, and carriers run the risk of insanity, brain damage, blindness, and possibly death. However, this stage is rarely seen today since syphilis is generally detected and treated in its early stages.

Diagnosis can be done on sight, by blood tests, or by testing discharge from sores. Curing syphilis requires antibiotics and having at least two blood tests after treatment has ended.

**Trichomoniasis**

Caused by a parasite, trichomoniasis is a bacterial infection that was once believed to affect only women. Today, however, it has been shown that both men and women can have the disease. It is most often transmitted via sexual contact, although it can also be passed on by contaminated wet clothes or towels.

In women, symptoms include unusual vaginal discharge; itching in the genital area; abdominal discomfort; and pain during intercourse or urination. Most men show no signs, although some experience painful urination; a thin, watery discharge; or a “tingly” sensation in the penis. Diagnosis requires an examination and perhaps culture of the genital discharge.

**Resources**

**On campus**

Gannett Health Center, 3rd floor 255-5155
8:00 - 5:00 Monday - Friday during semesters
8:00 - 4:30 Monday - Friday during summer and intersession
• confidential counseling and medical services for women and men- lesbians, gay men, bisexuals, heterosexuals, and transgendered people
• free, confidential HIV testing and counseling
• routine gynecological care, annual exams, colposcopy and infection check-ups, sexual-assault examinations, sexually transmitted disease exams
• contraception, morning-after pill, birth control, pregnancy testing, counseling, and referrals for prenatal care, abortion, or adoption
• counseling for sexual harassment, rape, questions about sexual identity, pregnancy, sexual dysfunction, and personal relationships
• moderately priced contraceptive prescriptions and over-the-counter supplies
• many of the services are free to full-time registered students

**Off Campus**

Planned Parenthood 273-1513
314 West State St.
8:30am-8:00pm Monday-Thursday
8:00am-4:00pm Friday
www.sextalk.org

Medical Services 273-1513

• Annual exams, including Pap smears
• Birth control, pills and shots
• Emergency contraception
• Pregnancy testing
• Abortion services - medical and surgical
• Counseling
• STI testing and treatment
• HIV counseling and testing
• Safer sex supplies
• Sliding fee scale

Educational Resources 273-1526

• Sexuality education programs
• Professional training
• Sex information and resources

AIDS Work 272-4098
DeWitt Office Complex
215 N. Cayuga St.

• information, referrals, resources
• programs on HIV/AIDS and safer sex
• direct support to persons with AIDS
AIDS Information Line 1-800-551-2728

Birthright of Ithaca 1-800-550-4900
210 Center Ithaca
Monday 1-4, Tuesday 5:30-7:30, Wednesday 9-12 Friday 5-7, Saturday 10-12

- free services
- pregnancy tests

Ithaca Pregnancy Center 273-4673
Suite 202 Center Ithaca
24 hours

- abortion alternatives
- post-abortion counseling
- pregnancy testing
- free services

Family and Children’s Service of Ithaca 273-7494

Second Chances

204 N. Cayuga Street

- pregnancy counseling to decide if adoption is an option for you
- legal advice and representation for adoption
- hospital planning and support during birth
- help finding an adoptive family
- free and confidential

References


Cornell University Health Services. *Birth Control Pills.*

Cornell University Health Services. *Contraception Gynecology and Sexuality Services.*

Cornell University Health Services. *Diaphragm and Cervical Cap.*

Cornell University Health Services. *Health Services for Students.*


Cornell University Health Services. *Vaginal Health Concerns.*


*Ithaca Pregnancy Center: Information and Support Services.*


Planned Parenthood of Tompkins County. *Medical Abortion Fact Sheet.* 2002

*Reality Female Condom*
I have not lost the magic of long days.

I live them, dream them still.

I am the master of the starry ways,

A free woman of the hill.

—G. W. Young

RAPE AND SEXUAL ASSAULT

Because one in four women on college campuses have been victims of rape or attempted rape, rape is every college student’s concern. In the vast majority of incidents of rape and sexual assault, the perpetrator is male. Men are more likely to be perpetrators and women are more likely to be assaulted. Therefore, in this chapter we refer to the victim as a female.

Though circumstances differ in stranger, date, acquaintance, and gang rape, each is a crime of violence. This violence is motivated by a need to show power over or to express anger against another person. When rape is committed, sex is used as the weapon. Stranger rape, one of the most commonly accepted and feared forms of rape, is committed by a perpetrator not previously known to the rape survivor. However, a Ms. magazine study conducted in 1990 concluded that 90% of rape survivors on college campuses knew their assailants. These statistics show that even though stranger rape is more feared, date and acquaintance rape is actually a greater threat.

Several false myths exist that help our culture ignore date rape. For example:

- it did not really happen (the woman was lying, or just felt guilty afterwards because she had sex)
- women like rape (so there is no such thing as rape)
- yes, it happened, but no harm was done (she was not a virgin, etc.)
• women provoke it, especially through provocative clothing, suggestive words or gestures (men cannot control themselves once provoked)
• women deserve it if they provoke a man

Awareness of date and acquaintance rape is especially important for women on college campuses. Another important statistic from the Ms. study stated that about 75% of men and at least 55% of the women involved in acquaintance rapes had been drinking or taking drugs just before the attack.

All I can tell you is that no one had ever shown any interest in me in high school so when he asked me out, I was excited and happy to spend time with him. He asked me within days how I felt about sex, and I told him plainly that I didn’t believe in premarital sex. I was glad he asked me because I thought it made things clear. Within two weeks, he had forced oral sex and intercourse upon me. Forced? Well, I didn’t blame him then, or think of it that way. But I was clear about not wanting it, I had said “I don’t want to,” more than once, and he finally did not take “no” for an answer.

I was silent throughout several subsequent relationships. Now, I know I dread that feeling of powerlessness so much that I gave up saying “no.” Being silent was easier than saying “no” only to be disregarded and violated; being silent was easier than facing my own powerlessness again. I didn’t understand that was what I was doing; I knew I didn’t want sex, but I didn’t refuse it. I didn’t say no, so wasn’t it my “fault?” It took me years to realize how he had helped to do this to me, how he had wronged me, how he had raped me.

College is a time to explore new ideas and try new things. By educating ourselves about rape and rape prevention, we can gain a sense of control and security.

Understanding the diversity of rape survivors is an important part of helping victims. The ethnicity and sexual orientation of survivors play roles in the way they deal with rape. Furthermore, different backgrounds and attitudes toward victimization in rape influence how and if a woman goes for help.

For example, an African-American woman may hesitate to report a sexual assault and to seek assistance from traditional care-giving agencies for fear that she will not be believed and that she will be treated insensitively because of racist attitudes like: “she provoked the assault.” If the perpetrator was a white man, she may fear a lack of concern from care-givers or violent retribution either from an individual or a group. If the perpetrator was a black man, the African-American rape survivor may hesitate to take official action because she may be reluctant to expose another African-American to racism in our criminal justice system. She may also be viewed as disloyal within her community if she goes to outside sources to handle the matter.
Additionally, if a woman is assaulted by a female partner, she may be reluctant to seek help. Several factors may influence this decision. First, it’s virtually impossible to prove woman-to-woman sexual violence has occurred. Second, many women fear that no one will believe that female/female abuse exists. Third, many lesbians and bisexual women feel that admitting the reality of violence will hurt them in the larger society. As one woman says, “we already have enough going against us”. Another barrier is the shortcomings in services for services for women assaulted by other women.

Rape has the lowest report rate of all crimes and it will take extraordinary effort to reach out to female survivors of sexual assault perpetrated by women. Recognizing the intersections of societal problems (for example racism, homophobia, and sexism) is necessary to fully understand rape survivors’ individual reactions and trauma.

RAPE PREVENTION

*Always watch out for yourself, no matter where you are and who you are with.*

— Engineering ’95

Although it is typically men who rape, women are usually the ones saddled with the responsibility of rape prevention. Unfortunately, there are no guaranteed strategies for preventing rape since every situation is different. However, you can reduce your risk of rape by integrating prevention strategies into your life. The best defense against rape is awareness. Be aware of yourself, your capabilities, and your surroundings. Most importantly, be aware of the fact that it can happen to you and set your own guidelines and standards. Other strategies that may reduce the risk of rape are listed below.

*Know that it is always ok to say “no” at any point. Don’t hesitate to assert yourself.*

— Arts & Sciences ’97

With a date or acquaintance:

- Trust your instincts and act upon them. If something feels wrong, something probably is.
- Be consistent with verbal and nonverbal messages.
- Mean what you say and say what you mean. Be firm and clear when communicating your limits.
- Be assertive. Often men interpret passivity as permission.
- Stay sober and coherent.
• When going to parties/fraternity houses, make plans with friends to meet at certain times. Keep in contact.
• Feel good about yourself; stay away from those who treat you badly.
• Don’t be afraid to be impolite. If you aren’t sure of a situation, risk politeness and get yourself out.

I guess I thought it wasn’t rape because I never said “no.” I don’t remember much about the incident because I was intoxicated, but I do remember the weird feeling that I had the next day. I felt like I had been taken advantage of because I was drunk and had no control over what I was doing. Then when I was talking to one of my friends about my feelings a few weeks later, she told me that if a woman is unable to give consent, because she is drunk, it is considered rape.

--- Hotel Administration ’97

With a stranger:

On the street:

• Walk confidently and assertively.
• Avoid walking alone at night.
• If you often walk home late, vary your route.
• Keep to familiar, well-traveled, and well-lit streets.
• Let someone know where you are going, what route you plan to walk, and when you expect to be home.
• Don’t wear a walkman or discman. They lower your degree of awareness of your surroundings.
• If followed by a car, turn and walk in the opposite direction. Note the license plate if possible.
• Carry your keys in your pocket where they are readily accessible, rather than your purse or backpack. Avoid putting any form of identification on your keys so that they will not give your address away in case of theft.
• Don’t hitchhike. Hitchhiking places you in the highest rape-risk category.
• Remember to trust your feelings and intuition. Don’t be afraid to run or scream.
• At Cornell, call for a Blue Light Escort or use the Blue Light phones (see Resources)

In your car:

• Keep your car in good running order.
• Keep your doors locked and windows rolled up.
• Know as much about your car’s maintenance as possible. At the very least, know how to change a tire, how to handle overheating, and how to add oil.
• Approach your locked car cautiously with key in hand. Check under the car and its interior before entering.
• If followed or harassed when driving, drive to a safe public place. Do not drive home.
• Honk your horn to attract attention.
• If forced to drive, hit another car.
• Never pick up hitchhikers.
• If someone tries to enter your car, accelerate rapidly and sound the horn. If that is not possible, grab your keys and leave the car immediately.

In your home:

• Keep your door locked, especially while you are sleeping.
• Don’t let a stranger in to use your telephone. Offer to make the call yourself.
• Use your initials rather than your first name in the phone book, on the mailbox, and on correspondence.
• Have locks changed when you move into a new home or apartment. You don’t know who might have a key.
• Don’t reveal personal information over the telephone or let it be known that you are alone.
• Hang up immediately on obscene callers.
• Require delivery people or repair people to show identification.

Remember: Even if a woman does not do these things, the rape is still not her fault. The only one responsible for the rape is the rapist.

IF YOU HAVE BEEN RAPED OR SEXUALLY ASSAULTED

Remember that what has happened to you is not your fault. No matter what you did or how you behaved before and after the attack, you are not to blame for what took place. The assailant is completely responsible for what happened. It is crucial that you seek medical and emotional support to get the care and attention you need to heal from the experience.

1. Call The Advocacy Center Hotline Immediately (277-5000)

Counseling can help survivors of sexual violence deal with problems occurring immediately after the attack and to start the healing process. Many rape survivors report severe depression and feelings of isolation. Because of the seriousness of post-rape or post-assault trauma, survivors are urged to seek professional psychological help as soon as possible after the attack.
2. Get medical care

Medical care after rape is crucial for a woman’s general health and imperative if she wants to press charges. You will benefit from being examined for physical injury and STIs. You may need to discuss options for pregnancy prevention. You can receive medical care from Gannett, the hospital, or a private physician. If you seek care immediately, do not change clothes, douche, or shower. Gannett staff members are available twenty-four hours a day for medical care or referral. Also, it is important to get follow-up treatment. Since HIV antibodies do not show up with testing until three months after exposure, you should be tested for HIV as well as other STIs and pregnancy at follow-up appointments.

3. Call the Cornell Police (255-1111) or Ithaca Police (911)

Reporting a rape or sexual assault is an important part of rape prevention since a rapist rarely stops with one victim. Informing local police does not obligate you to press charges. It is your decision whether to report the crime. There will be no investigation unless a formal complaint is filed. Should you choose to press charges later, a report will significantly increase the possibility of successful prosecution. If the perpetrator is a member of the Cornell community, you may want to talk to the Judicial Administrator to find out what options are available and what campus judicial actions can be taken.

Common feelings after a rape:

- fear of men and of being alone
- guilt and shame, feeling responsible for the assault
- anger
- mistrust
- feeling of worthlessness
- feeling of uncleanness
- moodiness

Common physical responses to rape:

- nightmares
- eating and sleep disturbances
- physical pains and soreness
- loss of sexual interest
HELPING SOMEONE WHO HAS BEEN RAPED

Your support can make a big difference to someone who has been raped. Here are some hints for responding in a helpful manner when someone confides in you about a rape:

- Believe the person. People rarely lie about rape.
- Listen to the person and concentrate on understanding her feelings.
- Ask how you can help.
- Offer to accompany your friend in seeking medical care or counseling or in going to the police.
- Remind the person that rape is the rapist’s fault, not hers. The responsibility lies solely with the assailant.
- Don’t ask questions that imply that the rape was in any way the individual’s fault such as Why did you go to his room? or Why didn’t you scream?
- Don’t tell anyone about the rape without the person’s permission.
- Don’t touch or hug the person unless you’re sure that the person is comfortable with physical contact.
- Don’t give advice; instead, help the person explore different options.
- Don’t act in ways that are upsetting to your friend. Although you may be trying to be supportive with phrases like If I could find the creep, I’d kill him, you might upset your friend even more.

From “Helping a Friend who has been Raped or Sexually Assaulted,” Cornell Advocates for Rape Education

CHILD SEXUAL ABUSE

By the age of 18, the lives of one in three girls and one in five boys will experience sexual abuse. Some people deal with their abuse before they get to college, but for others college is the first time they have been removed from their abusive situation and can allow themselves to address it. Other abused persons have suppressed memories of their abuse, and the new environment at college allows those repressed memories to surface.

It can be very difficult to try to deal with past abuse while finding a place in a new environment and adjusting to college life. Some people find it easiest to deal with by first telling a close friend. Others prefer to go directly for professional help. There are several support groups at Gannett or the Advocacy Center (see Resources) that can make this time less painful and can give you other people to talk to. It is often the first step of sharing your story with another person that is most difficult. Once you have someone else that you can talk to about your abuse, it becomes easier to cope.
A woman has the right...

- Not to be abused
- To anger over past beatings
- To choose to change her situation
- To freedom from fear of abuse
- To request and expect assistance from police and social agencies
- To share her feelings and not be isolated from others
- To want a better role model of communication for her children
- To be treated like an adult
- To privacy
- To express her own thoughts and feelings
- To develop her individual talents and abilities
- Not to be perfect

From – Advocacy Center, Ithaca, NY.

ABUSIVE RELATIONSHIPS

When someone mentions an abusive relationship, what’s the first picture that comes to your mind? Often the first situation we think of is a middle-aged couple. The husband is an alcoholic and his wife is too meek and timid to stand up to him. He often hits her when he comes home from a long day at work or from being out with his friends at night. While this situation certainly depicts an abusive relationship, very few actually fit this stereotypical description.

Battering is the single major cause of injury to women. However, physical abuse is only one of the many types of abusive relationships. Other forms include emotional abuse, sexual abuse, economic abuse, intimidation, oppression, and isolation. While the types and forms of abuse are quite extensive, it is also important to realize that the type of woman found in an abusive relationship varies. Women of every race, sexual preference, economic status, appearance, religion, education level, and age are vulnerable to abusive relationships. We are all susceptible.

Types of Abusive Relationships

Emotional Abuse

- Calling names
- Putting the person down—publicly or privately
- Denying the person’s feelings
• Making the person feel bad about him/herself or feel that he/she is weird and different

**Economic Abuse**

• Taking or using the person’s money or property without permission
• Trying to make the person get or quit a job
• Using money as leverage in making a decision

**Physical Abuse**

• Causing physical injury to the person (kicking, slapping, punching, biting, pulling hair, burning, hitting)
• Preventing the person from moving

**Sexual Abuse**

• Making the person feel bad about their sexual feelings
• Threatening or forcing the person to kiss, touch, or have any form of sexual contact
• Taking advantage of a person’s lack of experience
• Making controlling or one-sided decisions in regards to sexual activity

**Intimidation**

• Scaring the person with looks, threats, a loud voice, violent movements or language
• Breaking things or destroying treasured items
• Causing physical harm to other people
• Threatening to harm friends or family members
• Hurting animals

**Isolation**

• Making the person feel guilty about spending time with others
• Cutting the person off from their friends, family
• Controlling the victim’s choice of places to go and people to see
• Spreading rumors about the person
• Verbally insulting or ridiculing the victim’s friends

**Oppression**

• Controlling the person through use of sexism, racism, heterosexism, classism, or ageism
Using attitudes or beliefs to hurt or oppress a group

These are all types of abusive relationships. No form of abuse is any less serious than another. While physical abuse leaves visible scars, other forms of abuse leave psychological and emotional scars. Treatments and help are available for every form of abuse. Remember: ABUSE IS ALWAYS WRONG!

Understanding abusive relationships

Many times women who are caught in an abusive relationship fail to realize that they are in one until someone else points it out to them. Often the abuser is very good at making the person feel guilty and deserving of abuse. The abuser may try to trap the person by saying things like “I’d kill myself if you ever left me” or “You’re the only person that I have to talk to.” A person who is stuck in an abusive relationship is often insecure and apt to blame her or himself. Abusers also try to weaken the victim by saying things to put them down and to destroy the victim’s self-esteem. They may also try to isolate her or him from their family and friends. No matter what a person does, ABUSE IS NEVER THE VICTIM’S FAULT. There are many ways to work out a problem or disagreement. No one deserves to be abused.

Social workers and violence experts point out a cycle that is common to abusive relationships. It may help us to understand the thoughts and emotions that are involved.

Tension builds as the woman “tiptoes” trying to do everything in her power to avoid “causing” the explosion. After an episode of violence, the abuser usually expresses remorse and apologizes, saying “That was the last time. I promise to change.” Then there is a period of harmony where things go very well until the cycle begins again as tension builds. The periods of harmony may last anywhere from a matter of hours to months.

Incidents of dating abuse and domestic violence tend to become more frequent after the first few times and the amount of time that the harmony phase lasts becomes progressively shorter. For this reason it is important to get help or talk to someone immediately after the first incident of abuse. Do not wait until it becomes a common occurrence before getting help.

Are you in an abusive relationship?
If you are still not sure if you or a friend is in an abusive relationship here are some questions to ask yourself.*

Has your current or former dating partner, boyfriend, girlfriend, lover, or spouse:

- Withheld approval, appreciation, or affection as punishment?
- Continually criticized you, called you names, shouted at you?
- Ignored your feelings?
- Ridiculed or insulted your most valued beliefs, religion, race, ethnicity, class, gender, or sexual orientation?
- Been jealous or harassed you about imagined affairs?
- Manipulated you with lies and contradictions?
- Insisted you dress the way he or she wants?
- Humiliated you in public or private?
- Threatened to “out” you of your partnership if you are lesbian or bisexual?
- Isolated you from your family and friends?
- Taken car keys or money away from you?
- Subjected you to reckless driving?
- Locked you out of your home?
- Thrown objects at you?
- Abused pets or hurt you?
- Controlled all of the family income?
- Punched, shoved, hit, bit, slapped, or choked you?
- Coerced you to have sex or raped you?
- Threatened to kill or hurt you if you leave?
- Threatened self mutilation or suicide if you leave?
- Threatened to hurt you, your children, your relatives, or your friends?
- Stalked or followed you?

*Taken from the Stanford Women’s Handbook

If you can say that one or more of the above applies to you, you are probably being abused. IF YOU THINK YOU’VE BEEN ABUSED, YOU PROBABLY HAVE BEEN.

**Once I have realized I am in an abusive relationship what should I do?**

Admitting that you are caught in an abusive relationship and taking action to help yourself can be very difficult. However, once these first steps are overcome, it is possible to get the counseling and help that are needed to deal with the situation and discuss your options. There are several phone numbers listed at the end of this chapter that can offer help for a person involved in an abusive relationship of any kind.
If you have been physically abused, get to a safe place first. Next, contact the authorities. If you do not feel comfortable talking to the police, you should talk to an RA, a staff member at Gannett, or a close friend. You can press charges and take the incident to court or even get a restraining order, or try instead to seek counseling and not involve the legal system at all. No matter what the circumstances, no person deserves to be abused. It is **never** your fault. The abuser is always wrong.

There are many different aspects that may bind a person within an abusive relationship. For someone looking in from the outside, it is often hard to see why the person being abused won’t leave. However, no relationship is easy to end, and abusive relationships are no different. There are several things to consider regarding decisions to stay or leave.

**Staying**

Staying is always a choice. You may simply want to stop the abuse, not end the relationship. Some women may have tried leaving, but they missed their partner or felt sorry for them. If you decide to stay, the first question you should ask yourself is, “Am I staying because I love my partner and WANT to stay?” or, “Am I staying because I feel guilty and afraid?” If you are staying for a reason that focuses on your partner’s feelings more than your own, you may want to reconsider your rationale. If you decide to stay, there are certain precautions you should take to make things safer for yourself.

**Making things safer if you stay**

- Use the “harmony” phase (when things are going well) to set up new patterns and roles for yourself in the relationship.
- Try to gain some freedom from the constraints that the abuser might inflict - even though this might be seen as a risk to the abuser.
- Think about joining a support group to talk with women who are experiencing the same things that you are. You may be surprised at how much you have in common with women from different backgrounds.
- Make a secret escape plan, just in case.
- Surround yourself with friends and/or family members who support you and make you feel good about yourself.

**Deciding to leave**
Leaving an abusive relationship often takes several attempts. As with any break-up, leaving is a very difficult thing. Victims of abusive relationships may want to consult a counselor or a women’s shelter for support and assistance in leaving.

Some important considerations if you want to leave:

- Be sure of your safety. Make sure you have a place to stay—with friends and family, a shelter, or on campus (if you live on campus, talk with your RA or RHD about campus living arrangements).
- Have an emergency escape plan. Have money, credit cards, keys, and important documents ready.
- Plan reasons ahead of time to justify being apart or separated.
- Plan a good time to leave; many times it is unsafe to leave while the abuser is there. Consider leaving during a period of “harmony.”

**Once you have left**

The first month or two after any break-up, abusive or not, is very stressful. Make sure that you give yourself time to adjust to being alone and to sort through your feelings. There are many support groups and counselors in the Ithaca area that are trained to deal with victims of abusive relationships. They can give you the support and advice that you need after leaving an abusive relationship. It is natural to be quite emotional or have a lack of concentration, and moodiness during this initial time of separation. Give yourself a chance to make it on your own. Many women may try to leave several times before succeeding. Know that if you do decide to go back, the abuse will most likely continue.

If you have decided to leave the relationship but fear that the attacker may stalk you or try to get close to you again, you may consider petitioning for a restraining order (or order of protection). You must have a legitimate reason for such a step; threats and abuse qualify quite sufficiently. The Victim Advocate or Judicial Administrator’s office can provide information about Orders of Protection.

**How to help a friend in an abusive relationship**

If you think that your friend may be involved in an abusive relationship, it may be hard for you to understand. From the outside, it is easy to say that the person should just leave, but the view from within the relationship is often quite different. For one thing, the abuser is probably not abusive all of the time. He or she probably has many good qualities and the time they spend together is probably made of good times, bad times,
and in-between times. The abuser may have “promised” to change. Unfortunately, this is rarely the case, and the number of good times in the relationship tends to diminish as time goes on. No matter how much you want to help your friend, ultimately the decision to leave or get help is up to her. The most important thing for you to do is to stand by her and offer your help and support.

**How to help her (or him; we’ll use her for convenience)*

**Lend a sympathetic ear**

- Let your friend know that you are there for her.
- Let her confide in you at her own pace - don’t push her to tell you more than she is comfortable talking about.
- Be open minded and listen carefully.
- Never blame her for what is happening or underestimate her fear of potential danger.
- Focus on supporting her personal decisions.

**Guide her to community services**

- If she asks your advice, help her find available services.
- Encourage her to seek outside help.
- Assure her that anything she tells a counselor will be kept confidential.
- Offer to go with her to a counselor or a support group.

**Focus on her strengths**

- Women in abusive relationships are often put down and ridiculed by their abusers; be sure to give her positive reinforcement since women often hear the put-downs so much that they begin to believe them.
- Help her examine her strengths and skills.
- Emphasize that she deserves a life free from abuse.

**Be a friend indeed**

- Tell her that you are there when she needs you.
- Offer whatever support you can - transportation, money, shelter, etc.

**Confront her with the danger**

- It may become difficult for you to continue to support her if she fails to get out, but let her know that not everyone lives with abuse.
• Be willing to confront her with the physical and emotional harm she will suffer if she stays.
• Help her to face the reality of living with an abusive partner.
• Remind her that even a push or shove can result in serious injury.

Help her develop a safety plan

• Encourage her to develop a plan to protect herself.
• Help her think through the steps if her partner becomes abusive.
• Help her make a list of people she can call in an emergency.
• Suggest that she hide a suitcase with clothes, money, important documents, social security card, and personal items.


One of the most important things to note is that as a friend, you can only do so much. Ultimately, the woman is responsible for herself. It is her decision, and the most you can do is be there to help her. When helping a friend recover from an abusive relationship, your support can be priceless, but in this case, it is also important to remember that there are professionals that are trained to help people recovering from these experiences. Don’t try to take on more than you can handle. Abusive relationships are serious and difficult matters. For many women, a friend’s support can be their key to survival.

SEXUAL HARASSMENT

What is Sexual Harassment?

There are several forms of sexual harassment. Sexual innuendo and other suggestive comments, humor and jokes about sex or gender-specific traits, offensive written notes or electronic mail, and sexual propositions, insults, and threats are all forms of verbal harassment. On the other hand, nonverbal harassment includes things like leering, whistling, and suggestive or insulting sounds and gestures. A more drastic and direct form of harassment is the physical component, characterized by unwanted touching (e.g. brushing, patting, pinching), kissing, and/or coerced sexual intercourse.

The Department of Education’s Women’s Educational Equity Act program estimates that 20-30% of female college students experience sexual harassment while at school, yet only 2-3% ever report the crime to anyone. In 1980, the U. S. Equal Employment
Opportunity Commission defined workplace sexual harassment as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature” when:

1. The submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment, or
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

Sexual Harassment at Cornell

Cornell’s Office of Workforce Diversity, Equity and Life Quality (WDELQ) adds that harassment occurs when it affects academic status or an academic decision, interferes with a person’s academic performance, or creates a hostile learning environment.

*I have been sexually harassed by one professor, a faculty member in the office I work in and have found prevalent androcentrism throughout campus. Women’s issues are considered as “other.”*  
—Arts & Sciences ’95

Specifically sexual harassment occurs at Cornell when a professor or student does the following against your wishes:

- makes comments about your body
- touches or grabs your body
- makes sexual remarks or suggestions
- engages in conversations that you find too personal
- describes pornographic pictures, stories, or sexual jokes
- stares, leers, or ogles
- threatens punishment, especially in connection with grades

Sexual Harassment Myths

MYTH: Sexual harassment is harmless. Women who object have no sense of humor.

FACT: Harassment is humiliating and degrading—and illegal. It undermines college careers. It is not funny.
MYTH: Sexual harassment only happens to women who are provocatively dressed.

FACT: Sexual harassment can happen to anyone, no matter how she is dressed.

MYTH: If the woman had only said “No” to the harasser, he would have stopped.

FACT: Many times “No” does not work. It may be heard instead as “Yes.”

MYTH: If a woman ignores harassment, it will stop.

FACT: The harassment will not usually stop with no response. Ignoring it may be seen as encouragement.

MYTH: Women lie about being sexually harassed, especially for vindictive reasons aimed at attacking the accused.

FACT: This myth carries with it the assumption that women are inherently devious and deceptive. Women do not lie about experiencing sexual harassment.

**If you are not sure if you are being sexually harassed:**

Go with your instincts. Sexual harassment feels bad. Flirting feels good.

Listen to your thoughts. You are probably being sexually harassed if you are thinking:

- “I hate you for doing this.”
- “Why me? What did I do?”
- “I wish I could get away.”
- “Why doesn’t anyone help me?”

Most importantly, trust yourself.

**Dealing With Sexual Harassment**

**React**

- Say NO to the harasser. Be direct and let the offender know you are serious. Let him know that you want the relationship to be strictly professional. If you know others who have had similar experiences, approach the offender together.
- Write a note to the harasser. Describe the incident and how it made you feel. State that you would like the harassment to stop. Keep a copy.
• Keep a record or what happened and when. Include the date, time, place, names of people involved and of witnesses, and who said what to whom.

If the harassment does not stop, discuss it with the harasser’s supervisor of department chairperson, or if you and the harasser are students, go to the Judicial Administrator for assistance.

Some women friends of mine wonder whether a particular situation in which they didn’t like how a man was treating them constituted harassment or abuse. Remember your rights and feel confident about asserting them. If you feel uncomfortable, something IS wrong.

— Engineering (male) ’96

Report It

Sexual harassment is sex discrimination and therefore illegal. Even if you are not sure that what you are experiencing is harassment, call the Office of Workforce Diversity, Equity and Life Quality, or talk with a trusted staff member (RHD, college advisor, organization advisor, professor). Other resources at Cornell referenced in this chapter can help you deal with the incident on a personal level.

• It is Cornell’s responsibility to take immediate and appropriate action to reestablish a learning environment free of harassment. All inquiries are made confidentially and without disclosing names or specific details.
• Informal mediation can often resolve complaints. Inquiries are appropriate either as a first step in dealing with the harassment or as a continuation of your efforts to resolve the problem yourself.

Formal complaint procedures exist to protect all students, faculty, and staff. You can file a complaint through the Office of Workforce Diversity, Equity and Life Quality or the Judicial Administrator (see Resources). There are harassment advisers in each college. Consult your college’s dean for a current list for your school. They are there to help! Please remember that you are not alone. Cornell is full of people who want to help, no matter what your course of action.

You have a legal RIGHT to an education free from sexual harassment...and don’t forget it!
CAMPUS SAFETY AND SELF-DEFENSE

Cornell has a crime problem just as any other community does. Cornell Police recommends taking some basic precautions to keep yourself and your possessions protected. There are no guarantees but following these guidelines could keep you out of trouble and happy. Just remember this: “A minute of your time...could stop a crime.”

- Lock your door

  Theft in residence halls is a problem we don’t like to think about, because it could mean that one of your friends is a thief. However, it is best to lock your door even if you’re only stepping out for a moment; you never know who is on the floor and what their motives may be.

- Don’t leave belongings unattended

  If you are studying in the library and you’re going to take a break or go grab something to eat, get a neighbor or friend to keep an eye on your stuff until you come back, or just bring it with you.

- Travel in well-lit areas

  Most areas of the campus are fairly well-lit, but there are certainly exceptions. With buildings so spread out, it is best to stick to main thoroughfares at night where someone is likely to be around should you need assistance.

- Register your bike

  It’s mandatory, it will significantly increase the chances of return if stolen, and it’s free.

- Mark your property - Operation ID

  Anything that is valuable should be marked, and you should keep a record of the serial numbers of equipment like stereos and computers. There is usually an increase in residence hall, house, and apartment burglaries over class recesses. Decrease your risk of loss by taking easily resold items (TVs, laptops, cameras) home with you.

- Leave anything really valuable or irreplaceable, like family heirlooms, at home.
• Park near buildings whenever possible, especially at night.

**Dealing with Crime**

*Don’t always assume that Cornell is a safe place just because it is not in an urban area. Things can always happen.*

— Arts and Sciences ’97

There are a variety of resources available to provide assistance once a crime has been committed, beginning with the Cornell Police Department.

The Cornell Police Department has more than 55 personnel ready to assist members of the Cornell community. The Department’s officers are sworn law enforcement officers commissioned by New York state. They are authorized to investigate complaints of criminal activity and engage in strategies to prevent crimes. The University Police offer the following programs:

University Police Orientation - overview of the Department and its duties.

Crime Prevention Overview - various methods to avoid being victimized.

Personal Security - a discussion directed at prevention of crime against the person.

Rape Prevention - discussion of techniques of preventing rape.

Alcohol Awareness - showing what effects alcohol has on a person and the law.

Bicycle Safety - discussion of bicycle safety and city ordinances.

Winter Driving Techniques - procedures for the safe handling of motor vehicles on snow and ice.

Cash Handling - concepts of effective cash management, primarily designed for retail establishment personnel.

Operation I.D. and Key Registration - two programs offered to all Cornell students, staff and faculty members without charge.
Project Child Finder - fingerprinting of children to assist in identification. Fingerprint cards are retained by parents.

Operation Campus Watch encourages you to report suspicious activity to Cornell Police via a Blue Light phone or by calling 5-1111 on campus, 255-1111 off campus.

**Stalking and Intrusive Contact**

Your initial image of a stalker might be one of a person in a long black coat that lurks in dark alleys and always manages to be just out of sight. Actually, this is rarely the case. Stalkers are likely to be someone that we know, and stalking is much more than just being followed. If you think that someone is stalking you, it can be a very scary and uncomfortable feeling. The Cornell Police are trained to deal with these situations. New York State Penal Law has defined stalking and related offenses in the following terms:

**A person is guilty of harassment in the second degree if he or she:**

- Follows a person in or about a public place or places.
- Engages in a course of conduct or repeatedly commits acts which alarm or seriously annoy a person and serve no legitimate purpose.
- While aggravated harassment and menacing are not the same as stalking, they do occur quite often on campus.

**A person is guilty of aggravated harassment in the second degree if he or she:**

- Causes annoyance or alarm through communication or causing communication to be initiated through means of mechanical, electronic, telephone, mail, or other written form, whether the person is anonymous or not.
- Makes a telephone call (conversation does not have to ensue) with no purpose of legitimate communication.

**A person is guilty of menacing in the second degree if he or she:**

- Repeatedly follows a person or repeatedly commits acts over a period of time intentionally placing or attempting to place another person in reasonable fear of physical injury or death

If you think you are being stalked or harassed in any of these forms, do not hesitate to talk to the Cornell Police. It is better to be cautious than sorry.
**Blue Light System**

The Police Department oversees and operates the Blue Light System, which provides security measures for the Cornell community.

**Blue Light Telephones**

The blue lights dotting the Cornell campus help you locate Public Safety telephones. If you want to report an emergency or need assistance, an escort, or information, just pick up a phone under any Blue Light and you will be in contact with a Cornell Police officer. The exact location of the phone being used is displayed in the Department’s communication center, helping to pinpoint trouble and expedite aid if needed. The phones span the campus and neighboring vicinity and provide a deterrence against crime. There are currently 84 exterior phones to be found around campus and over 260 emergency phones located inside buildings.

Maps of the Cornell University campus designating where Blue Light Telephones can be found are available in the Public Safety office and the Information and Referral Center.

**Blue Light Buses**

The Blue Light Bus Service operates from 6:00pm to 2:00am, seven days of the week during the school year. It is a free bus service created to shuttle people around campus. Round trips take about a half-hour. Bus schedules are available in libraries, residence halls and community centers, at Transportation Services, the Information and Referral Center in Day Hall, and on the buses as well.

**Blue Light Escort Service**

You may spot them in pairs on campus, sporting blue vests, carrying portable radios, and wearing Cornell Police student auxiliary photo IDs. They are Blue Light Escorts, Cornell Police student auxiliary members who patrol campus. They will escort you anywhere on the campus proper or Collegetown provided that it is “walking distance”. The Escort Service operates 8:00 pm to 2:30 am Sunday-Thursday and 8:00 pm to 1:00 am on Friday and Saturday nights while classes are in session. You can request an escort by calling 255-7373, by asking an available escort, or by picking up any Blue Light phone. Their radios provide them with instant communication with Cornell Police. Wallet-sized
Escort Service cards are also available, and aren’t a bad idea to keep around for nights when you don’t want to walk home alone.

For more information on the Blue Light System, contact the Crime Prevention Unit, Cornell University Police, G-10 Barton Hall, Ithaca, New York 14853, or call (607) 255-7304.

**Self-Defense**

*I am in the self-defense for women course and it has helped me feel empowered and assertive.*

— *Arts and Sciences ’98*

Protecting ourselves means using common sense. There are a variety of self-defense opportunities made available to the Cornell community, but your greatest self-defense is using your head. One would think the crime rate for a campus the size of Cornell would be higher than it is; the campus itself and surrounding areas are surprisingly safe. This does not mean that crime doesn’t occur, and every precaution you take to defend yourself is a safeguard against disaster. It pays to be safe now rather than to be sorry later.

Plan ahead and avoid sticky situations. If you know you’re going to be walking across campus late at night, find a friend to share the walk with. Think about the route you choose - sometimes the most direct route may not be the safest. Try to stick to well-lit, high-traffic areas, especially at night. Keep your eyes and ears open to what is going on around you - leave the headphones off on the walk home. It’s a good idea to let someone, a roommate or a friend, know where you’re going and what time you plan to be back and to keep them informed if something changes.

The Physical Education department at Cornell University offers several classes in the martial arts and self defense, which could be a smart and fun way of filling those two P.E. credits required for graduation. Why not investigate tai chi chuan, kung fu, basic karate, or women’s self-defense while you’re deciding how to fit in your exercise for the semester?

In conclusion, although the entire blame for crime lies on the shoulders of the perpetrators, anything we can do to avoid crime situations is a precaution well worth our
time. We need to remember that help is only a phone call away and that we are not alone and not to blame.

**RESOURCES**

**Support Services**

Advocacy Center - 24 hours 277-5000

Gannett

8:00 am - 5:00 pm 255-5155 (24 hours)

CAPS 255-5208

Empathy, Assistance and Referral Service (EARS) 255-3277

Suicide Prevention 272-1616 (24 hours)

Planned Parenthood of Tompkins County 273-1513

AIDS Work/HIV Testing info 272-4098

Advocacy Center

(Formerly Task Force For Battered Women/Child Sexual Abuse Project)

24-Hour Hotline (7 days/week) 277-5000

Business line 277-3203

Office Hours: 9am-5pm, M-F

www.theadvocacycenter.org

Support and services for:

- Adults and teens who have been or are in abusive relationships
• Youth who have witnessed domestic violence
• Adult survivors of child sexual abuse
• Youth (through age 18) who have been sexually abused or sexually harassed
• Friends and family members of abuse survivors

Services Include:

• Crisis intervention and emotional support
• Emergency shelter
• Support groups
• Accompaniment to services (such as police or hospital)
• Legal advocacy
• Assistance with Orders of Protection
• Safety planning
• Information and referral
• Lending library
• Prevention and risk reduction education

All services are free.

Tompkins Community Hospital
Emergency Department 274-4411

Ithaca Emergency / Ambulance 273-8000

Cornell United Religious Work 255-4214

New York State Domestic Violence Hotline 1-800- 942-6906

Legal/ Police Aid

Cornell Police (in G-2 Barton Hall)
Emergency 255-1111
(or use a Blue Light Phone)

Crime prevention 255-7404

Business 255-8953 or 5-1113

Lost & Found 255-7197

Tompkins County Sheriff 272-2444
Ithaca Police 272-3245
Cayuga Heights Village Police 257-1011
Tompkins County Sheriff 272-2444
New York State Police 273-4671
Office of the Judicial Administrator 255-4680
Dean of Students Office 255-6839
Employee Assistance Program 273-1129, 255-6276
Office of Workforce, Diversity,
Equity, and Life Quality 255-3976,
Day Hall 255-7665 TTD

Available to assist all members of the Cornell community with sexual harassment problems and questions. All discussions are confidential. In addition, the office can provide training and consultation on the prevention of sexual harassment.

University Human Resource Services 254-8370
Office of the University Ombudsman 255-4321
118 Stimson Hall
Although the Ombudsman is University-funded, it is a separate entity from the established administration. The Ombudsman is an impartial and important resource for anyone having problems with the University.

Student Employee Grievance Procedure,
Office of Financial Aid and Student Employment,
203 Day Hall 255-5145

Graduate School Grievance Procedure,
Dean’s Office, 255-5814
Sage Graduate Center, Sage Hall

References

Pamphlets:
“Addictive Relationships.” The Board of Trustees of the University of Illinois, 1988.


“Helping a Friend who has been Raped or Sexually Assaulted.” Cornell Advocates for Rape Education.

“Rape: Don’t go it alone.” Ithaca Rape Crisis.

“What Men and Women Should Know About Sex and Seduction.” Cornell Advocates for Rape Education.

“Rape Prevention.” New York Division of Criminal Justice Services.