



Brunel
University
London

USVSV Brunel 'First Responder' Programme Facilitators' Guide

Day Two

<http://usvreact.eu/>

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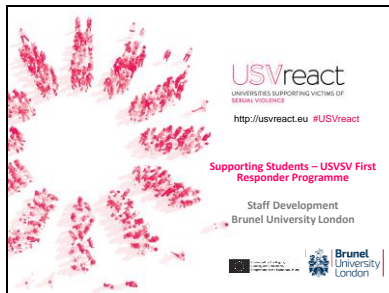


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USVSV Brunel 'First Responder' Programme - Facilitators' Guide

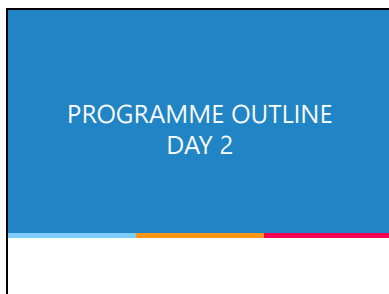
Day Two

Slide 1

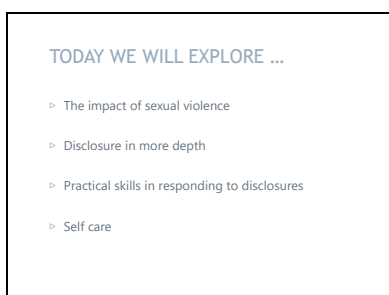


Day 2: 4.30 hours (including 40-minute lunch break)

Slide 2



Slide 3



**Introduction to the second day (00.00 – 00.10)
10 minutes**

In pairs, discuss: What did you feel and think after last week's session? Partners to feedback to the group what the other person shared with them.

Ask if there are any questions or anything anyone wishes to share with whole group.

Provide the group with post-it notes again, in case they want to 'park' any comments or questions for the end of the session.

As in the previous session, let the group know:

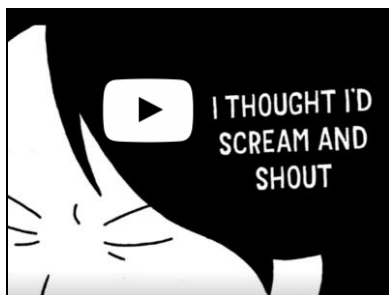
- They can help themselves to drinks and biscuits throughout the day
- They can leave the room at any time without needing to explain why (reminder of breakout room)
- There will be a 40-minute lunch break sometime between 12 and 12.30pm
- There will also be a short break in the morning and the afternoon

Provide PowerPoint slide print-outs for participants to follow/make notes (**USV15**).

Slide 4



Slide 5



Impact of Sexual Violence (00.10-00.25)

15 minutes

Aim: For Attendees to better understand how sexual violence impacts individuals, so that responses can better meet the need of a traumatised person, and challenge social ideas around appropriate sexual violence response, such as screaming for help or fighting back.

First, provide a brief warning that the video contains personal experiences of a reaction to rape, freezing, and unsupportive/blaming responses from others.

Watch one of Rape Crisis Scotland's #ijustfroze campaign videos. Click on the PowerPoint slide for video (<https://www.youtube.com/watch?v=O5h-NON8DaY>).

After watching the video go straight to the PP slides

below, describing the impact of SV/trauma on the brain, and on to the exercise where attendees suggest what the impact will be on the body, brain, behavior and beliefs of victims/survivors.

Slide 6


RESPONDING TO TRAUMA

The brain processes sexual violence as trauma

All trauma is processed by our brains as a threat to safety and life.

A set of responses are often seen in those experiencing threat, and they can be categorised as:

FIGHT, FLIGHT, FREEZE, FLOP AND FRIEND



This slide and the following slide give a very brief introduction to how the human brain processes any traumatic event. This is to show attendees again that victims are never to be blamed, and that however they responded in the moment was not in their conscious (cognitive part of the brain) control. Whatever they did (freeze and say nothing, scream, smile and go along whilst feeling terrified, feel like it all happened to someone else, etc.) they did this instinctually, as the 'primal' part of the brain kicked in and made choices for them to keep them safe.

FFFFF, meanings:

Fight or flight – physiological response, either to fight back or escape the situation.

Freeze - involves feeling unable to move, often afterwards the person will feel like the incident didn't really happen.

Flop - similar to freeze, but the muscles go all floppy, almost like 'playing dead'.

Friend - when we might go through a set of actions, that are like 'going along with' what the perpetrator wants, even though we are really terrified. This is quite common in children, sometimes in adults.

Slide 7

FIGHT, FLIGHT, FREEZE, FLOP AND FRIEND

When we make these decisions, the front (primal) part of the brain, where clever negotiation and cognition takes place, is either partly or wholly turned off.

So, whatever action (or non-action) someone took when sexual violence took place, was intended by their brain to keep them alive.

It is non-negotiable, not a cognitive choice, and NEVER to be challenged!

Slide 8

THE IMPACT OF TRAUMA

Slide 9

AFTER THE INCIDENT, HOW MIGHT SEXUAL VIOLENCE IMPACT AN INDIVIDUAL?

All forms of trauma, including all forms of sexual violence affect our:

- > Body
- > Brain
- > Behaviour
- > Beliefs

After the incident how might SV impact an individual? (00.25-00.50)
25 mins (10 minutes small groups, 15 mins large group)

Divide participants into four groups so that each group can take one of the subjects above, and on flip chart paper write down ways in which they imagine a person who's experienced SV may be affected in that area of their life. Don't put the next PP slide up until they have done their small group discussions.

Feedback to wider group.

Together look at the next PP slide and the groups' flip chart paper and discuss.

Slide 10

IMPACT OF SEXUAL VIOLENCE ON ...

BODY	BRAIN	BEHAVIOUR	BELIEFS
Feeling sick, unable to eat or over-eating, unexplained aches and pains and other health issues. Feeling shaky, feeling disconnected from the body, feeling 'floaty', Feeling faint/dizzy, Digestive difficulties, physical sensations of the incident(s).	Not being able to control thinking, unfocused thinking, feeling distracted, intrusive thoughts about the incident(s), paranoid thoughts, Sleep disturbances, Changes to health due to chemical imbalances, Suicidal thoughts, self attacking thoughts.	Retreating from social life/meaningful activity, lowered confidence, changes to the speech (faster, slower, etc.) using drugs/ alcohol more, taking risks with safety of self/ others, Changes to dress, Changes to where someone might go, dating behaviour, Willingness to take risks, Self harm, Suicide.	Changes to world views, for example: 'It's not a safe place, it's not a place I can ever be happy, everyone's out to get me, no one ever believes me, I hate all people/all men', Changes to self-perceptions, for example: 'I don't matter, I am here to be used', Changes to spiritual/religious/ political beliefs.

These lists are not extensive.

Resources of info for facilitators:

ACE research on impact of childhood trauma on health:

<http://www.americasangel.org/research/adverse-childhood-experiences-ace-study/>

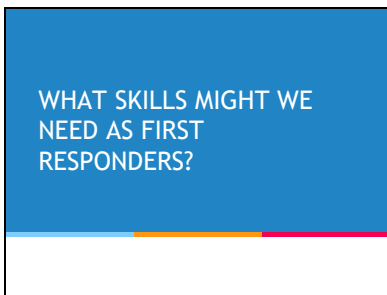
Impact of Sexual Violence:

<https://www.rainn.org/effects-sexual-violence>

Excellent resources section:

<http://www.wgn.org.uk/>

Slide 11



Skills Development (00.50-00.55)

5 minutes

Aim: Skills development to increase attendees' understanding of the need for and use of active listening, open questions, and to encourage non-judgmental responses. Developing some skill in these areas.

Ask the group: what do we think are the skills needed to respond well to a disclosure of sexual violence? Facilitators can do this as a spoken discussion or write it up on flipchart.

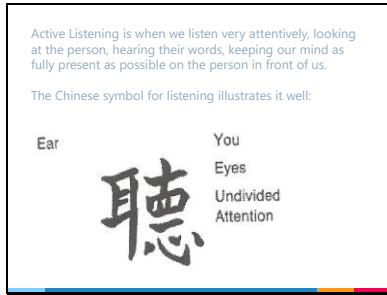
Whole group to look at following PowerPoint slide together and discuss ideas. Only put up next PP as the discussion is coming to a close.

Slide 12

- SKILLS WE NEED
- ▷ Active Listening
 - ▷ Some compassion. Empathy happens if it happens, but compassion is care and concern without judgment.
 - ▷ Ability to keep ourselves calm, to help them be calm
 - ▷ Ability to make a plan, signpost and offer gentle guidance
 - ▷ Ability to hold risks in mind
 - ▷ Ability to keep it simple

(SUGGESTED 10 MIN BREAK AFTER THIS SLIDE) (00.55-01.05)

Slide 13



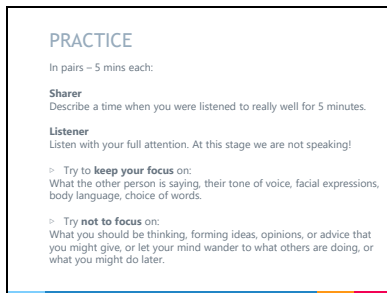
Listening (01.05-01.20)

15 mins (2 mins to explain, 10 mins practice, 3 mins to share after)

Remind the group that in today's session and the previous session they spoke in pairs and then provided feedback to the group about what the person they'd listened to was feeling, or who they were – these were tiny introductions to listening as a skill.

Active listening is a key focus that contains many other first responder skills. Active listening is when we do our best to leave our own thoughts, ideas and feelings to one side and focus all our attention on what the person in front of us is telling us, with their words, tone, actions, presentations, body language, etc. We try not to be distracted by what we think we or they should be doing, and just try to take in what is said in the moment.

Slide 14



In pairs, ask attendees to take it in turns to be the 'sharer' and the 'listener'. For five minutes each, they need to describe to their partner an occasion then they were listened to really well. The 'listener' shouldn't speak, only listen carefully.

Meet back in the wider group to discuss any blocks, difficulties or anything else they noticed both as sharers and as listeners.

Difficulties might include: wanting to ask questions, wanting to say 'me too', wanting to give advice or offer solutions, mind wandering, struggling to stay present.

Facilitator resource:

<https://www.mindtools.com/CommSkill/ActiveListening.htm>

Slide 15

KEEPING CALM, FOR US AND THEM

When we are in the presence of someone who is distressed in any way, the mirror neurons in our brains fire up, which means we often have some similar feelings and even bodily experiences to them.

At this stage, the best thing for you to do to help the person disclosing to you might be to take some time to focus on feeling calm. You can both benefit from this.

**Keeping calm, for us and them (01.20-01.35)
15 mins (5 mins to explain, 10 mins demonstration to the group)**

Aim: To give attendees some practical simple skills to use to help calm anxious, scared, overwhelmed, distressed disclosers and themselves.

A distressed person is someone who appears or states that they do not feel able to manage what they are experiencing/feeling right now. They may be breathing heavily, or have short breath, or be holding their breath. They may be crying intensely and seem unable to speak or breathe. They may be screaming or silent, or retreating physically into what may appear a terrified or curled up position. They may be frozen and unable to respond to us.

Slide 16

HOW TO OFFER TO DO SOMETHING TO CALM YOU BOTH

If the discloser is panicky, very anxious, fearful or highly distressed, we could say:

"I'm really glad you've come and spoken to me, before we think together about how to move forwards, I'd like to just suggest we do some breathing/noticing to help you feel a little safer just now..."

Or

"I'd really like to chat to you about this but, before we do, someone showed me how to do some breathing/sensory techniques to slow things down and help us feel calm. It might feel a bit silly but they could be helpful..."

Slide 17



breathe

EXERCISES

PP - Breathing techniques

Lead the whole group through the two breathing techniques.

Breathing techniques are useful when the discloser appears really overwhelmed. Sensory noticing is useful here too, but this is usually best for when someone is really frozen and struggling to move or speak. Advise attendees to use calm voices, speak slowly and clearly, and represent the calmness we are inviting the distressed person to move towards and mirror.

Slide 18

BREATHING TECHNIQUE 1

- ▷ Breathe in for the count of four
- ▷ Hold for the count of five
- ▷ Breathe out for the count of six

▷ Repeat until the breath is coming more easily

Slide 19

BREATHING TECHNIQUE 2

- ▷ Place one hand on your belly
- ▷ Place one hand on your chest
- ▷ Breathe in slowly through your nose and try to fill your belly. Really push it all the way out, not moving your chest too much at all
- ▷ It might take a while, so just keep practicing until the breath is long and filling the belly
- ▷ If you feel light headed, just do it more slowly

Slide 20

USING SENSATION TO RESTART THE BRAIN

Notice these things together – name out loud:

- ▷ **Four** things you can see
- ▷ **Three** things you can touch
- ▷ **Two** things you can hear
- ▷ **One** thing you can smell

Repeat until you begin to feel a bit more present and calm.

**Using sensation to restart the brain (01.35-01.50)
15 mins (5 mins talking the group through the exercise, 10 mins practice in pairs)**

Explain to whole group and talk them through the exercise. Encourage them to notice everything around them, as below, slowly and calmly bringing their attention to all senses to bring them to the present moment.

Together, say out loud and name:

Four things you can see

Three things you can touch

Two things you can hear

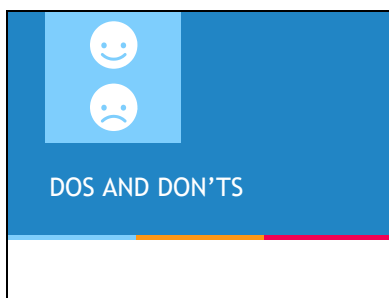
One thing you can smell

Practise in pairs, choosing either ONE of the breathing techniques OR the sensation exercise and then guide your partner as if you were trying to calm someone disclosing. 3 mins each.

Some may feel a little silly doing this exercise, it's always ok to name that, say how you feel to the person disclosing and let them know it's just something you were shown that might help!

IF IT DOESN'T HELP OR THEY DON'T LIKE IT, STOP!
ALWAYS LET THEM LEAD!

Slide 21



Dos and Don'ts (01.50-02.10)

20 mins (10 mins activity, 10 mins discussion)


Aim: For attendees to explore and be clear on the things that are and are not useful or helpful when responding to disclosures of sexual violence.

All the dos and don'ts are written individually on cards (**USV11b**). Ask them to divide into small groups and give them a mixture of each (some do's and some don'ts). Ask them to put cards into DOS and DON'TS piles.

Collect the cards and put them into piles anonymously (so there's no judgment about who's getting it wrong/right). Explore this in the wider group, reading through the cards and commenting on the actions they describe.


Show next PP slide only after activity!

Slide 22

DON'TS 

- ▷ Ask lots of questions about the incident
- ▷ Give opinions
- ▷ Make judgments on either their or the perpetrator's behaviour
- ▷ Tell them everything will be ok
- ▷ Tell them the perpetrator will be held accountable
- ▷ Make any promises about what will happen next, or what you personally can offer
- ▷ Answer questions about what outcomes they can expect
 - It's better to say you don't know!
- ▷ Assume you know what a victim of SV looks like
- ▷ Rush

Slide 23

DOS 

- ▷ Use active listening skills
- ▷ Invite the student to talk if they want
- ▷ Ask open questions
- ▷ Encourage students to give enough info to encourage sign posting
- ▷ Let them know you're listening, with open body language, and even by telling them you are
- ▷ Let them know you're really glad they came and told you what happened
- ▷ Ask them who else we can involve
- ▷ Ask them what they need right now, in terms of feeling safe, where they are going after speaking to you, etc.
- ▷ Let them know you accept their account without questioning it
- ▷ Be open minded about SV and remember that it takes many forms
- ▷ Remember it isn't up to us how an individual responds or feels
- ▷ Reassure, observe, limit probes
- ▷ Be on the look out for risk, they might need immediate signposting, i.e. A&E, Havens, Samaritans
- ▷ Remember R.A.C.E. (this will be explained later in the session)
- ▷ Be aware of facilities available
- ▷ Remember men, trans people, older people, disabled people (list never extensive) can be victims too!

Slide 24

DO:

Write down everything you discussed as soon as possible.

Include the date, where and who was present, not your feelings or opinions - just what you actually observed.

This last point is in bold as it is very important as it allows the responder to be clear on what has happened and has been said and discussed. **THEY NEED TO WRITE DOWN WHAT THEY SAW AND OBSERVED, NOT WHAT THEIR FEELINGS OR OPINIONS ARE!**

Then if at any stage the disclosure needs to be verified or looked at in any way, the details are logged clearly. It also allows the responder to begin the process of distancing themselves a bit so as to take care of any impact the disclosure may have had on them.


Some of the 'dos' and 'don'ts' are summarised in the SEEK response. Take a look at the next slide with the group.

Slide 25

SEEK: Safety, Empathy, Empowerment, Knowledge

- ▷ Providing a **S**afe space for the survivor
- ▷ Being **E**mpathetic to the survivor
- ▷ **E**mpowering the survivor
- ▷ Being **K**nowledgeable about sexual assault and knowing what information to give the survivor

Slide 26



MAKING A PLAN
RACE – Respond, Ask, Check, Explore (risk)

Slide 27

MAKING A PLAN - R.A.C.E.

- ▷ **Respond**
Offer warm supportive statements
- ▷ **Ask**
These are the immediate questions that pertain mainly to 'right now'
- ▷ **Check**
Is it ok for us to leave things here? Can they manage 'ok enough' without immediate support? (We are looking out for comments such as: I have no one, I can't cope, I can't do this, I can't go on).

Go to **EXPLORE** and ASAP signposting if needed.

Making a plan - R.A.C.E (02.10-02.20)

10 mins (5 mins to discuss in pairs, 5 mins to feedback to group)

Aim: To help attendees understand that a plan may need to be made, with regards to where the discloser would like to take things next (if anywhere).

To reassure responders that the responsibility to know everything and provide continuous support is not on their shoulders!

Slide 28

Explore (risk further)

Useful statements:
'I think this is a bit too big for just the two of us to carry'.
'I'd like to find more support for you'.
Look at ASAP signposting as well as asking about family (if safe): 'is there anyone in your family or a friend that you feel safe to seek support from?'

Signposting:
▷ **ASAP**: GP, helplines, Havens, police sapphires units)
▷ **Ongoing**: Rapecrises, Survivor uk, Student Welfare, Brunel counselling, etc (lists will be given at the end of the session)

R.A.C.E is not meant to be a linear way of responding to a disclosure, we may go through all four sections several times, and go from C to R and back to A before we feel it's ok to leave things where they are. Trust that what feels right for you (the Responder) and for the Discloser will become apparent!

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Slide 29

DISCUSS IN PAIRS

- ▷ Which parts of the R.A.C.E response handout you have (and haven't) used with students or others in the past
- ▷ What you feel may be useful in the handout if you haven't received a disclosure yet

After looking at the slides as a group, ask participants to look at the R.A.C.E handout (**USV10**) in pairs and discuss which skills they have or have not used in the past or what they feel may be useful if they haven't yet received a disclosure.

(SUGGESTED 40 MINUTE LUNCH BREAK HERE) (02.20-03.00)

Slide 30

REVIEW OF FIRST RESPONDER SKILLS

Review of Skills (03.05-03.10)
5 mins

This is just an opportunity to review the skills that may be needed in responding to any disclosure of sexual violence.

Slide 31

- ▷ Listen actively
- ▷ Show compassion and use positive responses
- ▷ Keep ourselves and the discloser calm - use breathing exercises and the sense naming exercise
- ▷ Ask what they need now, in the future, and check for risk
- ▷ Let the discloser stay in control
- ▷ Offer signposting, both immediate/ASAP and ongoing
- ▷ Make and agree a plan so that signposting and the guidance given is repeated and made really clear to them
- ▷ Keep things simple, if everything in your skillset isn't needed then don't use them all!
- ▷ Keep an eye out for risk

Slide 32

PRACTICE THE SKILLS

1. Observe the two role plays and reflect on what went well and what could be improved. Take notes on specific examples.
2. Get into groups of three and share your notes with each other to find out what other people thought and if you agree. Answer the following questions together:
 - Were there any comments, questions or behaviour from the responder that you thought were especially helpful?
 - Was there anything that the responder could have done to improve their response?

Practice the skills (03.10-03.45)

35 mins

Aim: To enable attendees to have a practical run through of a disclosure, using all the skills they have been learning, now equipped with more information about sexual violence and having explored their own values and beliefs so as to be more compassionate and non-judgmental.

15 minutes: Using two vignettes (**USV9**) which are significantly different to each other (e.g. story 2 and 6), the two facilitators will perform two role plays (as survivor and responder) for the group to watch. These should not be 'perfect' examples, but both roleplays should provide some instances of 'good' and 'bad' practice for participants to reflect on. Whilst watching, ask participants to observe and take notes, and consider what they thought went well or not so well in the conversation.

10 minutes: After both role plays, ask participants to separate into breakout groups (3 people per group) and discuss their notes/reflections on the role plays. Answer the questions on the slide.

10 minutes: Reconvene as a whole group and discuss the views and debates shared in the breakout groups. Facilitators should also reflect on the role plays and share their own ideas about good/bad practice and supportive, sensitive responses.

(SUGGESTED 5-10 MIN BREAK HERE) (03.45-03.50)

Slide 33

PRACTISE THE SKILLS
In small groups, take a look at one vignette.

- How might the victim/survivor in your vignette be behaving? Are they calm, distressed, talkative, withdrawn?
- What kind of comments, questions or behaviours might be useful from the responder?
- Note down some examples of how you might respond, and helpful/unhelpful ways of treating the survivor in your vignette.

Practise the skills (03.50-04.15)
25 mins

10 minutes: Separate participants back into the same breakout groups. Give each breakout group a new vignette (one per group) and ask them to discuss how they would respond to the survivor if they were the first responder. Ask them to make notes about useful comments and forms of support, and encourage them to challenge themselves by imagining things that the survivor could do/say that may require a careful response.

15 minutes: Reconvene as a whole group. Ask each breakout group to share their vignette and their ideas about how to provide adequate support to the student. Discuss as a group.

Slide 34

**Reminder:
Take
Care of
Myself**

SELF CARE

Slide 35

As a first responder you will hear frightening, heart-breaking, distressing and tragic stories.

Hearing these things will have an impact on you.

Remember to take time to look after yourself in ways that you find helpful. Also, if you need to, consider:

- Speaking to a colleague about your experience
- Attending counselling

You need to TAKE CARE, if you want to keep feeling well and responding well!

(see handout)

Self care (04.15-04.20)

5 mins

Discuss the importance of self-care in a disclosure context. Supporting others can take a toll on us as well. It's important to find strategies to check up on ourselves.

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FURTHER READING & WATCHING
(see handout)

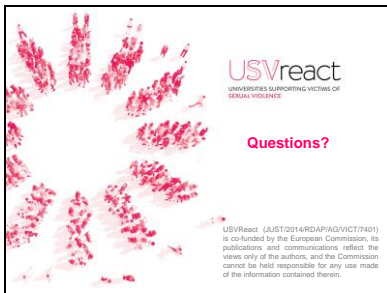
- Bradshaw, John (1999) *Home coming: reclaiming and championing your inner child*. London: Pitkin, Little Brown Book Group.
- Gerdt, Sus (2014) *Why love matters: how affection shapes a body's brain*. London: Routledge.
- Herman, Judith (2013) *Trauma and recovery: the aftermath of violence-from domestic abuse to political terror*. New York: Basic Books.
- Kelly, Liz (2013) *Surviving Sexual Violence*. Cambridge: Polity Press.
- Van Der Kolk, Bessel (2015) *The body keeps the score*. London: Penguin.
- Levine, Peter (1997) *Waking the tiger: healing trauma the unique capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.
- McGuire, Danielle L. (2016) *At the Dark End of the Street: Black women, rape and resistance*. Vintage Books.
- Patterson, Jennifer (2016) *Quaking Sexual Violence: Radical Voices from Within the Anti-Violence Movement*. Rivendale Avenue Books LLC.
- Sanderson, Christiane (2013) *The warrior within: A one in four handbook to aid recovery from childhood sexual abuse and violence (second edition)*. London: One in Four (oneinfour.org.uk).

Also:
Good list of books from Survivors UK (charity that supports male survivors of sexual violence): <https://www.survivorsuk.org/resources/relevant-books/>

The documentary film, *The Hunting Ground* (2015), is available to purchase on DVD or currently on Netflix UK (last checked: February 2018)

Provide participants with the handout of further reading and watching suggestions (**USV14**). Draw their attention to *The Hunting Ground* film (last on the list) which is currently available on Netflix UK.

Slide 37



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SERIAL VIOLENCE

Questions?

USVReact (AUST/2014/RDAP/AG/VICT/7401) is co-funded by the European Commission, its publications and communications reflect the views only of the authors, and the Commission cannot be held responsible for any use made of the information contained therein.

Questions, feedback and close (04.20-04.30)

10 minutes

Check if there are any 'parked' post-it notes to return to and discuss.

Check how people are feeling about the first responder role.

Provide participants with a handout on institutional, local and national support services (**USV12**) and an example of a university care pathway or your existing care pathway (**USV13**).

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THANK YOU

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