

Living Safe

A Self-management Program for People with Vision Impairment



- A self-defence, self-management program.
- Produced as part of the Vision Self-management in Practice Project, funded by the Commonwealth Department of Health and Ageing.

Centre for Research into Disability and Society within the Curtin Health Innovation Research Institute (CHIRI) and the Association for the Blind of Western Australia.

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Living Safe:
**A Self-management Program for People with
Vision Impairment**

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Foreword

This Foreword, written by Dr. Wendy David, is a message for all people with vision impairment and appears in the participant manual to accompany the Living Safe program. It is reproduced here to remind facilitators of the importance of hearing the voice of participants.

I heard the whir as the mechanism released, indicating I had properly inserted my hotel key in to the door. Smiling to myself, as it was my first attempt, I pushed open the door and began to heel my dog guide inside. Just as I was about to close the door I was seized with a cold and prickly chill, starting at the base of my spine and working its way up to my neck and face. It happened so suddenly; it took me completely off guard. I stood motionless for an instant, wondering if I might be going crazy, debating whether or not to proceed into the room. I heard nothing, smelled nothing, and couldn't detect anything amiss. But that feeling was real and I couldn't ignore it. Was I just tired from travel? Was I being silly or a little paranoid? But my knees and gut felt like Jello and my inner voice kept yelling "Don't go in!" Being totally blind, how could I be sure some one wasn't standing in my room, just waiting for me to close the door?

I didn't understand this inner voice, this unsolicited warning bell that was sounding loud and clear in my head and entire being. Could it be intuition, a "sixth sense?" I knew I had only a split second to decide whether or not to listen to it.

I left the room, went down to the hotel's front desk, and asked for an escort to accompany me back to my room and check for anything that might suggest an intruder. "Did you hear something?" the desk clerk asked. "No," I said. "What makes you think something is wrong?" He wanted to know. "I had a bad feeling," I said, immediately feeling embarrassed and apologizing for wasting their time. "You'll have to wait a minute ... we're pretty busy," he stated in a rather annoyed tone.

Later, when I was accompanied back to my room and it was thoroughly checked over, I locked myself in for the night and wondered if I had done the right thing. I may never know if danger had been lurking there, but I knew one thing for certain just then. I was safe in my room and the worst I had to show for it was a little embarrassment. I could live with that and decided I did the right thing.

The next day the bell man told me that they had arrested some one on my floor who was breaking into rooms and robbing them. Was it possible I may have interrupted one such act? Again, I will never know. I do know, however, now that I have spent the past 20 years studying and writing about personal safety and self-defence, that the vast majority of people who find themselves in trouble later proclaim, "I had a bad feeling ... I should have listened to it."

Throughout life, we are taught to be fact-finders. We question what can't be proven and look for logic and evidence to substantiate our instincts. Have you ever witnessed a dog who takes an immediate disliking to someone? The body language is clear, the

hackles, go up, and the animal alerts and readies for action. Instinct, not data, takes over in order to promote survival.

Human beings are also equipped with this survival instinct, though we tend to ignore or minimize the meaning of the alarm when it sounds. We find excuses, feel silly, or let other factors, such as the need to be “nice” or being on a tight time schedule overpower the inner voice.

If you learn nothing else from this powerful Living Safe course, please learn to trust your intuition, that is, your inner voice. It is a gift, an instinctive force, and can save your life. The worst that can happen if you listen to it may be a little embarrassment. Remember, embarrassment never killed anyone. Not honoring your intuition can have far greater consequences.

My colleagues and I wrote “Safe without Sight” when we realized how pervasive feeling vulnerable is for people with visual impairments. I can personally attest to this, when I spent a period of many years afraid to leave my home alone after a prolonged stalking incident and near abduction. I had a bad feeling then, too, but I needed more. I needed the techniques and strategies you are about to learn to help me find my voice, escape from his grab, fight back, and not be taken by him in his car.

The skills you are about to learn, will give you the knowledge, power, and choices to travel freely, independently, and safely. It has allowed me to live an independent, successful, and empowered life and it can do the same for you. Each one of us is already equipped with an inner voice. With the additional strategies you learn in this course, you will be better able to acknowledge your intuition, evaluate your options, take appropriate action, and live a fuller, happier, and safer life.

Congratulations on your journey and I wish you all the gift of “Living Safe.”
Wendy S. David, Ph.D.

Acknowledgements

Living Safe is a self-management program for adults living with vision impairment. *Living Safe* is one of the outcomes realized through the two year Vision Self-management Project, a collaboration between Curtin University of Technology and the Association for the the Blind of Western Australia (ABWA). The goal of the project was to develop two new self-management programs for people with vision impairment, to develop related staff development workshops and to enhance the existing electronic database at the ABWA so that effectiveness of the programs can be monitored over time.

The *Living Safe* program grew out of the seminal work of David, Kollmar, and McCall (1998) who pioneered the first self-defence and crime prevention program for people with vision loss at the Center for the Visually Impaired in Atlanta. In 2007 and with permission of the original authors, Michael Pereira and Susie Sim tailored the Safe Without Sight Program to meet the needs of Australians who are blind or vision impaired. In conjunction with Marina Re, they expanded the content to encompass emotional and psychological safety. Based on the success of other self-management programs developed jointly by researchers at Curtin University and the ABWA, the Vision Self-management Project was undertaken to further develop and test the effectiveness of the program. A panel of experts in self-management assisted in the transformation of the program into a self-management program which was then tested for effectiveness.

The steering group providing guidance included Margaret Crowley, Susan Douglas, Margaret Johnson, Marina Re, Anne Passmore, Sue Shapland, Susie Sim, Alice Turner, David Vosnacos, and Michael Pereira. The steering group was ably supported by Juanita Doorey and Vicki Drury. Crystal Simpson spent endless hours on the development and testing, earning her first class honours degree.

We are grateful to David, Kollmar, and McCall for their willingness to share their work and allow us to further develop it for the benefit of people with vision impairment.

We also extend our thanks to participants in early programs who provided constructive feedback enabling ongoing development and improvement. We would also like to acknowledge Peter Lim, volunteer, from the ABWA, who contributed to some of the defensive strategies and the initial trial of the program. Senior Constable Frank Bell from Central Metro Crime Prevention Community Safety Unit of the Western Australian Police provided valuable input in strategies to safeguard against crime at home and when accessing the community. Clients, staff, and volunteers from the ABWA including Damiano Serrano, Damien MacKenzie, Karl Manton, Margaret Johnson, Ron Mills, Liz Gow, Nataliw Amer and Michael Pereira posed for the numerous photographs throughout the manual.

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Crystal is a registered Occupational Therapist and graduated from Curtin University of Technology in 2008. During the last two years of her degree she undertook Honours research at the Centre for Research into Disability and Society. Her research involved incorporating self-management protocols and techniques into the Living Safe program and conducting a pilot evaluation of the program processes and outcomes. She has since been employed as a Research Assistant at the Centre for Research into Disability and Society and written two journal articles: the first, a literature review of self-defence programs for people with vision impairment; and the second, a research article based on the pilot evaluation of the Living Safe program.

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Marina is the Chief Operating Officer at the Association for the Blind of Western Australia. She has had over twenty five years experience with non government and government agencies providing services to people with disabilities both in Australia and the United Kingdom. She has worked at a senior level as a Clinical Psychologist as well as periods in policy development, research and service evaluation. Marina has played a key role in two major Government reviews and has supported the activities of Ministerial Committees. At the Association for the Blind of WA Inc she is responsible a range of operational activities and the development, planning and implementation of client services to people with vision impairment. These services cover the life span and include early intervention with children with congenital blindness to services to older people with age related vision loss.

Table of Contents

Foreword	i
Acknowledgements	iii
About the Authors	iv
Table of Contents	vii
Introduction	3
Organisation of the Manual	4
Use of Fonts in this Manual	5
Use of Icons in this Manual	5
Use of Instructions in this Manual	6
Aims of the <i>Living Safe</i> Program	7
Theoretical Underpinnings	7
About the program	7
Facilitation	12
Development and Evidence of Effectiveness	15
Monitoring Program Effectiveness	18
Assault Prevalence, Effects, and the Experience of Vulnerability	23
Vision Loss, Personal Safety and Self-management: A Review of the Literature	23
Interventions to Address the Consequences of Living with Vision Impairment	26
Summary	32
Planning and Preparation	37
Session 1: Overview of Living Safe, Self-management, Preventative Strategies and Stress Management	39
Warm-up	40
Introduction	40
Learn and Practise Topic 1: Introduction to Self-management	43
Learn and Practise Topic 2: Potential Risks and Vulnerability for People with Vision Loss	44
Learn and Practise Topic 3: Preventative Strategies to Reduce Risk of Assault	45
Learn and Practise Topic 4: Introduction to Stress and Stress Management	47
Homework	52
Summary and Conclusion	52
Session 2: Building a Strong Base	53
Review Homework	54
Introduction to Session	54
Learn and Practise Topic 1: Building a Strong Base	55
Learn and Practise Topic 2: Using Your Senses and Your Voice	58
Homework	60
Summary and Conclusion	61
Session 3	

Defensive Manoeuvres: Choke Attacks and Wrist Grabs	63
Review Homework	64
Introduction to Session	64
Learn and Practise Topic 1: Basic Self-defence Manoeuvres	65
Learn and Practise Topic 2: Confined Spaces/ Close Quarters Fighting	67
Homework	74
Summary and Conclusion	75
Session 4: Safety in the Community	77
Review Homework	78
Introduction to Session	78
Learn and Practise Topic 1: Personal Safety: What is Effective and What is Legal?	79
Learn and Practise Topic 2: More Self-defence Manoeuvres	80
Learn and Practise Topic 3: Using Your Cane	83
Learn and Practise Topic 4: The Guide Dog in a Fighting Situation	84
Learn and Practise Topic 5: Ground Fighting	85
Learn and Practise Topic 6: Safety in the Street	87
Homework	89
Summary and Conclusion	90
Session 5: Weapon Defence and Safeguarding your Home	91
Review Homework	92
Introduction to Session	92
Learn and Practise Topic 1: Weapon Defence	93
Learn and Practise Topic 2: Responding to Escalating Risk	96
Learn and Practise Topic 3: Safeguarding Your Home	100
Homework	102
Summary and Conclusion	103
Session 6: Assertiveness Training, Crime Prevention, Revision and Conclusion	105
Review Homework	106
Learn and Practise Topic 1: Assertiveness	107
Learn and Practise Topic 2: Crime Prevention	116
Revision	118
Evaluation	118
Summary and Conclusion	118
Graduation Ceremony	119
Appendix 1	121
References	127

PART A

Getting Started

Information for Facilitators

Introduction

Living Safe is a self-defence self-management program for people with vision loss.

The *Living Safe* manual includes all the materials necessary for a health professional to initiate and facilitate a six-session or two-day intensive course on crime prevention and psychological and physical self-defence strategies for people with vision loss. Step-by-step instructions for establishing the course and recruiting participants, as well as instructions for conducting an individual pre-screening interview are provided. The program is underpinned by the principles of self-management.

The *Living Safe* program grew out of the seminal work of David, Kollmar, and McCall (1998) who pioneered the first program relating to self-defence and crime prevention for people with vision loss at the Center for the Visually Impaired in Atlanta. *Living Safe* builds on this work by adding to the content and embedding the principles of self-management into a structured program tailored for people with vision loss. This protocol provides people with the opportunity to learn, practise and choose techniques to protect and defend themselves physically and psychologically from potential dangers in the home, workplace and community. Although the program is adaptable globally it has been written in the context of Australian society.

Research suggests that people who appear confident and take security precautions are less likely to become victims of crime (Queensland Police Service, 2005). Increasing the awareness of potential victims about their vulnerability to crime, and educating people about reducing their chances of victimisation are important crime prevention strategies. People with vision impairment are viewed as, and feel particularly vulnerable to assault (David et al., 1998). Community indignation and anger is evident whenever media reports reveal that a person with a disability has been the victim of a criminal attack. Most crimes are opportunistic and are not well planned. Therefore crimes can be reduced if the opportunities to commit crimes are reduced and if the risk of being caught is increased.

Providing people with vision loss with effective strategies to prevent harm to themselves involves the ability to identify risks as well as the ability to problem solve and to act to reduce the risk. The *Living Safe* program comprised one component of the Vision Self-management Project, a collaborative project between the Centre for Research into Disability and Society of Curtin University and the ABWA. The project aimed to develop and evaluate new self-management interventions, to provide health professionals with the knowledge and skills to facilitate self-management programs, and to develop organisational capacity to electronically record and monitor participant outcomes over time. The *Living Safe* component specifically aimed to empower individuals who have vision impairment and who feel vulnerable to crime, harassment and other negative social behaviours, by providing them with self-defence, assertiveness and awareness strategies so as to increase their confidence to participate in the wider community.

How to use this manual

Organisation of the Manual

The manual contains three parts, each of which is briefly described below:

Part A: Getting Started: Information for Facilitators

This explains the purpose and rationale behind the program, the structure and organisation of the manual and instructions for its use. Included in this section is relevant information concerning evidence-based practice, self-management and facilitation.

Part B: Vision Loss, Personal Safety and Self-management: A Review of the Literature

A literature review is included which links appropriate contemporary evidence to practice. This section is provided for health professionals/ group facilitators who have an interest in additional background information.

Part C: Planning and Delivering the *Living Safe* Program

This part contains all the content and instructions needed to run Sessions 1-6. There are also instructions to select participants and initiate and run the *Living Safe* program. For the convenience of the facilitator, the sessions are structured in the same way. Included in each session are the:

- Purpose and outline of the session;
- List of required resources ;
- Information to support discussion; and
- Content for each session.

The six sessions can be run as weekly sessions for six-weeks or as a two-day workshop with three sessions completed each day.

Reference List

Additional reading for facilitators/healthcare professionals is included.

Appendices

Example pre and post workshop surveys are included.

Use of Fonts in this Manual

Different fonts are used throughout the manual, as demonstrated below:

1. **Facilitator Instructions (Title Bold)**

(Arial 12pt- Boxed with dot points) contains instructions for the facilitator to follow.

2. Font B (Arial 12 pt Regular) is used for general information and to explain the content of the teaching sessions.
3. Font C (Arial 10 pt Regular) can be found in the outside margin. In most cases this relates to common issues that arise during discussion sessions, areas of difficulty for group members or hints on strategies that have previously been found to be effective. Also included here are explanations of how materials can be related to self-management principles.

Use of Icons in this Manual

Three icons are used throughout this manual



This icon denotes a practical activity that participants learn and then practise.



This icon denotes a discussion activity that the instructor facilitates.



This icon denotes an activity to practise at home.

Use of Instructions in this Manual

Throughout the manual, active words are used to guide the facilitation of each session. The commonly used words and an explanation of their use is provided below.

Explain

Verbally provide the information to the group.

Practise

Provide participants with time to practise the technique(s). A verbal description or physical demonstration may be required initially. Ask participants to follow your instructions step-by-step. Correct participants as they practise. Repeat the technique until participants feel confident.

Brainstorm

Raise the brainstorm topic with the group and ask the participants to input ideas. Use a whiteboard if appropriate.

Discuss

Raise the discussion topic with the group and invite them to share their experiences, feelings, and points of view. Invite the participants to provide as much information as possible.

Information to support discussion

Information to support the discussion topic is provided here. Facilitators do not necessarily need to address all of the information. Discussion should be guided by the participants. This information may be appropriate to confirm, expand, support, or challenge their discussion.

About the program

Aims of the *Living Safe* Program

The overall aims of the *Living Safe* program are to:

1. Increase participants' confidence and sense of safety in the community, workplace and home;
2. Raise participants' awareness and avoidance of safety risks;
3. Increase participants' protective skills to cope with psychologically, emotionally and physically threatening situations; and
4. Minimise participants' potential of becoming a victim of crime.

Theoretical Underpinnings

Introduction

Self-defence is the act of defending oneself or one's property from harm. One of the most significant outcomes of learning any form of self-defence is that it empowers individuals, helping them feel safer in their own environments. Although there are many different techniques that can be taught in self-defence, a good self-defence program should teach participants to use their common sense while building their confidence. The techniques taught in the *Living Safe* program are combined with problem solving skills so that in a crisis the individual is able to make decisions about the safest and most appropriate way to act.

Two theoretical models influenced the development of this program. Firstly, self-management principles provided a basic conceptual foundation. Secondly, the order of material presented and the structure of individual sessions was guided by an understanding of psychoeducational groups.

Self-management principles

Self-management is not, as the term may imply, getting people to manage their own health without any medical or healthcare intervention or support. Rather it is a collaboration between the individual and their healthcare professional(s) to achieve desired health outcomes. It enables the individual to take control of their own health through the implementation of strategies that help them to function effectively despite their vision loss.

Defining self-management

There is no universally accepted definition of self-management. Indeed some literature uses terms such as self care, self-management and empowerment interchangeably while other literature acknowledges differences between these three terms.

In the Expert Patient Program in the United Kingdom, self care is defined as the care taken by people concerning their own health and well-being. It includes care extended to family, friends and others within the community (Department of Health (UK), 2005). Self-management on the other hand is described as the ability to manage the disease process, the emotional consequences of living with the disease, and the changes that occur to daily living as a consequence of the disease (Corbin & Strauss, 1988). In other words, self-management relates to the tasks that an individual must accomplish to live well with one or more chronic conditions. These tasks include gaining confidence to deal with medical management, role management, and managing emotions.

The Curtin University Self-management Research Group defines self-management and self-management support as follows:

‘Self-management is the client’s ability to manage their activities, relationships and treatments enabling them to participate in their chosen way of life. Self-management support is what the healthcare professional does to assist the client to manage their illness.’

Self-management can be both a process and an outcome. Self-management as a process is used to describe the education provided to people with chronic health problems, for example the Lorig Chronic Disease Self-management Model. Self-management as an outcome on the other hand suggests that people with chronic health problems have achieved the knowledge and skills to manage their own health, particularly their own medical care, emotional aspects of their chronic illness and the various roles they have within the family, society, and the community. These behaviours are gained both as a result of their life experience and from the training they have had in self-management.

Corbin and Strauss (1985) have identified three self-management tasks for people with chronic illness which they term ‘work’. These are: (1) medical management of the illness; (2) creation and maintenance of daily activities and meaningful life roles; and (3) management of the emotional consequences often associated with long-term illness or condition. For people with vision loss, the last of these two is of critical importance. The Curtin University Self-management Research Group recognises that if a person is able to effectively manage and maintain life roles then the emotional consequences of the illness are lessened or are managed more effectively.

Traditionally many people working in healthcare related fields have been taught that they are the experts and thus the drivers of care. Consequently the client’s role is a passive one and the healthcare worker ‘tells’ them what they should do or what is considered to be the best option. In this traditional model, successful interventions or outcomes have been measured by client compliance with either what they have been told to do or what they have been taught. Self-management, on the other hand, recognises the individual as the key decision maker who is an expert in the circumstances of their own life. Self-management is based on self-identified concerns, problems and goals, providing individuals with potential strategies to undertake the art of living with a chronic or long-term condition such as low vision. The individual sets the goals for change and the health professional provides support to make the change happen (Lorig, 2000).

Defining self-management support

Self-management support is essentially the care, support and encouragement provided by health professionals to people with chronic conditions to assist them to take the central role in managing their illness or condition, make informed decisions about treatment and management options, and make healthy behaviour choices. Thus, self-management support is about how to assist the client to change behaviours through knowledge, skills and self-efficacy. It is client-centred and client driven. Effective self-management support involves a collaborative approach to care where the healthcare worker is a facilitator as well as a care provider and the client and their family manage the daily care. Using a collaborative approach ensures that the client, their families and the healthcare worker share information and work together towards common goals.

Self-management and self-management support in Living Safe

The *Living Safe* program operates on self-management principles by providing information and skills to help the participants feel safer in their daily lives. The program encourages people with vision loss and/or blindness to share and discuss their experiences. By doing so, group members provide additional ideas, strategies, and encouragement for others who have a similar condition or who are in a similar situation. Furthermore, this self-management program encourages learning and practise of skills. Each participant is responsible for choosing which strategies they would like to use, and what they feel is useful. Each person's experience of vision loss is different and each person has varying degrees of vision, functional ability and skills to defend themselves in the event of an attack. Each participant knows what works best for them and therefore can make their own decisions based on the information provided. Thus, by sharing information while receiving preliminary training in self-defence and personal safety strategies, participants choose strategies that work for them, and use these to feel safer in their daily lives.

Self-efficacy is best described as the confidence an individual has to undertake or participate in an activity (Bandura, 1998). Low self-efficacy results in reluctance or avoidance to act while high self-efficacy is associated with willingness and success at undertaking new behaviours or activities. Self-efficacy is strengthened through four mechanisms: competence mastery (successfully completing an action or activity); vicarious modelling (seeing other people similar to you being successful); social persuasion (someone like you persuading you that you can be successful); and reinterpretation of emotional and physical reactions to experiences (Bandura, 1998). For example, success facilitates a strong sense of efficacy whereas failure undermines it. Vicarious modelling, also known as observational learning, is the term used to describe learning that occurs through watching how others behave. Social persuasion occurs when people are told verbally that they possess the skills to master specific tasks. However Bandura (1998) emphasises that it is harder to encourage beliefs of personal efficacy by social persuasion alone than to undermine beliefs of self-efficacy through discouragement and negative feedback. Personal responses are also significant in developing self-efficacy. Emotional and physical reactions as well as stress impacts on a person's perception of their ability to manage situations. Bandura (1998) explains that it is not the intensity of the reaction rather it is the personal perception and interpretation of emotional and physical reactions that affect self-efficacy. Both self-efficacy and social persuasion are heightened if the person the individual is modelling or observing is perceived to be similar. In other

words, other group members have more influence than the health professional delivering the program.

The format and structure of delivery of the *Living Safe* program was designed to ensure that all four mechanisms for change are maximised. Competence mastery is enhanced through demonstration and practise of self-defence techniques. The group nature ensures ample opportunity to share with and learn from others with vision loss enabling modelling and social persuasion to occur. Emotional and physical reactions to stress, fear and feelings of vulnerability are also examined. Facilitators are therefore presented with a structure and format that allows them to capitalise on known mechanisms for change. The role of the health professional in encouraging and supporting self-efficacy at each stage of the session is displayed in Figure 1.

Session Activity	Most Likely Mechanism for Change
Warm-up activity	Mastery / Modelling
Outline of session	Reinterpretation / Persuasion
Homeview review	Modelling / Persuasion
Teaching session	Modelling / Reinterpretation
Practise Activity	Mastery
Homework	

Figure 1: Mechanism for Changing Self-efficacy in each Session

Psychoeducational groups

The development of the *Living Safe* program was based on an understanding of the principles of psychoeducational groups.

All psychoeducational groups progress through five psychoeducational stages during the lifespan of the group. Progression occurs with each session. The five stages of psychoeducational group development are: (1) preparation, (2) orientation and exploration, (3) dissatisfaction/ resolution, (4) working/ production, and (5) termination/ graduation (Ettin, Heiman, & Kopel, 1988). See Figure 2.

Session	Topic	Psychoeducational Stage
1	Overview of <i>Living Safe</i> , Self-management, Preventative Strategies and Stress Management	Orientation and Exploration
2	Building a Strong Base	Dissatisfaction / Resolution
3	Defensive Manoeuvres: Choke Attacks and Wrist Grabs	Working / Production
4	Safety in the Community	Working/ Production
5	Weapon Defence and Safeguarding Your Home	Working / Production
6	Assertiveness, Crime Prevention, Revision and Conclusion	Termination

Figure 2: Stages of Group Development across the Living Safe Sessions

In the *Living Safe* program, the order of sessions recognises these psychoeducational stages. The preparation phase of group development involves selecting participants who are similar enough to relate to each other, yet different enough to bring a wide variety of perspectives to the group (Ettin et al., 1988). Once the preparation phase is completed during the pre-group interview, each subsequent session in the *Living Safe* program is modelled along developmental lines. Content has been arranged across the six sessions based on the knowledge of group development. For example, the second session occurs during the dissatisfaction/ resolution phase of group development, when members tend to question and doubt the validity of the program and their ability to change. Therefore, the healthcare professional has to allay fears and promote cohesion of the group (Ettin et al., 1988). The content for the second session, *Building a Strong Base*, reflects these issues and continually builds self-efficacy through competence mastery and vicarious modelling. The dissatisfaction is further resolved by discussing building a strong base which is a concrete way to increase confidence and develop a sense of safety in the community, workplace and home.

In addition to the overall structure of the program, each session reflects psychoeducational group theory. Each begins with a warm-up exercise and a review of homework. This is followed by presentation of new material and introduction of homework activities. A brief review concludes each session. The phases of psychoeducational groups along with the role of the health professional at each stage during the session are outlined in Figure 3.

Activity	Stage of Psychoeducational Development	Healthcare Professional Tasks	Healthcare Professional Hints
Warm-up activity Outline of session	<i>Orientation</i>	Create a safe working atmosphere. Establish focus of session.	Warm-ups are provided since they focus the group on the course and its content.
Homework review	<i>Dissatisfaction/ Resolution</i>	Review negative and positive aspects of each member's experience.	Always begin with difficulties to allow members to share common concerns and fears. End with successes to unite group.
Teaching session, practise activity, and homework assignment	<i>Working/ Production</i>	Present new information through didactic lecture, discussions, and activities. Encourage insight and feedback through discussion.	Participants tend to find discussion one of the most valuable learning tools, so leaving enough time for discussion is always important.
Conclusion	<i>Termination/Graduation</i>	Review new content. Clarify homework. Emphasise application of material to own life situation through homework.	Budget time to begin homework during the session. Participants find it easier to complete throughout the week if started in class.

Figure 3: Stages of Group Development and the Role of the Health Professional

Facilitation

Living Safe is designed to be run by two facilitators. Their background should be complementary and together they must have the skills to facilitate a group and competently demonstrate and coach participants in self-defence manoeuvres. A combination of an occupational therapist or health educator plus a self-defence instructor has proven successful and is recommended.

Facilitating groups is a process that is underpinned by theoretical frameworks. A facilitator empowers people to learn in an experiential group which is a group where learning 'takes place through an active and aware involvement of the whole person' (Heron, 1999, p. 1). In self-management programs it is essential that clients are supported to find solutions and identify issues of importance through a process of facilitation by a healthcare professional who has taken on a facilitation role. Facilitation combined with motivational interviewing principles has been found to be successful in assisting clients to self-manage chronic illness (Butterworth, Linden, McClay, & Leo, 2006). In self-management programs facilitation includes creating opportunities for competence mastery, vicarious modelling, social persuasion and physiological factors. Thus opportunities are continually aimed at increasing participants' self-efficacy. In addition to understanding psychoeducational group process and mechanisms for improving self-efficacy, an understanding of readiness to change, adult education and motivational interviewing are helpful background and skills.

Stages of change

Motivation is a vital element of change. Miller (1998, p. 122) reports that 'motivation is doing something to get better'. For clients with a chronic illness or disability, motivation leads to increased self confidence and self-efficacy through self-management. Although motivation itself does not denote change, it is the part that gets people moving and leads to action (Keleher, MacDougall, & Murphy, 2007).

The Stages of Change Model evolved from the work of Prochaska and diClemente (1983) who originally developed the model when studying people who were quitting smoking. They identified that, as people struggled to cease smoking, they went through a number of phases. Initially they called this the Transtheoretical model as it was based on numerous psychosocial models. The key concept in the model is that there are stages of change or stages of motivational readiness - thus the term, the Stages of Change Model. This model can be used to determine motivational readiness in clients. Understanding the stages will assist in assessment of readiness. There are six stages in this model (see Figure 4). Each is discussed below, along with characteristics observed during that stage and techniques that may be used to clarify a client's thinking and encourage them to progress and change behaviour (Francis, Hoare, Chapman, & Mills, 2007; Keleher et al., 2007; McMurray, Johnson, Davis, & McDougall, 2002).

1. Pre-contemplation: Not yet acknowledging that there is a problem behaviour that needs to be changed;
2. Contemplation: Acknowledging that there is a problem but not yet ready or sure of wanting to make a change;
3. Preparation: Getting ready to change;
4. Action: Changing behaviour;
5. Maintenance: Maintaining the behaviour change; and
6. Relapse: Returning to older behaviours and abandoning the new changes (Prochaska & diClemente, 1983, p. 392).

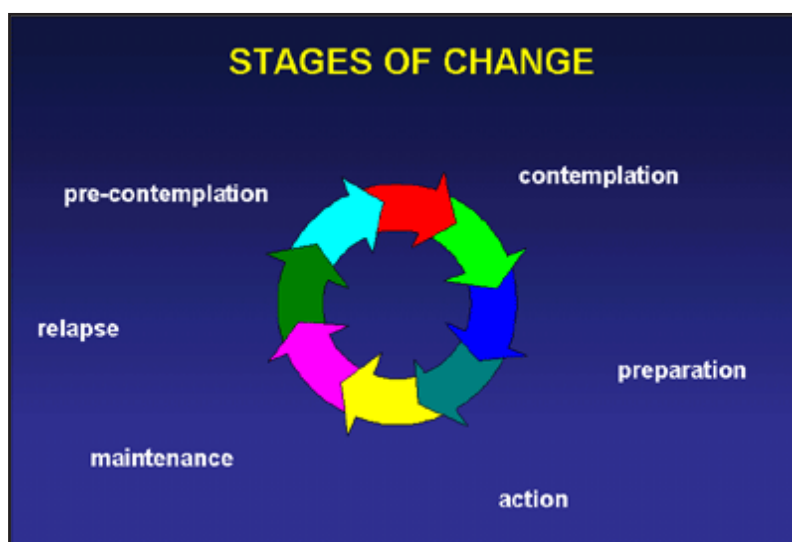


Figure 4: Stages of Change (Prochaska & diClemente, 1983, p. 392)

Adult education (Andragogy)

It is now widely accepted that adults learn in different ways to children. The seminal works of Knowles (1984) and Kolb (1975) have guided the understanding of adult learning and different learning styles.

Andragogy uses approaches to learning that are problem-based and collaborative rather than didactic, and also emphasise more equality between the teacher and learner. The six principles of adult learning identified by Knowles (1984) are:

- Adults are motivated and self-directed;
- Adults bring life experiences and knowledge to learning experiences;
- Adults are goal orientated;
- Adults are relevancy orientated;
- Adults are practical; and
- Adult learners like to be respected.

Adult learning principles can help provide appropriate learning experiences for participants.

An understanding of adult learning alone is not sufficient. How programs and materials are structured and delivered need to include recognition of individual learning styles. Kolb (1975) suggests that effective learning involves four different skills – concrete experience, reflective observation, abstract conceptualisation, and active experimentation (Figure 5). Kolb's experiential learning theory suggests that a person can begin the learning experience from any of the four points but for effective learning to occur, all stages have to follow sequentially. Having an experience alone does not result in learning. Reflection on the experience is necessary for formation of new concepts that can be tested in similar situations at other times.

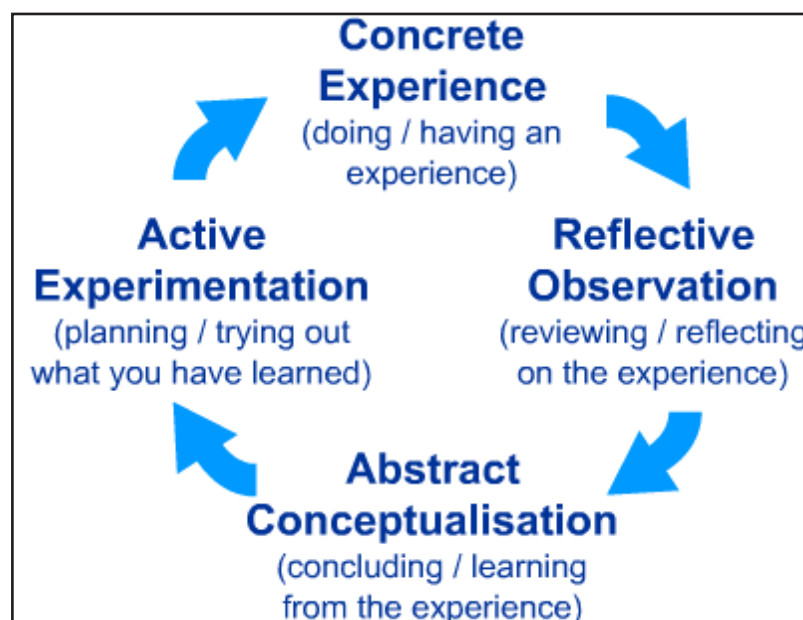


Figure 5: Effective Learning Skills (http://www.ldu.leeds.ac.uk/ldu/sddu_multimedia/images/kolb_cycle.gif)

Kolb (1975) suggests that most people have overlapping learning styles but are stronger in one specific area. They combined the learning modes to create four learning styles which represent a combination of two of the four learning styles – accommodators, divergers, convergers and assimilators. A brief description of

learning styles follows:

Diverger – Concrete experience and reflective observation

These learners prefer to watch rather than do and are able to look at concrete situations from different angles. They are usually sensitive and interested in people. They like learning situations that use ideas generation such as brainstorming and web searches.

Assimilator – Active conceptualisation and reflective observation

For the assimilator ideas and concepts are more important than people. They like abstract ideas, problem solving, and conceptual frameworks and learn through analytical and conceptual exploration.

Converger – Active conceptualisation and active experimentation

The converger likes technical tasks and likes finding solutions to practical problems. The converger enjoys learning through simulation and through applying knowledge to real world issues.

Accommodator – Concrete experience and active experimentation

The accommodator is a hands-on intuitive learner who does not learn well in structured lecture situations but prefers role playing and peer interaction.

Motivational interviewing

Rollnick and Miller (1995, p. 325) define motivational interviewing (MI) as being a 'directive, client-centred counseling style for eliciting behaviour change by helping clients to explore and resolve ambivalence'. In other words the core focus of MI is to explore ambivalence with the client and to encourage the client to examine the reasons for their resistance to change. Thus MI can be used effectively with the Stages of Change Model.

There are four main principles involved in MI (Emmons & Rollnick, 2001; Miller, Zweben, diClemente, & Rychtarik, 1992; Rollnick & Miller, 1995). These are:

1. **Express empathy** – being empathetic is critical in MI. Clients who feel understood and safe are more likely to be honest and share their feelings with the healthcare professional. Having a thorough understanding of a client's issues allows the healthcare professional to assess where support is needed and how that support can be provided.
2. **Support self-efficacy** – the client's belief that they can make a change is an important contributor to motivation and success. The healthcare professional may help increase client self-efficacy by highlighting skills the client has and by identifying other goals the client has achieved.
3. **Roll with resistance** – in MI rather than fighting client resistance (to change) the healthcare professional 'rolls with it'. In other words use client resistance to further explore why they think/ feel that way. This generally decreases resistance and encourages clients to problem solve their own issues.
4. **Develop discrepancy** – Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be (Miller et al., 1992, p. 8).

Development and Evidence of Effectiveness

Research has consistently demonstrated the effectiveness of self-management programs for people with chronic illnesses (Bodenheimer, Lorig, Holman, & Grumbach, 2002; Lorig et al., 1999). Evidence-based practice integrates the practitioner's expertise with the best available clinical evidence. In evidence-based practice there is a conscientious and explicit use of current evidence underpinning decisions about a person's care (Kowalak, Hughes, & Mills, 2003). Evidence can come from literature, research, clinical guidelines or other sources with the main element being the need to demonstrate that the intervention or care being delivered is based in credible evidence.

Initially evidence is generated from research. This evidence is then rigorously reviewed and appraised. The next step in the process is to develop clinical guidelines that provide a guide to recommended practice as well as summarising the expected outcomes of the provided care. Clinical guidelines are considered from three perspectives - the evidence, the healthcare professional's experience and the client's wishes. Guidelines are then applied to practice and evaluated which in turn produces more evidence.

The *Living Safe* program is part of a larger research project funded through an Eye Health Demonstration Grant by the Australian Government Department of Health and Ageing.

As outlined earlier, the research project aimed to develop and evaluate new self-management interventions, to provide health professionals with the knowledge and skills to facilitate self-management programs, and to develop organisational capacity to electronically record and monitor participant outcomes over time.

The *Living Safe* program was tested by the ABWA in 2008 and 2009. It was conducted as both six-week and two-day workshops in city and regional centres. Pre-test and post-test evaluations were carried out by researchers at the Centre for Research into Disability and Society at Curtin University of Technology. A total of nine programs were conducted and seven evaluated between February 2008 and May 2009.

Three measurement tools were used in the evaluation. The primary outcome measure was the Perceived Self-efficacy Measure created by Elizabeth Ozer and Albert Bandura (1990). It consists of 151 items measuring three forms of self-efficacy: self-defence, interpersonal, and community activities efficacy. Each item is rated on an 11-point Likert scale from 0 (not certain can do) to 10 (certain can do). The self-defence subscale measures perceived ability to carry out verbal and physical self-defence techniques against different types of assailants in different situations; the interpersonal subscale measures efficacy to cope with social threats in a variety of community contexts; and the activities subscale measures perceived ability to engage in a variety of community activities. The internal consistency of the three subscales, calculated with Cronbach's alpha reliability coefficient, are 0.96, 0.88, and 0.97 respectively (Ozer & Bandura, 1990). The measure has been shown to be valid, reliable, and sensitive in evaluation of previous self-defence training for women (David, Simpson, & Cotton, 2006; Ozer & Bandura, 1990). Validity of the measure for the study population was increased through minor alteration of phrasing to suit Australian older adults with vision impairment.

The secondary outcome measure was the Australian version of the Activity Card Sort (ACS-Aus). It measures participation in daily life activities and was created by Packer, Boshoff, and De Jonge (2008). The ACS-Aus consists of 82 labelled picture cards depicting older adults taking part in a range of daily life activities. Participants sort the cards into categories which best depict current activity participation. The original A5 picture cards were reprinted as A4 with large print labels to improve viewing for people with vision impairment. The five sorting categories were adapted based on the Recovery version of the ACS to 'Not done before program', 'Given up since program', 'Beginning to do again', 'Continued to do during program' and 'New activity since program'. Category titles were printed in large font on A4 paper. Participants who were able to adequately see the pictures sorted the cards independently. If a participant had difficulty viewing the pictures, the primary researcher provided a verbal description of the picture and used prompting questions to determine the appropriate category for the card. The ACS-Aus has been found to be a culturally appropriate measure of participation for people over 65 years of age living in the community, with established face, content, concurrent, and construct validity (Doney & Packer, 2008; Packer et al., 2008). The flexible administration methods of the ACS-Aus allowed for adaptation to suit people with varying forms and degrees of vision impairment.

The third outcome measure was a 12-item true-or-false knowledge quiz. Items were based on the content of the *Living Safe* program. It was modelled from a quiz used by Tousman, Zeitz, Bristol, and Taylor (2006) to measure accuracy of participants' knowledge of their asthmatic condition before and after participating in a self-management program (Tousman et al., 2006). From the results, Tousman et al. concluded the quiz was able to detect statistically significant improvement in participants' knowledge.

The study sample from the seven programs consisted of 53 people, with vision impairment, aged 17 to 91 years with an average age of 68 years. The majority of the sample were female (n = 37). The majority of participants classed themselves as retired (n = 35), the main diagnosis associated with vision impairment was age-related macular degeneration (n = 23) and some had undertaken a previous form of self-defence training (n = 18). Thirty-six participants used a cane as their primary mobility aid, seven relied on a family member or friend, nine did not use any mobility aids, and one used a wheelchair. Results from the comparison of scores at pre-test and post-test demonstrate that participants who attended the program experienced a statistically significant increase in their knowledge of self-defence, participation in daily life activities, and self-efficacy in three areas: with self-defence skills, interpersonal skills, and a variety of community activities. Figure 5 contains a summary of the average scores for outcome variables at pre-test and post-test.

Outcome	Pre-test Mean (SD)	Post-test Mean (SD)	% change	Significance level
Physical self-defence efficacy (out of 10) (n = 46)	3.63 (1.97)	5.55 (2.07)	19.13	.000
Interpersonal efficacy (n = 47)	6.15 (1.56)	7.04 (1.39)	8.85	.000
Activities efficacy (n = 47)	3.49 (1.50)	3.90 (1.49)	4.04	.027
Participation (out of 82) (n = 42)	41.93 (8.12)	42.73 (8.10)	0.97	.000
Knowledge (out of 12) (n = 48)	7.79 (1.69)	9.96 (1.65)	18.08	.000

Figure 5: Results of the Pre-test Post-test Evaluation

Gender of participants did not appear to have any significant influence on the outcomes. Length of program had a significant influence on participation scores. Compared to participants in the two-day program, those in the six-week program experienced a statistically significant increase in level of participation between pre-test and post-test. A long-term follow-up may have detected a significant increase in participation for two-day program participants.

Qualitative feedback was gained from participants and facilitators. Overall, participants reported satisfaction with the program and facilitators followed the delivery protocols outlined in the facilitator manual.

The results of this study demonstrate that it is feasible to deliver a self-defence program according to self-management protocols. The program appears to be equally effective to modify self-efficacy and knowledge with content delivered over two-days or six-weeks. This has important implications for program utility and access for people in rural areas particularly when specialist facilitators in self-defence are required to facilitate such a program.

Considering the economic costs associated with vision impairment in Australia, coupled with the increasing incidence of vision conditions, managing the consequences of living with vision impairment is important. This study provides insight that compromised participation and confidence that occurs in response to feelings of vulnerability can be addressed through a self-management program that focuses on self-defence training. This approach may reduce healthcare demands long-term, however further research is required to state this conclusively.

Monitoring Program Effectiveness

When facilitating group programs, it is important to monitor the outcomes to provide confidence that the program is effective. The evaluation tools used in the initial evaluation of the *Living Safe* program have been found sensitive to detect changes in outcomes of self-efficacy, participation, and knowledge. Of the three evaluation tools, if one were to be used, the authors recommend the Perceived Self-efficacy Measure (Ozer & Bandura, 1990). Another evaluation tool has been created by *Living Safe* program facilitators at the ABWA (See Appendix). This tool is based on the content of the program and has been piloted with several groups of participants. This tool is provided in the appendix however it has not yet been validated for use with the program.

PART B

Vision Loss, Personal Safety and Self-management:

A Review of the Literature

Vision Loss, Personal Safety and Self-management: A Review of the Literature

Assault Prevalence, Effects, and the Experience of Vulnerability

The threat of assault has become a common social experience in contemporary western societies (Garland, 1996). Assault is defined by the Australian Bureau of Statistics (2005a) as any incident in which a person experiences actual or threatened physical force or violence, that is not an incident of robbery. In the most recent survey, taken by the Australian Bureau of Statistics in 2005, 4 out of every 10 women, and 5 out of every 10 men, had been victims of assault since the age of 15 (Australian Bureau of Statistics, 2005b). In the annual period of 2004, 4.7% of women and 10% of men were victims of physical assault, and 1.6% of women and 0.6% of men were victims of sexual assault (Australian Bureau of Statistics, 2005b). This equates to 4.8% of all people over 15 years of age experiencing physical assault and 0.3% of people over 18 years of age experiencing at least one sexual assault in 2004 (Australian Bureau of Statistics, 2005a). Importantly, these statistics do not include assault of people under 15. Therefore actual rates throughout the lifetime would likely be higher. These figures indicate that the threat or experience of assault has the potential to affect the daily life of both men and women, a threat that is increasing with the increasing assault rates during the last decade (Australian Bureau of Statistics, 2005b).

While sexual assault rates are lower than physical assault rates, both are worthy of attention due to the associated side-effects. The physical side-effects related to either type of assault are apparent and include injuries such as broken bones, cuts, grazes, and in some severe cases, death. Psychological side-effects often have a greater and longer lasting impact and include post-traumatic stress disorder, depression, substance abuse, fear of interpersonal relations or intimacy, and obsessive compulsive disorders (Heyden, Anger, Jackson, & Ellner, 1999). Many of the psychological side-effects are associated with avoidant behaviour (Benight & Bandura, 2004). Even without experiencing actual assault, the threat or fear of assault can result in avoidant behaviour and subsequently prevent people from participating in desired occupations (Benight & Bandura, 2004; Herman, 1992; Pava, 1994). In the discipline of occupational therapy, the term occupational participation is often utilised to refer to an individual's engagement in daily life activities. Avoidant behaviour may be referred to as decreased occupational participation or occupational disengagement. The effects of occupational disengagement will be discussed in the following sections.

The experience of living with vision impairment

People with vision impairment are viewed as, and feel, particularly vulnerable to assault (David et al., 1998). The term 'vision impairment' is inclusive of low vision and blindness (Resnikoff, Pascolini, Mariotti, & Pokharel, 2008; World Health Organization, 2004). Based on the latest update by the International Statistical Classification of Diseases, considering best corrected vision in the better eye, blindness is defined as visual acuity less than 3/60 or a corresponding visual field loss to less than 10 degrees diameter, and low vision is visual acuity less than 6/18 but better than 3/60 or visual field loss to less than 20 degrees diameter (Resnikoff et al., 2008; World Health Organization, 2004). Globally, vision impairment affected more than 161 million people in 2002 (Resnikoff et al., 2008; World Health Organization, 2004). In Australia in 2004, vision impairment affected almost half a million people (Access Economics, 2004, 2005; Taylor et al., 2005). The prevalence of vision impairment is expected to almost double in twenty years as the population ages (Resnikoff et al., 2008; Taylor et al., 2005). Most cases of vision impairment exist in developing countries, where cataract is the leading cause of blindness (Resnikoff et al., 2008; World Health Organization, 2004). While blindness secondary to disease has decreased in developed countries, blindness related to ageing has increased (Resnikoff et al., 2008; World Health Organization, 2004). In developed countries, macular degeneration (MD) is the leading cause of blindness (Access Economics, 2004; Resnikoff et al., 2008; World Health Organization, 2004). With the ageing population, MD is expected to take over from cataracts as the leading cause of blindness globally (Resnikoff et al., 2008; World Health Organization, 2004). While people over 50 years of age make up 19% of the population, 82% of vision impairment exists in this age group (Resnikoff et al., 2008; World Health Organization, 2004). The increasing incidence of vision impairment in older adults, and the tendency for loss of vision later in life to be more distressing and disabling (Brody et al., 2002), will likely result in an increasing number of people with psychological difficulties and disability related to living with vision impairment.

Vision impairment is associated with many costs and co-morbidities, contributing to a compromised quality of life for individuals with the condition (Hassell, Lamoureux, & Keeffe, 2006; Soong, Lovie-Kitchin, & Brown, 2001; Vu, Keeffe, McCarty, & Taylor, 2005). In 2004, direct and indirect financial costs were \$10,482 per annum for every Australian with vision impairment over 40 years of age (Access Economics, 2004). This figure is a result of increased healthcare utilisation, increased social dependence and social isolation (Access Economics, 2004; Jackson, 2006), lower rates of employment, higher emotional distress, earlier nursing home admissions (Access Economics, 2004), reduced mobility, longer hospitalisations and poorer nutrition than people without vision impairment (Jackson, 2006). People with vision impairment also have double the risk of falls, four to eight times the risk of hip fractures (Ivers, Cumming, Mitchell, & Altebo, 1998), three times the risk of depression (Rovner & Ganguli, 1998), and more than double the pre-mature mortality of people without vision impairment (Access Economics, 2004). These associated effects compromise independence, social participation, physical and mental health, and quality of life (Access Economics, 2004).

As vision is one of the primary senses utilised to assess an environment for danger (Moore, 2002; Soong et al., 2001), loss of vision can also lead to increased feelings of vulnerability to assault (David et al., 1998). The experience of increased

vulnerability is given less attention in literature than vision co-morbidities. Increased vulnerability can be attributed to several factors. People with vision impairment are restricted in orientation and mobility (Moore, 2002; Soong et al., 2001). Subsequently they often rely on public transport, taxis, and the assistance of strangers for directions (David et al., 1998; Pava, 1994). These activities are considered to place people with vision impairment at higher risk of assault as they engage in these activities more often than people without vision impairment (David et al., 1998). People with vision impairment also have restricted ability to identify unsafe environments or threats, and restricted ability to identify a potential or actual attacker (David et al., 1998; Pava, 1994). Many people also use an aid such as a cane or guide dog which identifies them as having reduced capacity (Thomas, 1998). Subsequently, people with vision impairment are identified as, and feel as if they are, 'easy targets' for assault (David et al., 1998; Pava, 1994). Feelings of vulnerability can affect community access or even safety in the home or workplace (David et al., 1998). Unfortunately, the increased vulnerability to assault assumed to be true for people with vision impairment, has only been supported with pilot studies, as discussed in the following section.

Assault of people with vision impairment

As Australian crime statistics are not organised by disability, it is difficult to assess whether people with vision impairment actually experience higher rates of assault than people without vision impairment (David et al., 1998; Pava, 1994). The only insights are from studies that were published over one decade ago and based on American populations. The prevalence and incidence of assault of people with vision impairment was not investigated with a large sample until 1994. Pava (1994) gathered data from 161 people with vision impairment, aged 30-50, who attended one convention. Results from the survey indicated 36.5% of participants had experienced an attempted or actual assault at least once in their lifetime. This equated to just over one in three people. Unfortunately, comparing these figures to the assault prevalence of the general American population is difficult. The Federal Bureau of Investigations and the United States Bureau of Justice Statistics only report the incidence of assault, rather than the prevalence. Therefore, based on these statistics, it is unknown whether the assault prevalence of people with vision impairment was higher or lower than the general population for that same period. It is interesting to note that men and women in Pava's study experienced similar rates of assault. In the general population, victimization of men is higher than women (Australian Bureau of Statistics, 2005b). Pava suggests that the vulnerability factors common to people with vision impairment have resulted in men and women with vision impairment experiencing similar rates of assault. However this suggestion was based on results of a study with a small sample size. A larger sample may have shown significant differences in victimization between men and women. Also, as Pava's study is over a decade old and based on American adults who attended one convention, results are not necessarily generalisable to all contexts. However they do provide our only insight into the prevalence of assault and the experience of vulnerability for people with vision impairment.

As discussed previously, the majority of people with vision impairment are older adults, and this number is only going to increase in coming years as the proportion of older people grows. While the proportion of assault is lower in the older adult population (Australian Bureau of Statistics, 2005a), feelings of vulnerability are

higher (Australian Bureau of Statistics, 2005b). This may be attributed to several factors. Firstly, following an assault, older adults are more likely to sustain serious injuries and require medical care (Bachman, Dillaway, & Lachs, 1998). Therefore, for an older adult, the impact of an assault on quality of life would likely be more significant. Secondly, people experience functional losses with age which result in reduced capacity. Functional losses can include reduced reaction time, endurance, coordination, stability, strength (Chodzko-Zajko, 2001), balance, sensation (Wagner & Kauffman, 2001), hearing, taste, smell, and vision (Hooper, 2001). Given that older adults often feel vulnerable to assault, for those who also have vision impairment, the experience of vulnerability is magnified by co-morbid impairments related to each experience. While older adults with vision impairment may not experience higher rates of assault, it is the experience of vulnerability that has a negative impact on functioning and health (Bandura, 1995, 1997; Hughes, Sherrill, Myers, Rowe, & Marshall, 2003).

Interventions to Address the Consequences of Living with Vision Impairment

Interventions for vulnerability

Interventions are available to improve independent community access and confidence in navigation through orientation and mobility training (Brannock & Golding, 2000; Virgili & Rubin, 2006). Pava (1994) recognises that with increased community exposure and independent mobility, exposure and vulnerability to assault increases. Therefore, while orientation and mobility training improves safety and confidence in independent navigation, it does not provide people with strategies to overcome the increased risk of assault that accompanies increased independent community access.

In American populations, self-defence training has been applied to address the experience of vulnerability for people with vision impairment. The effectiveness of these studies will be discussed in the following sections. Many studies define self-defence differently, so for the purposes of this review, self-defence encompasses the physical, verbal, and cognitive skills needed to successfully avoid or retaliate in threatening situations. These strategies assist people to maintain safety or minimise the risk of physical or psychological injury. Self-defence programs provide these opportunities through repeated practise of physical retaliation in controlled environments (David, Simpson, & Cotton, 2006). The physical retaliation techniques are usually embedded within a martial arts philosophy (Hughes et al., 2003).

Efficacy of self-defence training for populations without disabilities

Heyden et al. (1999) and Hughes et al. (2003) recognise in their individual reviews of self-defence programs, that the efficacy of self-defence programs for the general population is not well researched. Hughes et al. (2003) states that the conclusions reached by the majority of studies are questionable due to lack of rigor in the designs or use of measures that do not demonstrate validity. However the rigor of the study designs are greater than those concerning people with vision impairment. Therefore these designs can provide insight into the efficacy of self-defence programs.

Programs defined as self-defence consist of different components. Some only

address physical skills (Abramovitz, 2001; Rowland, 2007), others address crime prevention (Davis & Smith, 1994), and others address the entirety of the definition stated previously (Abramovitz, 2001; David et al., 2006; Ozer & Bandura, 1990; Weitlauf, Cervone, & Smith, 2000; Weitlauf, Cervone, Smith, & Wright, 2001). Therefore it is difficult to generalise and compare outcomes between programs. In the majority of programs that focus on physical techniques, the extent of outcome evaluation appears to encompass facilitators reporting on participant outcomes, without the use of a validated, reliable, or objective tool. Davis and Smith (1994) evaluated a pure crime prevention program. Results indicated it promoted crime avoidance, realistic perceptions of vulnerability, and knowledge of self-protection skills. However Davis and Smith did not compare crime prevention to any intervention involving physical skills. Other studies indicate that self-defence programs which teach a range of self-defence skills are more effective, than programs that teach components, to instil self-efficacy to identify, predict, and combat threats, thus improving safety, control, and feelings of vulnerability (David et al., 2006; Davis & Smith, 1994; Hughes et al., 2003; Thomas, 1998).

The relationship between self-efficacy, anxiety and participation was supported in Ozer and Bandura's study. Ozer and Bandura (1990) created a mastery modelling program to empower adult women to control the threat of assault. Women learnt through modelling how to disable attackers in simulated assaults. The program was evaluated with multiple instruments measuring anxiety arousal, avoidant behaviour, perceived self-efficacy in three domains (self-defence, interpersonal skills, activities), and thinking patterns in four areas (negative thoughts, personal vulnerability, risk estimate and risk discernment). Results were obtained by comparing a treatment group to a waiting list control group. The program was associated with significantly improved coping efficacy and efficacy to exert cognitive control over negative thoughts. Participants in the treatment group also experienced significantly less perceived vulnerability, anxiety arousal, and avoidant behaviour compared to the control. This study had a relatively small sample size of 43, however it supports the efficacy of self-defence programs to enhance self-efficacy, and thereby enhance participation through the reduction of avoidant behaviour.

Weitlauf et al. (2000) studied the influence of self-defence training on women's self-efficacy, assertiveness and aggression with a randomised controlled trial (RCT). Their intervention was associated with significantly increased assertiveness skills, domain-specific and global efficacy beliefs, without increasing aggressiveness. Their study consisted of 80 young adult women, living on an American university campus. Weitlauf and colleagues conducted a similar study in 2001 with a larger sample, two treatment groups as well as one control group (Weitlauf et al., 2001). This study further confirmed the effect of self-defence training on domain-specific and global efficacy beliefs.

Limitations with each of these studies exist due to small sample sizes, specific program content targeting rape prevention for women, and limited external validity to other populations. However, these programs provide evidence that self-defence training, particularly for women, promotes empowerment, participation through reduction of avoidant behaviour, and assists women to cope with the threat of assault by promoting mastery, self-efficacy, control, and well-being (Ozer & Bandura, 1990; Weitlauf et al., 2000, 2001). It also supports self-defence training for both domain specific and global efficacy beliefs. Training has been shown to have a lasting impact in several studies (Ozer & Bandura, 1990; Weitlauf et al., 2000). If self-defence

training is effective for women, who are perceived to be more vulnerable than men, it may be effective for other populations with increased vulnerability, such as people with vision impairment.

Efficacy of self-defence training for people with vision impairment

Self-defence programs have been offered to, and found feasible for, people with disabilities including motor limitations and vision impairment (Bozeman, 2004; David et al., 1998; Johnson, 1999; Lev, 1998; Pava, 1994; Pava, Bateman, Appleton, & Glascock, 1991; Thomas, 1998). However literature is scarce, with the majority of programs lacking any type of outcome evaluations.

Based on an extensive search of the literature, the first self-defence program for people with vision impairment was reported in 1991 (Pava et al., 1991). The program focused on rape prevention training for women. The sample consisted of 11 women with vision impairment, 6 of whom participated in a pilot program and 5 in an experimental program. Data from participants in both programs were combined in the analysis. The study utilised measures from previous research, however these measures did not appear to be validated for use with people with vision impairment. Results demonstrated that adult women with vision impairment who participated in self-defence training experienced significantly improved self-efficacy, knowledge, and physical self-defence skills. There are obvious limitations with this study: pre-test post-test design with no control group, small sample size, results combined from participants in two program groups, and questionable validity of measures. Physical self-defence skills were also measured in a simulated context that may not have represented participants' actual ability to use self-defence techniques. The external validity of the results is also limited to a population of adult women with vision impairment. The author of this article also published a book in 1998 designed to assist people with vision impairment to learn self-defence strategies (David et al., 1998). It stated that self-defence training can improve independence and self-efficacy of people with vision impairment. However David et al. (1998) only supported this with anecdotal evidence. Rigorous research into self-defence programs for people with vision impairment is yet to be undertaken. These two publications have provided evidence that self-defence training is feasible for people with vision impairment. Based on preliminary findings, the increasing incidence of assault, and the unique vulnerability of people with vision impairment, further research into participant outcomes is warranted.

The role of self-efficacy in self-defence training

Self-efficacy theory can assist in explaining the experience of vulnerability. Self-efficacy theory, postulated by Albert Bandura, refers to a person's belief in their ability to achieve a desired goal (Bandura, 1986, 1997). Efficacy beliefs are created when information is cognitively processed and integrated with existing efficacy information (Bandura, 1989; Maddux, 1995). Social cognitive theory, by Bandura, consistently states that self-efficacy is inversely related to perception of a threat: as self-efficacy increases, perception of a threat decreases (Bandura, 1997). For example, people who have low self-efficacy to exert control perceive more environments and situations as threatening. People who feel efficacious in their ability to control a situation do not define the situation as threatening (Bandura, 1989, 1997; Benight & Bandura, 2004). This assumption is supported in Ozer and Bandura's (1990) research into the effects of self-defence training. They found that increased self-defence

efficacy can lead to decreased perceived vulnerability. Perceived vulnerability can also influence a person's behaviour. When people feel vulnerable (have low self-efficacy) they are more likely to experience stress and anxiety (Bandura, 1989, 1997; Benight & Bandura, 2004). To avoid the experience of stress and anxiety, a person is more likely to avoid the activities and environments that elicit these reactions (Bandura, 1997). Bandura (1989) states that low self-efficacy to exercise control can generalise to other situations, resulting in the perception that many environments are threatening. As the person disengages from multiple activities and environments to prevent stress and anxiety, meaningful occupations may be sacrificed. Consequently, it is not the actual likelihood of victimisation that affects participation and functioning, it is the perception of vulnerability, influenced by self-efficacy (Bandura, 1995, 2007; Barlow, Wright, Sheasby, Turner, & Hainsworth, 2002; Hughes et al., 2003). The discipline of occupational therapy recognises the importance of participation in meaningful occupations for social and psychological functioning and therefore health and well-being. Studies have shown that reduced participation for people with vision impairment is associated with loss of well-being, quality of life, length of life, income and social participation (Crews & Campbell, 2004; Cruice, Worrall, & Hickson, 2005), all of which negatively impact on the functioning and health of people with vision impairment (Miszko, Ramsey, & Blasch, 2004).

Self-defence training can modify efficacy beliefs through repeated mastery and modelling experiences (Bandura, 1997; Ozer & Bandura, 1990). When self-efficacy is increased through the acquisition of self-defence skills, people feel more efficacious to combat potential threats, subsequently altering the perception of a threat for that person. Consequently, people who undertake self-defence training, perceive less environments as threatening because they feel more competent to predict and control assault-related situations (Ozer & Bandura, 1990). It has been found that altered threat perceptions result in large reductions in perceived vulnerability, and also minimisation of associated stress and anxiety (Ozer & Bandura, 1990; Williams, 1995). Without self-defence training, people may have low self-efficacy to exert control in a threatening situation. This is supported by Ozer and Bandura's research. When self-defence programs alter threat perceptions and enhance self-defence skills by operating through self-efficacy, participation can be enhanced (Bandura, 1997; Benight & Bandura, 2004; Ozer & Bandura, 1990).

Self-defence program evaluation often involves measurements of self-efficacy. This is because self-efficacy is a strong predictor of ability (Bandura, 1977, 1997; Lorig, 2001). Self-efficacy influences motivation to attempt and persist with a task (Benight & Bandura, 2004). Therefore, it influences whether a person will take action, and persist with that action, to protect their self when faced with a threatening situation. If a person has strong efficacy beliefs, and feels empowered, they will take action. If a person has low efficacy, they do not have a reason to act because they do not believe they can succeed (Bandura, 1989, 1997; Benight & Bandura, 2004; Bourbeau, Nault, & Dang-Tan, 2004). Actual ability to execute self-defence is not measured in self-defence program evaluation for several reasons. Firstly, to create a self-defence situation in a controlled environment is not an accurate context. It is likely a person executing self-defence in that situation would reduce the force applied to disable the 'simulated' attacker. Also, a controlled environment may not provoke the physiological reactions that may help or hinder performance of an individual. Placing participants in a situation in which a real threat exists would be unethical. Secondly, to evaluate success with self-defence techniques in real environments

would require a large sample with a follow-up to investigate whether the people who encountered a threatening situation were successful in defending themselves. Therefore, self-efficacy is measured as an ability predictor, which enables use of smaller samples, shorter follow-up periods, and reduces the ethical and legal issues associated with realistic or actual assault experiences during research.

Self-management interventions

A variety of interventions are currently available for people with vision impairment such as psychoeducational and health programs (Birk et al., 2004; Ivanoff, Sonn, & Svensson, 2002; Wahl et al., 2006). Orientation and mobility training (Virgili & Rubin, 2006) is also common. These interventions are often delivered as individual strategies rather than group programs. Evidence is emerging that self-management group programs are cost-effective and provide the hope for future management of intractable vision impairment. In fact, self-management programs are now internationally recognised as key elements of service provision in all areas of chronic and long-term conditions, taking a key place in health policy and reform in Australia (Centre for Research into Disability and Society, 2006; Jordan & Osborne, 2007; National Health Priority Action Council, 2006). These interventions have also been supported for the management of vision impairment (Australian Government Department of Health and Ageing, 2005).

Self-management involves an individual managing the treatment, symptoms, physical and psychological consequences of living with their condition while maintaining their quality of life (Barlow et al., 2002; Lorig, 2001; Lorig et al., 2000; Tousman et al., 2006). Self-management group programs encourage people to manage their own conditions through promoting skill and resource development (Lorig, 2001; Lorig et al., 2000; Tousman et al., 2006). Content is based on individuals' perceptions of their needs and confidence is built through group problem solving and partnerships between patients and health professionals (Lorig, 2003, 2001).

Theoretical base for self-management interventions

Many self-management approaches aim to increase self-efficacy, because efficacy beliefs assist people to effectively manage their condition (Barlow et al., 2002; Lorig, 2003, 2001). Efficacy beliefs are altered through four primary processes: performance mastery experiences, vicarious experiences, social persuasion, and interpretation of physiological and emotional states (Bandura, 1989, 1995, 1997; Lorig, 2001). These efficacy sources are incorporated into self-management programs (Lorig, 2003, 2001). Performance mastery, recognised as the most influential method to alter self-efficacy (Lorig, 2001), occurs when a person masters a task and experiences a subsequent increase in efficacy for that task (Bandura, 1995, 1997; Lorig, 2001). However, this method requires time for the person to acquire, integrate and organise the skills in different contexts (Bandura, 1997). If the person experiences failure before firm efficacy beliefs are established, self-efficacy can be easily undermined (Bandura, 1989, 1995, 1997; Lorig, 2001). Vicarious experience, the second efficacy source, is provided through modelling (Bandura, 1995, 1997; Lorig, 2001). By knowing that others with similar capacity are able to succeed at a task, an individual can experience improved belief in their own abilities (Bandura, 1986, 1995, 1997; Lorig, 2001). It is important for people to have two types of models: people of similar capacity, and people who have competencies that the person aspires to (Bandura, 1995). For example, in a self-management program it

is important to have facilitators that participants can model, as well as participants who have similar capacities and experiences. The third source of efficacy, social persuasion, refers to faith from others that one can succeed (Bandura, 1995, 1997). When people feel that others believe in them, rather than doubt them, they are motivated to persevere (Bandura, 1995, 1997). Perseverance leads to skills practise and affirmation that they can succeed (Bandura, 1995, 1997). The fourth efficacy source occurs when people interpret their physiological and emotional states as indicative of their capacity (Bandura, 1995, 1997; Lorig, 2001). For example, feeling stressed is often interpreted as a sign of weakness or vulnerability (Bandura, 1995, 1997). When people learn to interpret the stress reaction as useful for performance, efficacy can be increased (Bandura, 1995).

Efficacy of self-management programs for vision impairment

Self-management interventions have been applied to address many consequences of living with vision impairment including emotional distress (depression and anxiety), lowered self-efficacy, reduced function, and decreased participation (Brody et al., 2002; Brody, Roch-Levecq, Thomas, Kaplan, & Brown, 2005; Brody et al., 1999; Girdler, 2006). These interventions have been rigorously evaluated in three RCTs, two of which conducted follow-up evaluations (Brody et al., 2002; Brody et al., 2005; Brody et al., 1999; Girdler, 2006). Brody and colleagues began rigorous research into the efficacy of a self-management intervention for people with AMD in 1999 (Brody et al., 1999). Their program was associated with increased efficacy and participation while reducing emotional distress, anxiety, and depression of the participants. Improvements in mood and participation were greater for the participants who were more distressed at pre-test. Brody and colleagues further investigated these findings in 2002 (Brody et al., 2002). They randomly assigned 231 participants to one of three groups: self-management, health education, or a waiting-list control. The sample consisted of people over 60 years of age, living in the community, with AMD. The self-management condition was designed to promote problem solving skills, knowledge of AMD, practise with visual aids, and skills to improve acuity and manage daily life activities. With established valid and reliable measures, they found the self-management intervention was effective to improve mood, functioning, and reduce psychological distress. These results were more pronounced for the 24% of participants who were initially depressed. Participants in the experimental condition also experienced significantly higher self-efficacy, felt more confident to complete daily activities, and experienced less disability than those in the control group. These results were sustained and further confirmed at six-month follow-up (Brody et al., 2005). These results support the efficacy of self-management for a population of older adults with AMD. The rigor of the designs, the large samples, and the long-term follow-up assists to promote self-management interventions for this population. However, these results must be generalised with caution to people who have a vision loss due to conditions other than AMD.

Girdler (2006) provided strong evidence of the efficacy of self-management group intervention for people with age-related vision loss, not only restricted to AMD. After conducting an RCT, Girdler found the intervention to be associated with reduced depression, improved physical and mental health, participation, generalised and vision-specific self-efficacy, and adaptation to vision loss (Girdler, 2006). These results were supported with the use of valid and reliable measures. At 12-week follow-up, results were maintained for efficacy beliefs, participation, physical health,

and depression levels. While Girdler's sample ($n = 76$) was smaller than Brody's ($n = 231$), her results can be more confidently generalised to the population in the current study. The current study also involves older adults, attending the ABWA low vision service, in the same geographical location.

A systematic review by Lee, Packer, Tang, and Girdler (2008) reviewed the efficacy of six self-management interventions for people over 60 years of age with AMD. Only RCTs and quasi-experimental designs met the inclusion criteria. Overall, the studies supported self-management programs to significantly improve self-efficacy, emotional status, and activities of daily living for the study population. Many of the studies selected were constrained by small sample sizes thus reducing the power of the studies to find significant results. Unfortunately, only a small number of articles were reviewed which reveals that study into this area is still developing. However, this study supports findings by Girdler (2006) and Brody and colleagues (1999, 2002, 2005). The positive findings of these studies supports further research into self-management programs for people with vision impairment.

Summary

Efficacy beliefs are altered in many group programs (Centre for Research into Disability and Society, 2006; Lorig, 2001). While studies have shown they can be enhanced in self-defence programs, many studies have shown they also have a significant role in self-management programs (Bandura, 1997; Barlow et al., 2002; Bodenheimer et al., 2002; Bourbeau et al., 2004; Lorig, 2003; Walker, Swerissen, & Belfrage, 2003).

As self-management philosophies build the skills and confidence of people to manage their own conditions (Lorig, 2001) people who can self-manage appear to make less demand on the healthcare system (Barlow et al., 2002; Walker et al., 2003). This finding was supported by Bodenheimer et al. (2002). They reviewed self-management articles and found that when healthcare utilisation and costs were measured, self-management programs were efficacious in reducing healthcare costs for people with chronic disease and asthma. However these findings have not been studied for people with vision impairment and have not been consistently demonstrated across all studies.

Australian health policy has shifted toward support of self-management, through the Chronic Disease Strategy, to help overcome the burden of chronic disease (Centre for Research into Disability and Society, 2006; Jordan & Osborne, 2007; Walker et al., 2003). These interventions have also been supported for the management of vision impairment (Australian Government Department of Health and Ageing, 2005). In order to advance self-management programs in Australia, the efficacy of self-management must be supported for a range of diseases and offered through different approaches (Jordan & Osborne, 2007).

Despite the effectiveness of self-management programs for improving health outcomes for people with age-related vision loss, uniting self-defence training with self-management protocols has not yet been applied to address the experience of vulnerability for people with vision impairment, or any population. As they are based on similar theory (self-efficacy theory), it is probable that self-management and self-defence programs influence similar outcomes: self-efficacy, knowledge, and participation.

PART C

Planning and Delivering the *Living Safe* Program

Planning and Preparation

Facilitators

The *Living Safe* Program is designed to be run by a minimum of two facilitators. Their background should be complementary and together they must have the skills to facilitate a group and competently demonstrate and coach participants in self-defence manoeuvres. A combination of an occupational therapist or health educator plus a self-defence instructor has proven successful and is recommended. It is also strongly recommended that at least one of the facilitators have low vision or blindness them self. Where neither a self-defence instructor or occupational therapist with low vision or blindness is available, it is possible for a person with low vision or blindness to develop the knowledge and skills to become a facilitator.

Logistics

Venue

A large room (approximately 10m x 6m) where participants are able to move about safely. Flooring should preferably be covered with carpet or interlocking martial arts mats to cushion against falls (if available). Chairs arranged in a circle for use in the discussion periods are an advantage.

Length of sessions

Six-week program	2.5 hours per session
Two-day program	6 hours per day

Promotion of *Living Safe* program

As with any program, consideration needs to be given as to where and how to promote the program to prospective participants. Suggested places to promote the program are:

- To organisations providing vision rehabilitation services.
- To self help groups, sporting clubs and societies for people with vision loss or related conditions.
- To other healthcare professionals as referral sources e.g. GPs, specialists, community nurses.
- On a relevant health department website.
- Through local newspapers.

Pre-group Interview

The pre-group stage begins before the group itself meets. It provides an opportunity for the health professional/ facilitator to assess each applicant's suitability for the program and for the applicant to confirm their interest in the program. During this stage the health professional/ facilitator looks to establish a working relationship with each prospective participant and to build upon this during group sessions.

Purposes of the Pre-group Interview

To interview applicants and select those who meet the suitability criteria

The *Living Safe* program is aimed at people who:

- are blind or vision impaired;
- are aged 18 years or older;
- have sufficient cognition, hearing, and English to understand spoken English (unless interpreters can be arranged); and
- have medical clearance from their medical practitioner to confirm they are able to participate and do not suffer from unresolved medical conditions, post-traumatic stress, and mental and psychological health issues that may cause risk to themselves or others during their participation in the program.

The group members should be similar enough to relate to each other, yet different enough to bring a wide variety of perspectives and life experiences to the program.

Ten to twelve members is the ideal size to generate this balance while allowing participation of all group members in discussions and activities.

To clarify goals, rules, and procedures

The health professional/ facilitator explains the purpose and structure of the group and obtains verbal commitment from each member.

It is also useful to advise participants on appropriate clothing and footwear and to answer any questions about participating in the course, for example level of physical ability required or concerns about being injured.

To initiate a working relationship with each group member

The healthcare professional learns about the uniqueness of each group member in order to use this information to accommodate individual differences during the course.

Session 1

Overview of Living Safe, Self-management, Preventative Strategies and Stress Management

Stage of Group Development: Orientation

The first group meeting is generally positive. There is heavy reliance upon the facilitator to set the rules and boundaries of participation and to define the common focus of the group. The early stages of any group are important for establishing trust and forming cohesion in any group. Participants are getting to know each other and understanding how the group works. They also need to establish spoken and unspoken rules, clarify their own personal goals and expectations, and the shared purpose of the group. Group members need to feel like the group is a safe place to learn and to share feelings.

Purposes of Session 1

1. To provide participants with an overview of the *Living Safe* program.
2. To clarify the role of the participants and facilitators along with concepts of self-management.
3. To introduce the main topics within *Living Safe*: self-defence, preventive strategies and stress management in the event of a physically, psychologically or emotionally threatening situation.

Preparation

Resources

- Large print name tags
- Pen for each participant
- Refreshments
- Participant manuals (large print, tape, Braille formats)
- Pre-workshop survey (optional)

Warm-up

Facilitator Instructions

- Ensure all participants have large print name tags.
- Welcome participants.
- Facilitators to introduce themselves and tell the participants something about themselves.
- Stress the role of facilitators as 'facilitators of discussion and learning' rather than as 'experts'.
- Orientate the participants to the facility – identify location of the toilets, exits, parking, etc.
- Review the fire evacuation procedures.
- Ask participants to complete any evaluation forms.
- Choose one warm-up activity from below so participants can learn information about each other.

Choose one activity from the three below to conduct with the group:

1. Divide the group into pairs and give participants a few minutes to interview each other. Then, each participant to introduce their partner by name and share at least two things about them (this is not recommended for large groups as it is time consuming!).
2. Participants to share their name, where they live and one little known fact about themselves.
3. Participants to introduce themselves and make three statements about themselves, one of which is false. The rest of the group is to vote on which statement is false.

The first day of a course is essential to its success. Start on a positive note by making sure all participants feel comfortable and get to know each other as soon as possible.

The way facilitators introduce themselves should model the way participants are expected to introduce themselves.

Introduction

Facilitator Instructions

- Ask participants to share with others their reasons for attending and their expectations.
- Orient participants to *Living Safe* by providing the aims and overview of the program.
- Explain the format of each session.
- Explain the aims and outline of Session 1.
- Explain the group guidelines and responsibilities.
- Elicit group discussion in the process.
- Use the information below to assist.

Aims of the program

Explain

The program aims to provide strategies to improve the safety of people who are blind or vision impaired. It is an introduction to self-defence and will not make participants experts in self-defence.

The program provides participants with a selection of strategies to protect and defend themselves physically and psychologically from potential dangers. The choice of strategies will be different for each person.

Specific objectives

Explain

The overall aims of the *Living Safe* program are to:

1. Increase participants' confidence and sense of safety in the community, workplace and home.
2. Raise participants' awareness of and avoidance of safety risks.
3. Increase participants' protective skills to cope with psychologically, emotionally and physically threatening situations.
4. Minimise participants' potential of becoming a victim of crime.

Overview of sessions

Explain

Living Safe consists of six half day sessions or two full day sessions.

Six-week Program:

SESSION 1:	Overview of <i>Living Safe</i> , Self-management, Preventative Strategies and Stress Management
SESSION 2:	Building a Strong Base
SESSION 3:	Defensive Manoeuvres: Choke Attacks and Wrist Grabs
SESSION 4:	Safety in the Community
SESSION 5:	Weapon Defence and Safeguarding your Home
SESSION 6:	Assertiveness Training, Crime Prevention, Revision and Conclusion

Two-day Program:

DAY 1:	Overview of <i>Living Safe</i> , Self-management, Preventative Strategies and Stress Management
	Building a Strong Base
	Defensive Manoeuvres: Choke Attacks and Wrist Grabs
DAY 2:	Safety in the Community
	Weapon Defence and Safeguarding your Home
	Assertiveness Training, Crime Prevention, Revision and Conclusion

Format of sessions

Explain

- Review Homework
- Learn and Practise Topics
- Discussion of Practise Activities
- Homework for the following week

Aims of session

Explain

The aims of Session 1 are to:

1. Introduce the *Living Safe* program, self-management, and group guidelines and responsibilities.
2. Discuss the risks and vulnerability of people with vision loss, strategies to overcome the risks, and strategies to reduce stress.

Outline of session

Explain

- Establishing group guidelines and responsibilities
- Introduction to self-management
- Potential risks and vulnerability for people with vision loss
- Safety with helpers
- Responding to questions about oneself and one's vision impairment
- Recognising and dealing with stress
- Relaxation and breathing
- Homework
- Summary and Conclusion



Establish Group Guidelines and Responsibilities

Brainstorm

Strategies to make the group work smoothly and comfortably.

Information to support discussion

- Each participant is responsible for their own learning, participation and growth.
- Sharing of experiences is encouraged.
- It is important to speak about your own experiences and not speak for others.
- You may feel that some discussions are too personal and would rather not say anything. If so, it is okay to pass and not participate by saying, "I pass".
- All feelings are OK. It is human to have feelings. It's OK to cry or feel angry, sad or happy. Don't say you are OK if you are not OK.
- Sharing and growing together is a privilege. Shared personal experiences

- and information should stay within the group and remain confidential.
- Speak one at a time. This not only shows respect for each person's view but also makes conversation easier to follow.
- Introduce yourself before you start talking. This enables those members with lower vision to identify who is talking particularly during the early stages of the group.
- Maintain confidentiality: what is said in the group stays in the group.
- Come to every session. If you cannot, please notify the facilitators.

Learn and Practise Topic 1: Introduction to Self-management

Facilitator Instructions

- Introduce the discussion topic of self-management.
- Use the 'information to support discussion' to assist the discuss



Introduction to Self-management

Explain

Each person living with a condition already 'self-manages' their condition. There are many ways of self-managing. Two people with the same degree of vision loss may manage their lives very differently. One may be consumed by their vision loss and manage by staying indoors and not participating in activities such as shopping, gardening, and going out with friends. The other person may self-manage by staying active and engaging in activities outside of their home. The difference between the two people is not their level of vision loss, but the way they choose to manage living with their vision impairment.

Discuss

What has been your experience with self-management programs? For those with no experience, what do you think self-management means?

Information to support discussion

- Self-management consists of three main tasks of managing the condition, the emotional consequences of living with the condition, and the impact it has on daily life.
- Self-management programs aim to provide information and skills that participants can choose to use depending on what best suits them.
- Participants are in control and can make their own decisions based on the information provided.
- Providing skills also involves practise of skills in a supportive environment.
- An important part of self-management is to share experiences and learn from the experience of others with a similar condition.
- A person with a disability lives with their condition daily and they are

therefore central in managing it. He or she needs to be in the driver's seat in making decisions. Health professionals, on the other hand, can provide information and road maps. However they are not in a position to tell people with disabilities how to live their lives.

- In this way self-management is a collaborative partnership between clients and health providers as a means of achieving effective care (Lorig, Sobel, Ritter, Laurent, & Hobbs, 2001).
- By providing information and preliminary training in self-defence and personal safety strategies, participants may be able to find some strategies that work for them, and use these to feel safer in their daily lives.

Learn and Practise Topic 2: Potential Risks and Vulnerability for People with Vision Loss

Facilitator Instructions

- Use the discussion to introduce the topic of self-defence.
- Use the discussion to highlight potential risks and dangers, specifically relating to safety with helpers and responding to questions about one's vision.
- Ask participants to contribute any precautions or strategies they may have used.
- Information is provided to aid the discussion.
- Remind participants that they are responsible for choosing what strategies they feel are useful for them.



Potential Risks and Vulnerability for People with Vision Loss

Explain

Some people feel that poor vision increases vulnerability to violence or assault; it makes people 'easy targets'.

Discuss

Since losing their vision, has anyone had a threatening experience or been a victim of crime? Would they be willing to share this with the group?

Information to support discussion

Use the following prompts to help the person telling their story to relay what happened:

- *What was the circumstance?*
- *How did you feel?*
- *How did you protect yourself?*
- *What worked?*

- *What did not work?*

Self-defence encompasses a number of things; it does not necessarily mean defending oneself from an attack. It also involves preventing attack through strategies such as avoiding dangerous areas or situations or safeguarding your home.

Self-defence can also involve defending against attack psychologically, verbally and physically. It also involves seeking appropriate assistance after any form of attack be it threatened, physical or verbal.

Self-defence also involves being assertive and knowing your rights.

Learn and Practise Topic 3: Preventative Strategies to Reduce Risk of Assault

Facilitator Instructions

- Introduce the following brainstorming or discussion topics.
- Use the 'information to support discussion' points to supplement strategies identified by participants.

Brainstorm

Strategies to minimise the risk of being a victim of crime.

Information to support discussion

- Protect your home – lock up at all times using effective safety locks.
- Stay safe on public transport – use a bus stop you know; wait in well lit areas; sit towards the front of the train; use a known taxi company.
- Leave money or purses/ wallets on the kitchen table while at home. If someone were to break into your home while you were sleeping, they would be more likely to leave when they found your purse/ wallet. If valuables are found easily, intruders are less inclined to search for you in order to find money.
- Carry money in several places, not just your wallet, while in the community. If your wallet is stolen, you will still have some accessible cash.
- Information from <http://www.homeoffice.gov.uk/crime-victims>



Safety with Helpers

Explain

People who are blind or vision impaired often use helpers to assist with reading, transportation, shopping, and other tasks. This sometimes gives the helpers access to personal information such as financial/ banking records, legal documents and private mail. Some may also have access to houses

and personal belongings.

Brainstorm

Precautions that can be taken when hiring and working with helpers.

Information to support discussion (David et al., 1998, p. 29-30)

- Get and use as many references as possible or use familiar people such as previous employers and friends.
- Have someone present during the first reading or driving session.
- Trust your feelings on how comfortable you would be alone with this person.
- Initially at least, you may wish to meet your reader at the public library or your shopping assistant at the grocery store.
- Limit access to sensitive material (e.g. credit cards and bills) until trust is established.
- Never let someone else sign your name for you.
- Never leave personal information such as your PIN number where others can easily read it. Try to have a new one made that you can remember so you can avoid writing it down.
- Set your boundaries effectively, so your helper knows exactly what service they are providing, what you are giving them in return, and what limitations or boundaries you may need to impose. Also, be clear on what help you do not want and what you are willing to do or say should your helper disregard your requests/directions.
- If your helper should make inappropriate physical contact (e.g. arm grabbing, putting their arm around you), let them know you are uncomfortable with that and suggesting an alternative.
- Have a reliable back-up system in case you need to dismiss this helper suddenly (e.g. a relative or friend on stand-by). Also have a small amount of cash stashed away in case of an emergency.
- If you are sexually assaulted by a helper, immediately notify a trusted person, report it to the police, seek medical attention and contact a rape crisis centre for support. Later, contact and report the incident to the person or agency that referred the helper. Do not suffer in silence.



Responding to Questions About Oneself and One's Vision Impairment

Explain

Many people with a disability are faced with the challenge of distinguishing between 'educating the public' and disclosing personal information about themselves, which could jeopardise their safety.

Brainstorm

Helpful strategies for responding to questions about vision loss.

Information to support discussion

- When questioned, consider who is asking the question, the situation and the surrounding environment. You should not feel obliged to answer any question(s) that make you feel uncomfortable, nor are you required to tell the truth! (e.g. you could say you can see faces when you actually cannot).
- Sometimes the person asking the question may be someone you know well and trust; however there may be others within earshot that may not be as trustworthy. Feel free to be assertive and tell the questioner “I don’t feel very comfortable answering that question in public. Is it possible to go somewhere more private or could we discuss this later?”

Learn and Practise Topic 4: Introduction to Stress and Stress Management

Facilitator Instructions

- Use the discussion activity to introduce the topic.
- Explain and discuss the role that stress plays in our thinking and behaviour and the effect it can have on our everyday lives.



Recognising Stress

Discuss

Think of a situation or circumstance that made you feel stressed. What physical body reactions did you experience in these circumstances?

Information to support discussion

- Stress is an everyday occurrence in our lives. It is our body’s instant reaction to danger. Changes in blood, hormones, breathing and muscles make a person stronger, faster, more alert, and better able to respond to protect themselves.
- Stress drives everyone to achieve. If a person lacks stress they become under-stimulated and under-motivated. However if a person has too much stress, they become over-stimulated, resulting in symptoms such as fatigue, anxiety, tension, and sometimes physical symptoms.
- Stress can be a source of both energy and discomfort. Positive stress, known as eustress, is experienced by everyone and can often give a person the competitive edge (e.g. when competing in sporting events or making an important speech). Eustress is said to lead to optimum performance. Negative stress, or distress, on the other hand leaves people feeling overwhelmed and affects their ability to function optimally (Rossi, Perrewe, & Sauter, 2006).
- The causes of stress are commonly labelled as stressors. They can be real or imagined. Whatever the cause, the body reacts to stress in a similar manner.
- Understanding the process of stress and how it affects a person enables

someone to identify their major sources of stress, anticipate and plan for stressful periods, and determine their optimum stress levels. Thus an individual will be able to assess what they can realistically cope with to be better able to deal with stressful events when they occur.

- An immediate, delayed or long-term stress reaction occurs when a person is attacked, followed, or feels like their safety is in jeopardy.

Responses to excessive stress

1. How it affects your FEELINGS

Anxious, aggressive, argumentative, apathetic, bored, tired, depressed, frustrated, guilty, irritable, lacking in confidence, tense, nervous, lonely.

2. How it affects your THINKING

Difficulty in making decisions, less creative in solving problems, forgetful, hypersensitive to criticism, poor concentration, poor organisation of work and tasks.

3. How it is reflected in your BEHAVIOUR

More accident-prone, tendency for drug taking/ excessive drinking or smoking, emotionality, eating too much or too little, incoherent speech, nervous laughter, restlessness.

4. What happens to your BODY

Adrenaline increases heart rate and blood pressure, experience of dryness in the mouth, sweating, pupil dilation, hot and cold spells, a 'lump in the throat', numbness, 'butterflies' in the stomach.

5. What happens to your HEALTH

Asthma, chest and back pains, diarrhoea, faintness, dizziness, frequent urination, headaches, migraine, neuroses, nightmares, insomnia, psychosis, skin complaints, ulcers, loss of sexual interest.

6. How it affects your WORK

Increased absenteeism, poorer communication and industrial relations, less commitment, higher accident rate, more antagonism, less creativity, less concern for others, less job satisfaction, poorer productivity.

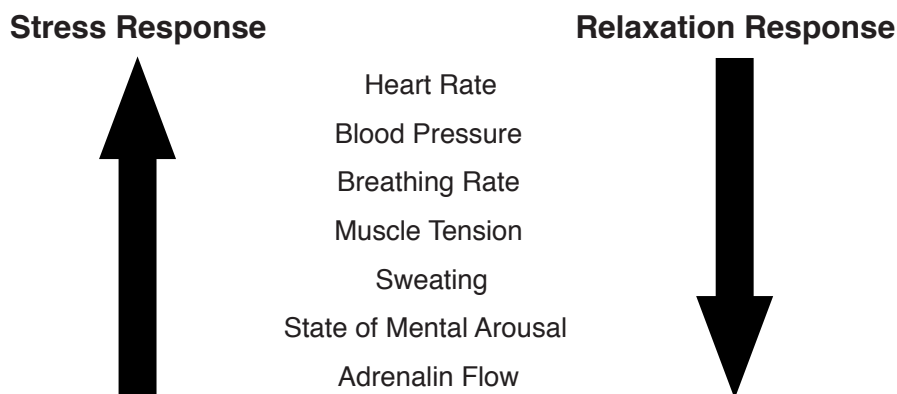
The Stress Response

The physiological response to stress is termed the 'fight-or-flight response' and is manifested in varying degrees, depending on how seriously the body perceives the stress factor.

- Anger and fear produce the fight-or-flight response which prepares the body to fight or flee. In so doing the respiratory rate increases and blood is directed away from the digestive tract toward the muscles and limbs. Pupils dilate, awareness intensifies, pain perception diminishes, immune system is mobilised with increased activation, and our impulses quicken (McGeown, 2002). The purpose of these physiological changes is to increase a person's alertness and the body's readiness to respond.

- Under normal conditions, the stress response subsides within a short time and the body returns to the previous state. If however, a person remains tense after a demanding or stressful period has passed, or the stress response is activated too often, they become over-sensitive and therefore respond to less stressful events as though they were threatening. Long-term arousal can be damaging to health.

The Relationship Between Stress and Relaxation (Burns, 1938)



Dealing with Stress

Explain

Effective stress management involves two stages:

1. AWARENESS - identifying your own stressors and stress reactions
2. CONTROL - working toward self-management and responsibility

Discuss

1. What are some of your major stressors and stress reactions?
2. Imagine you are walking to the corner shop and you sense that someone is following you. What is your stress reaction?
3. What can you do to manage your stress reaction?

Facilitator Instructions

- Describe the stress management strategies listed below, focusing on the top 3 techniques.
- Include any examples provided by participants.

Explain

Stress Management Strategies

1. Understanding what stress is and how it affects you (previously discussed)
2. Learning relaxation (covered next)
3. Learning to communicate assertively (covered in Session 6)
4. Maintaining good health and self care
5. Enhancing your self concept
6. Improving your decision making
7. Being positive
8. Managing your time effectively
9. Lifestyle changes to cope with stress more effectively
10. Thought stopping
11. Managing sleep
12. Cognitive Behaviour Therapy

Facilitator Instructions

- Explain the benefits of relaxation training and breathing.
- Use the practise activity to provide strategies to respond to stress. Practise at least one of these activities during the session.
- Build upon any previous examples of relaxation strategies.
- Ask participants to share their experiences after practising each technique.

**Relaxation and Breathing**

Explain

Relaxation

- Relaxation training is a technique for alleviating the symptoms of stress, such as tension. This tension can be physical tension in the muscles, or it can be mental or physiological tension.
- When a person physically relaxes, the impulses arising in the various nerves in the muscles change the signals that are sent to the brain. This change brings about a general feeling of calm, both physically and mentally. Muscle relaxation has a widespread effect on the nervous system and therefore should be seen as a physical treatment, as well as a physiological one (Payne, 2004).
- The aim of the relaxation training is to substitute relaxation as a habitual response rather than as tension or anxiety. However, it must be emphasised that, as with the acquisition of any new skill, regular practise is vital. The degree of success you attain as a result of relaxation training will depend largely on the amount of effort you put into it. 'IT WORKS, IF YOU WORK'.
- Initially, try to practise relaxation daily. Fifteen minutes or so with relaxing

music, a relaxation tape or CD may help. This will help you overcome stress more easily in the future.

Breathing

- If a person is in a threatening situation it is important that they are aware of their breathing because people often hyperventilate (breathe quickly and deeply) when they are anxious and/or afraid.
- It is important to control stress and anxiety in anticipation of, and while using, self-defence techniques. A good breathing cycle helps people to relax. If a person hyperventilates it can affect all the body systems and may result in numerous symptoms, the most common being shortness of breath, chest pain, weakness, dizziness, racing heart beat and tingling sensations in the feet and hands.
- In order for the body to extract oxygen from the blood it needs a certain amount of carbon dioxide;
- When a person hyperventilates they don't give their body sufficient time to retain the carbon dioxide and so their body can't use the amount of oxygen;
- The result is that the person feels that they are short of oxygen while in fact they have an excess of oxygen.
- Being able to control your breathing in threatening circumstances helps you take control of the situation rather than be consumed by panic.

The most important thing for participants to understand about hyperventilation is that although it can feel as though they haven't enough oxygen, they actually have too much oxygen.

The reason that techniques such as holding your breath or breathing in and out of a paper bag work when a person hyperventilates is that it either prevents the dissipation of the carbon dioxide (holding your breath) or causes the person to re-inhale the expelled carbon dioxide (paper bag breathing) (Jaret, 2004).

Practise

Breathing

Remove any glasses and move about comfortably in your chair. Place both feet on the ground and your hands on your thighs with palms facing up. Allow your eyes to close gently. Become aware of your breathing. As you breathe in through your nose feel the air enter your lungs. Then as you breathe out let go of the air and tightness. Now count to 5 as you breathe in and count to 5 as you breathe out. As you breathe in feel the relaxation and let go the tightness as you breathe out. Continue to breathe in and out on your own 5 times.

Stay quiet for a few minutes and when you are ready slowly open your eyes.

Tension Breaking Techniques

This is a simple technique that can be used at any time. In a comfortable sitting position with eyes closed:

- Say the words in your own mind, directing each part of your body
 - “I now chose to relax completely”
 - “My left arm is heavy and warm”
 - “My right arm is heavy and warm”
 - “My face is cool, calm and relaxed”
- Let the numbers 1 – 6 float in your mind:

1	2	3	4	5	6
---	---	---	---	---	---
- As you breathe in say “re...”, and as you breathe out say “lax...”
- Use “calm” as a mantra.

Homework



Six-week program: Breathing and Tension Breaking Techniques

Homework Task A

- Refer to your manual to find the homework for Session 1.
- Practice breathing and one of the tension breaking techniques for at least 10 minutes on two days before next week's session. When selecting techniques choose the techniques that you feel will be most beneficial for you to practise.
- In the table provided in your workbook, record the environment in which you used the technique, how long it took, and how you felt before and after using the technique.
- Which of the techniques did you use? Which was most effective?
- Which didn't you use? Why not?

Summary and Conclusion

Facilitator Instructions

- Conclude with a review of this session and an overview of the next session.
- Remind participants the next session will focus on 'Building a strong base' for self-defence.

Six week program

- Thank everyone for coming and provide positive reinforcement for their participation.
- Remain in the room for 15 minutes to answer questions.

Two day Program

- Move to Session 2

Session 2

Building a Strong Base

Stage of Group Development: Dissatisfaction / Resolution

Session 2 will find group members somewhat disillusioned, questioning the usefulness of the program. This is inherent to this stage of group development but may also be a result of difficulty with homework. Work to allay fears, promote group cohesion, and redevelop group members' belief in the program. This is accomplished by drawing on the successful experiences of some members, using social persuasion to assist others and to reinforce competence mastery.

Purposes of Session 2

1. To introduce the concept of building a strong base for self-defence.
2. To assist participants to develop basic skills and confidence in self-defence.
3. To introduce some self-defence techniques including lowered and raised arm techniques.
4. To outline the ways in which the senses and the voice can be used in threatening situations.

Preparation

Resources

- Large print name tags
- Refreshments

Review Homework



Six-week program: Breathing and Tension Breaking Techniques

When participants express barriers to completing homework, ask the group to identify strategies to help completion. This develops problem solving skills which are a core component of self-management.

Facilitator Instructions

- Encourage participants to share their homework experiences, successes and failures with the larger group (What worked? What didn't work?).
- Use positive reinforcement to build self-efficacy.
- If a participant did not achieve their goals, find something positive to focus on e.g. focus on their efforts or strengths.

Introduction to Session

Facilitator Instructions

- Explain the aims and outline of this session.

Six-week program

- Welcome participants to the session.
- Ask if they have any concerns or questions that have arisen from the previous session and address these before beginning any activities.

Aims of session

Explain

1. To introduce correct stance for maximum defence.
2. How to use your feet to maintain balance effectively.
3. Applying the correct and safest way to defend oneself using:
 - the upper body;
 - raised and lowered arm techniques;
 - the senses; and
 - the voice.

Outline of session

Explain

- Chi
- The Ready Position and the Shuffle Walk
- Raised and Lowered Arm Techniques
- Using your Senses
- Using your Voice
- Homework
- Summary and Conclusion

Learn and Practise Topic 1: Building a Strong Base

Facilitator Instructions

- This session is called 'Building a Strong Base' and includes several techniques to learn and practise.
- Verbally explain, physically demonstrate and guide participants to practise each technique.

To facilitate learning:

- Work through movements slowly then increase speed;
- Correct participants as they practise;
- Conduct role plays with each activity if possible; and
- Gain feedback on participants' experiences with practising the techniques where possible.

Practise time is essential so that participants build confidence as well as skill.



Chi

Explain

- Closely related to breathing is the Eastern concept of 'Chi' or inner life force (Confucius, 479BC). A person's Chi is thought to reside in the solar plexus or the body's 'core'. Those who are in harmony with their body are said to be able to move and channel their Chi to achieve various purposes. For example, through meditation, breathing and mental/spiritual focus, a person can move their Chi to any area of the body that is experiencing pain or stress in order to dull that pain or even promote healing.
- Chi can also be channelled into a self-defence punch or strike which allows it to be delivered with far greater force for a longer lasting impact (Winn, 2003).



The Ready Position and the 'Shuffle Walk'

Explain

- The stability and manner in which you stand and move is vital in self-defence, particularly if you have vision impairment.
- The 'Shuffle Walk' mimics the shuffling type of gait demonstrated by the Emperors of ancient China.
- It is used when preparing to defend yourself.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Stand with your dominant foot slightly in front of the other with your feet about shoulder-width apart.
- Bend your knees slightly in order to lower your centre of gravity - this will help you stay balanced if you are rushed or pushed.
- When moving forward, slide your back foot in towards the front foot in a semi-circular motion and then out in front of it.
- Do not let the sole of your foot leave the floor - you are sliding your foot across the floor. This will help keep you be stable - if there are any obstacles in your path as you move forward, you should be able to feel them with your flat foot without tripping over (David et al., 1998).
- Keep your upper body as natural as possible.
- If you use a cane, use your cane for orientation and mobility as you usually would.



Raised Arm Techniques

Explain

The terms 'raised arm' and 'lowered arm' refer to the position of one arm relative to the other e.g. the right arm is raised to protect the head and upper body, and the left arm is lowered to protect the groin and abdomen. Raised arm techniques may help a person ward off upper body attacks such as slaps or strikes. Although a person may receive some glancing blows to the arm, the technique minimises risk of injury to other areas of the body.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- With your free and raised hand, protect the head and upper body.
- Touch your opposite shoulder with the back of your hand and extend your hand from the shoulder until it is at right angles to your upper arm.

- Make sure your hand is in front of the opposite shoulder, palm facing out in front of you.
- Your arm should be parallel to the ground and extended, but not locked at the elbow.
- Your fingers should be splayed and your hand should be relaxed.
- Make sure you are not blocking any vision you have by holding your arm too high.
- A peripheral benefit is to avoid some hazards, particularly in unfamiliar environments (e.g. tree branches, half open doors).



Lowered Arm Techniques

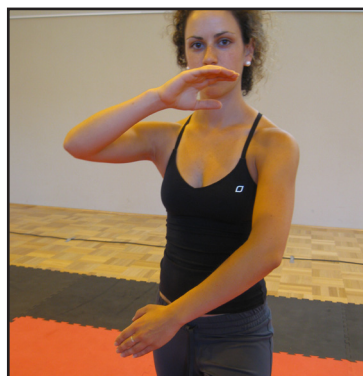
Explain

- Lowered arm techniques may help a person ward off some lower body attacks such as groin or abdomen strikes.
- This position is also good for locating waist high posts, low fences, chair backs, tables, and other potential hazards.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Hold your hand across your lower body with your hand covering the middle of your body.
- Your arm should be extended slightly away from your lower body, with your palm facing towards your groin area.
- Your arm and hand should be relaxed, fingers pointing down.



Raised and Lowered Arm Techniques

Learn and Practise Topic 2: Using Your Senses and Your Voice

Facilitator Instructions

- Review points from Session 1 regarding potential threats, stress, fight-or-flight, etc.
- Use the two discussion topics to introduce and elicit strategies to use the senses and the voice to detect and protect in threatening situations.
- Use the practise activity to demonstrate and provide opportunity for participants to gain skills and confidence.



Using your Senses

Explain

- When faced with a potentially threatening situation try to avoid the initial shock and panic.
- Use stress management skills to remain calm.
- Decide on a strategy of fight-or-flight.
- Focus on your breathing and assume the 'Shuffle Walk' ready position. It is then time to use your senses to their full potential to learn as much as you can as quickly as you can, both about your attacker and your environment.

Discuss

Ask participants to identify the five senses and how they can be used to protect themselves, including any examples from their own experience.

Information to support discussion

- **Sight** – if you have some vision, move your head to an angle that optimizes this. In order to do so, pretend that you are searching your pockets for money to give them.
- **Smell** – can you smell alcohol or any other substances on your attacker that would suggest they are intoxicated? Can you smell what is in your immediate environment (e.g. coffee house or eatery) where you might be able to take refuge?
- **Hearing** – try to engage your attacker in conversation as much as possible. Listen to determine how many attackers there are, some may remain silent but may make noise (e.g. jingling coins), alerting you to their presence and their position.
- **Taste** – be aware that your mouth is dry and you can almost 'taste' the adrenaline in your system. Being aware is the first step in being able to use this adrenaline to your advantage in the ensuing fight-or-flight.
- **Touch** – if your attacker makes physical contact with you (e.g. grabs your wrist while trying to steal your watch), immediately gauge his/her physical strength or size and even degree of nervousness and intoxication through their sweating response and/or tremors.



Using your Voice

Explain

Your voice is a vital tool in self-defence, however, it is often overlooked in times of panic.

Discuss

Who can describe a time or give an example of a situation when they could have or did use their voice as a self-defence tool?

Information to support discussion

- The voice can act as an alarm and may help catch any attacker off-guard. A loud voice can also give attackers the perception that you are confident and are reluctant to give up easily.
- It is preferable to shout rather than to scream. Screaming is associated with fear and comes from the throat whereas shouting comes from the diaphragm and is an action that demands attention (Mattingly, 2007).
- The first advantage of using your voice is that it buys you time and provides you with important feedback about your potential attacker.
- For example, you may be able to determine how tall they are, how they are built, whether they are nervous or intoxicated, their physical position/distance from you, whether they are approaching or retreating, and what their motivation is.
- While determining their rough height and weight, try to estimate the position of their Universal Reference Point (that is, where their neck meets their shoulder). This will assist you greatly should a physical confrontation become unavoidable.
- You are therefore encouraged to engage your potential attacker in conversation as much as possible.
- You are also encouraged to use your voice to sound assertive to discourage an attack.
- Speak loudly, clearly and with authority to avoid sounding nervous and to gain the element of surprise.
- Hopefully you can attract the attention and help of anyone in your immediate environment.
- Should your opponent take the offensive, rather than screaming in fear, use your adrenaline to shout offensively.
- This is similar in principle to the war cry that martial artists use when striking or breaking bricks or that soldiers use when charging into battle.



Using your Voice

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step (ensure participants are in an environment where they can shout loudly before doing this activity).

- Take in a deep breath and as loudly and sharply as you can, drawing your voice from the pit of your abdomen, yell 'KEEY-YUUP!'.
- This may require several practise shouts because, particularly in Western culture, people are taught to hold back instead of making a lot of noise. (Explain to participants that they have to learn to draw the true, unrestrained sound from the pit of the stomach).
- When done correctly, the 'KEY-YUP' yell can momentarily stun or freeze your attacker and attract attention so that you can use the opportunity to take the offensive and/or escape.

Homework



Six-week program: Shuffle Walk and 'KEY-YUP' Yell

Facilitator Instructions

- Refer participants to the relevant section in their manuals.
- Assist participants to set goals for the week that will reinforce learning and help them develop the skills they have learnt. For example participants may want to practise the Shuffle Walk/ ready position or 'KEY-YUP' yell.
- Ask participants to come to the next session prepared to share their experience.

Homework Task B

A key component of self-management is setting realistic and achievable goals. Collaboratively setting goals means that the participants will be able to focus on goals that are important to themselves and that they are confident they are able to achieve.

Practise the Ready Position/ Shuffle Walk:

- At least once per day.
- For 10 minutes each time.
- Concentrate on being stable and well balanced particularly when turning or changing directions.

Homework Task C

Practise your 'KEY-YUP' yell:

- At least once during the week.
- For 10 minutes.
- Concentrate on drawing out the sound from the pit of your stomach.
- Let people nearby know that you are practising.

Summary and Conclusion

Facilitator Instructions

- Invite participants to review what was covered in the session - highlight the importance of building a strong base; reinforce that once learnt the skills will be readily accessible in an emergency.
- Advise participants that the next session will focus on Defensive Manoeuvres: Choke Attacks and Wrist Grabs

Six-week program

- Thank everyone for coming and provide positive reinforcement for their participation.
- Remain in the room for 15 minutes or so to answer questions.

Enhance self-efficacy through social persuasion: It is important that participants leave the session feeling confident about their participation and the skills they have learnt. Getting verbal encouragement from others helps participants overcome self-doubt and instead focus on giving their best effort to the task at hand (Bandura, 1997).

Session 3

Defensive Manoeuvres: Choke Attacks and Wrist Grabs

Stage of Group Development: Working

The group is moving into the more mature 'working' phase of the group. Group members are starting to feel a sense of belonging and the group is functioning as a cohesive unit. Members will be more open to sharing and learning from each other. Facilitators should capitalise on the 'work ethic' within the group.

Purposes of Session 3

1. To assist participants to learn and practise a range of defensive manoeuvres including defence against choke attacks and wrist grabs.
2. To provide participants with information and practise in confined spaces/ close quarters fighting techniques.

Preparation

Resources

- Large print name tags
- Refreshments

Acknowledgements

Some content in this session is based on the seminal text written by:

David, W., Kollmar, K., & McCall, S. (1998). *Safe without sight: Crime prevention and self-defense strategies for people who are blind*. Boston: National Braille Press.

Review Homework



Six-week program:
Shuffle Walk and 'KEY-YUP' Yell

Facilitator Instructions

- Ask for volunteers to demonstrate practised techniques.
- Ask participants to share their experiences, successes and failures with the larger group (What worked? What didn't work?).

Introduction to Session

Facilitator Instructions

- Explain the aims and outline of the session.

Six-week program

- Welcome participants to the session.
- Ask if they have any concerns or questions that have arisen from the previous session and address these before beginning any activities.

Aims of session

Explain

1. To assist participants to learn and practise a range of defensive manoeuvres including defence against choke attacks and wrist grabs.
2. To provide participants with information and practise in confined spaces/ close quarters fighting techniques.

Outline of session

Explain

- Walking with Breath Power: The Sliding Technique
- Changing Direction
- Front Choke Attack Defence: The Bowing Escape
- Confined Spaces/ Close Quarters Fighting
- Wrist Grab Defence
- Wrist Locks Defence
- Practise Activity
- Homework
- Summary and Conclusion

Learn and Practise Topic 1: Basic Self-defence Manoeuvres



Walking with Breath Power: The Sliding Technique

Explain

- Revise Chi and the Shuffle Walk from the previous session.
- The rationale for using a wider stance is that it increases stability thus decreasing the likelihood of losing balance.

Practise

Describe what you are doing clearly and guide participants to follow your instructions step-by-step.

- Use a slightly wider stance than when using the Shuffle Walk.
- Ensure there is a slight bend in your knees so that you utilise your elastic energy.
- Keep your centre of gravity low and as centred as possible for more stability.
- Step out with your foot sliding across the floor; focus your Chi (life force – see Session 2) from your driving hip to the floor beneath that foot, therefore travelling down the leg that steps forward.
- Consider the strong roots of a tree as you do this, these roots therefore promoting balance, stability and confidence.



Changing Direction

Explain

- Changing Direction is perhaps the most important of the basic techniques.
- It is basically a pivoting technique useful for changing directions without losing balance and/or when faced with multiple attackers/ opponents.
- Advanced aikido practitioners use this technique many times in succession to face various directions as required by the direction of attack. Performed smoothly and effectively, it looks like a dance (e.g. the waltz), hence the name 'Changing Direction' as it helps the user survive even when faced with greater numbers.

Practise

Describe what you are doing clearly and guide participants to follow your instructions step-by-step, as below:

- Practise a situation in which you are performing Shuffle Walking (utilising breath power and the sliding technique) until you approach a wall or

Conduct role plays with each activity if possible.

Gain feedback on the experience with practising the techniques where possible.

Acknowledge when participants have mastered a skill and provide positive feedback.

Positive encouragement and mastery experience will increase a person's self-efficacy (Bandura, 1997).

Work through movements slowly then increase speed.

Correct participants as they go.

Remind participants the importance of practise to improve competence.

Practise enables participants to master skills which leads to increased self-efficacy.

- obstacle you cannot pass through and therefore must change direction.
- After executing your last sliding step, you finish in a position where one leg is forward with the knee slightly bent and one leg is back. Your feet are ideally shoulder width apart.
- Slide your back foot in towards the centre line of your body in a circular motion (e.g. 3pm to 6pm using clock face directions).
- While you do this, turn your trunk in the direction of the back leg so you are facing in the opposite direction.
- As your trunk turns, your front leg now becomes the back leg and vice versa.
- As you do this, pivot your back foot in the direction that you turned your trunk.
- If you perform this exercise smoothly (and slowly at first), you will find you finish in the ready position facing the opposite direction, ready to perform the Shuffle Walk.



Front Choke Attack Defence: The Bowing Escape

Explain

- Used in the instance where an aggressive attacker would seize you by the throat or collar using a single or double handed grip from the front.
- There are many ways of escaping from a choke attack (different methods work best for different individuals) but we will practise the simplest and most fluent – the Bowing Escape.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- The first step is to remain as calm as possible (in spite of the aggressive, possibly sudden and forceful move your attacker has made). Panic/hyperventilation will only worsen the choking sensation, so focus on breathing through your nostrils.
- Even the strongest grip has a weak point – the ball and socket joint of the thumb, and this is what we are going to work on.
- The escape movement is much like bowing to the attacker – whilst facing the attacker, move your head down to your chest slightly so that your forehead and top of your head are pointed to the attacker.
- Now move your head fluidly down and to one side – much like tracing a 'U' shape with your head. It is probably most effective to move in the direction of your dominant hand.
- Perform your 'KEY-YUP' yell if you have/ re-gained enough breath power to do so.
- This movement is physically impossible to restrain and the attacker will release the grip.
- Finish in the ready position in order to defend against a possible secondary attack.
- For greater impact and to attempt disabling your attacker, you can perform

other attacks before/ during/ immediately after the Bowing Escape (e.g. you may wish to stomp on their toes, try head butting them as you tilt your head forwards, or strike/ rake their face in the gap created by their two hands which are attempting to choke you).

Learn and Practise Topic 2: Confined Spaces/ Close Quarters Fighting

In the event that an attacker corners you and attempts a choke attack in a confined space (e.g. toilet cubicle), you may attempt the Bowing Escape. Due to the restriction of space, other offensive manoeuvres are of vital importance to allow you to make some room to do so.

Examples include a rising knee to the attacker's groin, side elbow strike to the attacker's head, or striking/ raking their face in the gap created by their two hands which are attempting to choke you.



The ATM Withdrawal (David et al., 1998, p. 61)

Discuss

Discuss the following scenario with participants:

You are at an ATM machine and sense that someone is behind you and could be watching you. Suddenly you feel an arm around your throat, choking and preventing you from breathing. Yelling is therefore not an immediate option.

Break the class into 2 groups to address the following:

- How can this situation be prevented in the first place? Compare individual safety tips and hints.
- Based on individuals' prior knowledge of self-defence and/or assertiveness, what is the best way to manage this situation?
- Involve the whole group in a discussion of the pros and cons of each solution, using some of the suggested actions (as below).

Information to support discussion

Some methods to defend oneself (David et al., 1998, p. 61-62):

- Make noise by banging on the machine with your hands or feet in the hope of alerting someone, followed by use of some basic techniques to attempt escaping the choke hold.
- Your first concern here is to relieve pressure on your windpipe and restore your breathing. Bring both hands up to grab either side of the attacker's elbows. Pull down hard and fast with both hands, hook your chin bone onto the top of the attacker's forearm and dig in. This is very uncomfortable for the assailant and should relieve pressure on your throat enabling you to breathe again.
- The harder the attacker tries to choke you, the more painful it will be for

him as your chin is pushing down on his radial nerve.

- As you regain your ability to breathe, follow up with other techniques available to you.



Rear Elbow Strike (David et al., 1998, p 55-56)

Explain

The following two techniques are especially effective when a person is attacked directly from behind or from the side. If the attacker is directly behind a person, they may need to step to the side to land these blows most effectively. Ideally, if the attacker's chest is directly behind the person's right shoulder, this is an opportune time to employ these strikes.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Imagine that someone comes up from behind you, on your right side, and puts their hand on your left shoulder. Raise your right arm (if you are right handed) straight out in front of you, fingers extended, palm facing down.
- Now, while making a fist, drive your elbow back into your attacker's chest, ribs or stomach. As your elbow moves straight back, swivel your fist 180 degrees in a clockwise direction (anti-clockwise for left handers). So where your thumb was at 9 o'clock and little finger was at 3 o'clock at the starting position, by the time you make impact your thumb is at 3 o'clock and your little finger at 9 o'clock. Rotating in this fashion gives extra power.
- Make sure you yell while executing the movement and repeat the strike as many times as necessary.



Slap/ Squeeze (David et al., 1998, p. 56)

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- The goal is to slap and squeeze the attacker's testicles. If the offender is directly behind you, you will need to step to the side so your striking arm can swing back towards the centre of the attacker's body.
- First step out wide, with your left foot to the left if you will strike with your right hand, or vice versa. Your legs are now spread wide, knees bent with a straight back (i.e. 'horse rider stance'). You have now cleared a path to the attacker's groin.
- Extend your arm straight up and out in front of you, hands open, fingers together. Now swing backwards hard to the groin with the open hand, reaching all the way back for the testicles. Squeeze the testicles and hold

for 3-4 seconds. You will cause greater pain if you rotate your firm grip as you squeeze.



Using your Legs (David et al., 1998, p. 57)

Explain

- Your legs are an estimated seven times the mass and muscle of your arms, so well executed foot and leg attacks can be devastating. Most leg techniques require that you find a reference point on the attacker's body.
- If you are grabbed from behind with your arms pinned by your sides, try to reference one of the attacker's feet by moving your feet.
- Once you have located their feet, you also can access the shins, knees and thighs above them. Imagine the attacker is unaffected by or recovers from the slap/ squeeze to the groin and proceeds to grab you from behind, pinning your arms to your sides.
- The following techniques using your legs and feet can serve as powerful self-defence techniques.



Instep Stomp (David et al., 1998, p. 57-58)

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- The target is the attacker's instep (top part of the foot directly under the shoelaces). The stomp can be used when attacked from behind, but also from the front or side.
- Pick your knee up high and with your foot turned sideways (toes pointed to the outside), stomp down as hard as you can on the attacker's foot. This is particularly effective with high-heeled shoes.



Shin Scrape (David et al., 1998, p. 58-59)

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- The target is the attacker's shin (long bone running along the front of the lower leg from the knee to the ankle).
- Pick your knee up high until your foot is touching the attacker's knee. Using the outside of your foot, scrape down hard, if possible slicing skin off your attacker's shin as your foot slides down their leg.
- Depending on your position, you may find that you can perform the scrape

using the inside of your foot also. You can complete the skin scrape with an instep stomp.

- Since this is a close fighting manoeuvre, you might even hold on to the attacker while scraping or stomping to help keep your balance.



Knee Smash (David et al., 1998, p. 59)

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- If grabbed from behind, sweep your striking foot back and to the side, in order to locate the attacker's foot. From this position, you should be able to locate their knees.
- Pick your knee up high and thrust the entire flat bottom of your foot straight back into the attacker's kneecap.
- Do not forget to yell if you are able. This will draw attention and energize you into further action.



Wrist Grab Defence

Explain

- Wrist grabs are a popular move attackers use to restrain their potential victim, commonly using a single handed grip in an attempt to attract less attention of witnesses.
- Using the same principle of the Bowing Escape, being mindful that the weak point of even a strong grip is between the thumb and the rest of the fingers, and applying Chi (life force) correctly, it is possible to escape such a grip fluidly, with minimum effort and with no need for muscle strength.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Do not clench your fists and use brute force to get into a tug-of-war with the attacker. This is a waste of energy and causes unnecessary panic.
- Instead, open your palm, preferably with your fingers pointing in the direction of between your attacker's thumb and fingers (this is helpful but not essential).
- Cup your palm and bend your elbow slightly on the side of the restrained wrist.
- Breathe deeply, and focus your Chi from your trunk, down your arm, through your restrained wrist and into your cupped palm and outstretched fingers – feel the flow!
- Now use your whole arm to move in the direction of the outstretched

fingers in a C-shaped curve (made by your bent elbow). Breathe out as you do this and follow through, performing your 'KEY-YUP' yell for good measure!

- If performed correctly, this flowing motion will be impossible to restrain – as your Chi works against your weak point of the attacker's grip, he/she will have no alternative but to release it.
- Finish in the ready position in order to defend against a possible secondary attack.

Wrist Locks Defence

It is important to note that there are several methods of reversing a wrist grab into a wrist lock that you may exert on your attacker! However, these are many in number, often complex and there is an injury risk in practice, therefore best demonstrated by an experienced aikido practitioner. To learn these well, it is recommended that participants subsequently enrol in an aikido program.



Trouble at Work

Discuss

Discuss the following scenario with participants:

A fellow employee (thought by many of your co-workers to be mentally unstable) comes into your office just after being fired. You can tell by his tone that he is very upset, especially since you were recently given a promotion and a raise. As you try to diffuse the situation, he lunges at you and begins to choke you (David et al., 1998, p. 62).

What are some methods you may use to defend yourself?

Break the class into 2 groups to address the following:

- Based on prior knowledge of self-defence and/or assertiveness, what is the best way to manage the situation?
- Act out/ describe personal scenarios to the larger group.
- Involve the whole group in a discussion of the pros and cons of each solution, using some of the suggested actions (as below).

Information to support discussion

The following techniques are described/ and simulated as many are potentially dangerous and painful.

Regain ability to breathe (David et al., 1998, p. 62)

Dig your thumbs up under the attacker's thumbs; grab onto their thumbs with your whole hands as if you were holding bicycle handlebars; and turn their thumbs up and yank them straight down while yelling "NO!"

Use your head (David et al., 1998, p. 63)

- Most people think that using your head as a battering ram may hurt you more than your attacker. The possibility of minor self-inflicted injury does exist, but a head butt is a devastating blow that could literally knock your opponent unconscious, leaving you virtually unharmed.
- To properly execute a head butt, you must gauge the attacker's height. Obviously, too great a height difference renders this technique unusable.



Using your Head

Front head butt (David et al., 1998, p. 63)

- If the attacker grabs you from the front (around the waist, upper arms or shoulders), reach forward and clasp your arms around the back of their neck. Your ideal target is where the attacker's nose meets their upper lip.
- Ram your forehead into your estimation of this area. The attacker's face will soften the impact on your forehead while the attacker will experience a painful blow to a sensitive nerve point.

Rear head butt (David et al., 1998, p. 63)

- If the attacker grabs you from behind, determine their relative height as best you can, perhaps through their breathing or speech.
- As quickly as possible, drive the back of your skull straight into their face with as much force as you can muster.
- You could even grab the attacker's hands or arms (usually wrapped around your midsection) to keep your balance.
- Yell loudly as you hit them. Adrenaline will not only increase your power but temporarily deaden any pain you may feel.



Lateral Elbow Strike (David et al., 1998, p. 52-53)

Explain

This strike is delivered from close range, usually (but not always) to the attacker's jaw. The 'weapon' is the last two inches of your ulna – the bone

that runs from your pinky to your elbow. The striking surface of your elbow is the tip, not the soft part above your forearm that houses the ‘funny bone’.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Locate that part of your elbow now. Okay, you’re trapped in the bathroom in your Defensive Stance, and he advances toward you.
- To deliver this strike, you first need to find and hold the Universal Reference Point.
- Now, with your striking arm bent at the elbow, swing the tip of your elbow laterally across an imaginary horizon from right to left (left-handers: swing left to right), at about chin height. You will be pivoting your hips fully into the strike at the same time. Drive the swing all the way through, rather than just to, your opponent’s jaw. Golf professionals use this same mental imagery, swinging all the way through the swing, to powerfully drive a ball down the fairway.
- When practising this strike, remember to keep your knees bent and your weight distributed evenly on both feet. And let’s see some serious pivot action!



Lateral Elbow Strike



Rising Elbow Strike (David et al., 1998, p. 53)

Explain

This strike starts from the same relaxed Defensive Stance and can be used to strike either the attacker’s stomach, their ribs, or the underside of their chin.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Using the same part of the elbow bone as in the lateral strike, and keeping your elbow bent, raise your striking elbow straight up, from 6 to 12 o’clock. Your elbow should rise up straight in front of you, and above the level of your head. Your hand should barely graze your ear, almost as if you were brushing your hair back over your ear.
- Pivot hard on this strike, and try to avoid turning your head to the side.



Rising Elbow Strike



Knee Strike (David et al., 1998, p. 54)

Explain

This strike uses your knee as the weapon, and the target is the groin or thigh of your assailant. Once again, this is a close-in technique which can be used if your attacker is within grabbing distance from the front.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Begin from the Defensive Stance, with your striking foot one large step behind the other one. Grab on to some part of the attacker's body or clothing. A good technique is to clasp both of your hands behind your attacker's neck. Don't lace your fingers together, as if in prayer. Rather, put your palms together, as if you were clapping, and fold the fingers of each hand along the back of the other hand, that way you can pull your hands apart quickly if necessary.
- As you 'grab on' for leverage, firmly drive your knee in a straight line forward and up into his groin. To execute this move properly, push off from the ball of your foot, rather than by simply lifting your heel first and then driving your knee forward. If you miss a direct hit to the groin and land, per chance, on his inner thigh, don't worry. It will still hurt! And don't stop with one blow. Land multiple strikes until you have disabled your assailant.

Homework



Both Programs:
Changing Direction and Escape Techniques

A key component of self-management is setting realistic and achievable goals. Collaboratively setting goals means that the participant will be able to focus on goals that are important to themselves and that they are confident they are able to achieve.

Facilitator Instructions

Six-week program

- Refer participants to the relevant section in their manuals.
- Assist participants to set goals for the week that will reinforce learning and skills development. For example participants may want to practise escaping from a wrist grab while focusing on channelling their Chi effectively.
- Ask participants to come to the next session prepared to share their experiences.

Two-day program

- Include Homework Tasks A - F
- Ask participants to come to the next session prepared to share their experiences.

Homework Task D

Practise the Changing Direction technique in a clear space:

- at least once per day
- for 10 minutes each time
- until you feel comfortable, fluid and balanced when changing directions.

Record your activities in your workbook.

Homework Task E

Practise escaping from a wrist grab with a friend or family member:

- at least twice during the week
- for 10 minutes
- focus on channelling your Chi effectively.

Record you activities in your workbook.

Homework Task F

- Practise your response to the real-life scenarios discussed, particularly the escape techniques learnt.
- Consider which techniques you feel are best suited to your nees and abilities. Note those, or others you can think of, in your workbook.

Summary and Conclusion

Facilitator Instructions

- Invite participants to summarise the various defensive manoeuvres covered in the session.
- Advise participants that Sessions 4 and 5 will cover physical techniques
- Advise that Safety in the Community will be covered in the next session.

Six-week program

- Thank everyone for coming and provide positive reinforcement of their participation.
- Remain in the room for 15 minutes or so to answer questions.

Session 4

Safety in the Community

Stage of Group Development: Working

The group is moving into the more mature 'working' phase of the group. Group members are starting to feel a sense of belonging and the group is functioning as a cohesive unit. Members will be more open to sharing and learning from each other. Facilitators should capitalise on the 'work ethic' within the group.

Purposes of Session 4

1. To provide participants with an awareness of what is effective and what is legal when ensuring personal safety.
2. To describe personal alarms, devices and weapons that can be used to ensure safety.
3. To provide participants with skills to protect themselves with a cane.
4. To suggest actions to take if under attack while with a guide dog.

Preparation

Resources

- Large print name tags
- Refreshments
- Personal alarm
- Kick-pad
- Long cane
- ID cane

Acknowledgements

Some content in this session is based on the seminal text written by:

David, W., Kollmar, K., & McCall, S. (1998). *Safe without sight: Crime prevention and self-defense strategies for people who are blind*. Boston: National Braille Press.

Review Homework



Both Programs:
Changing Directions and Escape Techniques

Facilitator Instructions

- Remind participants of the previous week's/ day's homework and ask them to share their experiences, successes and failures with the larger group (What worked? What didn't work?).

Introduction to Session

Facilitator Instructions

- Explain the aims and outline of the session.

Six-week program

- Welcome participants to the session.
- Revise the techniques from the previous session.
- Ask if they have any concerns or questions that have arisen from the previous session and address these before beginning any activities.

Aims of session

Explain

1. To provide participants with an awareness of what is effective and legal when ensuring personal safety.
2. To provide information and skills in the use of devices and weapons for self-protection in the community.
3. To provide participants with skills to protect themselves if using a cane or a guide dog.

Outline of session

Explain

- Personal Safety Devices
- More Defensive Manoeuvres
- Using your Cane
- The Guide Dog in the Fighting Situation
- Ground Fighting
- Safety in the Community
- Homework
- Summary and Conclusion

Learn and Practise Topic 1: Personal Safety: What is Effective and What is Legal?

Facilitator Instructions

- Introduce the topic of personal alarms and noise making devices.
- Explain that physical self-defence techniques are not appropriate for everyone and are often a last resort.



Personal Safety Devices

Discuss

- What strategies do you find useful to improve your personal safety, particularly in public places such as streets?
- Use the information (below) to supplement examples identified by participants.

Information to support discussion

If there are any devices or 'everyday weapons' that participants don't currently use, ask which items they would consider using and why.

Personal alarms/ noise making devices

- There are several designs of personal safety alarms/ noise making devices available from most department and/or electronic stores.
- These vary in size, function and therefore price. Some are small and attached to key chains while others come built into pencils, torches, etc.
- Following on from the 'KEY-YUP' principle, making noise in the confrontation situation is of vital importance in startling your attacker and drawing the attention of potential help.
- These devices usually have a single large push button or pull out cord and when triggered, emanate high pitched electronic sonics.
- Should you purchase a device, it is essential that you ensure new batteries are installed and that you check its effective functioning on a regular basis.

Pepper sprays

- The use of pepper spray for self-defence purposes is currently **illegal** in Western Australia (as at 2009) although it is legal to purchase. However legislation on its purchase, possession and usage changes periodically.

Other everyday weapons

Any everyday item you are wearing or carrying may be used as a weapon if you think creatively. A few ideas include:

- **Stiletto heels** – may be used to stomp on an attacker's toes/ top of the foot (ouch!) or even removed and used as a hand-held weapon. However people with vision impairment often do not wear them.
- **Keys** – a strike with a heavy bunch of keys in hand or even a short range

stab/ rake with a key or two protruding from between the fingers can do significant harm in the interest of self-defence.

- **Hairspray/ spray deodorant** – used in a similar manner to pepper spray.
- **Chunky jewellery** – large rings or a heavy, large-faced wristwatch can make a stunning impact especially to the bridge of the attacker’s nose, their teeth or eye sockets.
- **Buckle** – swinging or whipping an unfurled belt (preferably with a heavy buckle) could serve as an effective longer range weapon to keep an attacker at bay.
- **Heavy handbag** – a heavy handbag swung using the straps, a heavy handbag could inflict the necessary degree of blunt force trauma needed to escape an attacker.
- **Fingernails** – natural or acrylic fingernails used to rake or scratch an opponent can be a painful deterrent to them getting close to you.
- Even **everyday objects** you are carrying could make great makeshift weapons. Examples include a hot beverage (e.g. coffee), hardware products or heavy shopping parcels.
- Other items you are carrying may not necessarily be used offensively against an attacker but used to distract him/her while you escape or launch a subsequent offensive (e.g. saying “here, take the money I have” and scattering a handful of loose change either at them or on the floor).

Learn and Practise Topic 2: More Self-defence Manoeuvres



Palm-Heel Strike (David et al., 1998, p. 50)

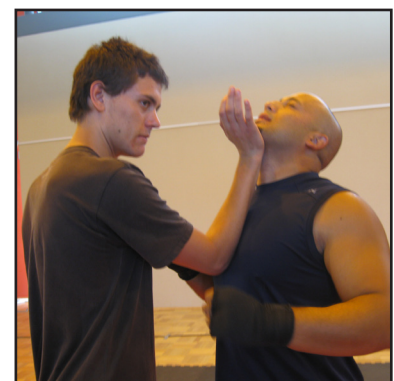
Explain

This strike uses the heel of your palm as a weapon.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- From your Defensive Stance, drive your rear (striking) hand forward in a straight line toward your target areas – the nerve point at the attacker’s upper lip or the base of the attacker’s sternum. Pivot your rear foot at the same time, as you drive the strike forward. Your fingers should be extended straight up in order to minimise the stress on your wrist.



Palm-Heel Strike



Fist Strike (David et al., 1998, p. 50)

Explain

When most of us think of fighting, we think about using our fists. This is fine, as long as you know how.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- First, leave your thumb out of it. Tucking your thumb inside the fist could cause it to get broken on impact. Rather, your thumb should be placed outside and across your index and middle fingers.
- Second, always strike with your wrist straight; otherwise, your wrist can easily be broken. Do not bend your wrists down, back, or to the side when striking.
- Finally, if you like to wear your fingernails long, you may have to reconsider using your fists. Practise making a fist first, to see if it hurts you!
- A good target for the first strike is your opponent's upper lip/ nerve point. Start with your rear hand open at your chest. As you strike forward, in a straight line toward your attacker's vital area, close your hand into a fist. Do not rotate your fist; it should land horizontally, with your two largest knuckles hitting into the nostrils.
- If you choose the midsection of the body (base of sternum and above the stomach) as your target area, likewise start with an open hand and move forward in a straight line from your chest. This time, though, as you close your hand into a fist, rotate your wrist (to the right for right-handed people, left for left-handed), so that your fist lands in a vertical position, i.e. with your pinky on the bottom and your index finger on the top. Turning the fist this way gives your wrist better support and fits your fist precisely into the apex of your victim's ribs.



Fist Strike



Web-Hand Strike (David et al., 1998, p. 51)

Explain

This strike uses the webbed portion of your hand, between the thumb and forefinger, as the weapon. The web-hand strike is used exclusively to the opponent's throat. Starting from your chest with an open hand, strike straight forward toward the attacker's Adam's apple. (Again, this move requires grabbing the Universal Reference Point for proper execution).

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Extend your thumb out, palm facing down, and make contact using the webbed portion of your hand. If you land lower than you had intended, you can immediately slide your striking hand up toward the throat.



Web-Hand Strike



Eye Strike (David et al., 1998, p. 51)

Explain

- This strike uses your fingers to penetrate your attacker's eyes.
- This strike can be devastating, and can be executed by either the front hand, with a quick flicking motion, or the back hand, with a pivot. When using any of these hand strikes, do not pull your hand back prior to striking. This alerts the attacker to your strike and wastes precious time.

Practise

Describe what you are doing clearly and ask participants to follow your instructions step-by-step, as below:

- Here, you want to maximise your odds of penetrating just one eyeball with one finger (any one finger).
- Your fingers should be rigid, so as to penetrate the eyeball without buckling.
- As you move your open hand in a straight line from your chest to your victim's eyes, round your fingers down slightly and spread them an equal distance apart.



Eye Strike

Learn and Practise Topic 3: Using Your Cane



Striking with your Cane (David et al., 1998, p. 64-65)

Explain

- Many people who are blind or have vision impairment carry a long (folding type), ID or support cane, all of which may be used in a self-defence situation.
- Long canes may be used regardless of whether they are folded up or extended.
- When most people envision fighting with their cane, they imagine swinging it like a club or sword which may not be effective.
- The folding cane may break down into sections while even the solid cane may not withstand high impact.
- The other problem lies in the possibility of the attacker grabbing it in self-defence and in so doing, taking away your mobility aid.
- It has been found that a better approach is to use the grip end of your cane as an impact weapon.



Striking with your Cane



Fighting with your Cane (David et al., 1998, p. 64-65)

Practise

- Position yourself in the Defensive Stance with your cane in your preferred hand.
- Bring the cane behind you keeping it several inches off the floor.
- Change your grip from your usual grip to your thumb and forefingers being at the top of the cane. Let 2 to 3 inches of the top of the cane protrude past your grip.
- As the attacker advances, use your spatial awareness for clues to their proximity.
- Once the attacker is close enough, grab hold of the Universal Reference Point and thrust your cane handle straight in, using the 2 to 3 inch section protruding from your grip to penetrate your attacker's face, eyes, throat, ribs, etc.
- Continue striking and yelling until the attacker is down or flees the scene.



Fighting with your Cane



Wrist Grip Escape using a Long (folding) Cane

Explain

- The attacker holds your wrist with a single or double-handed grab (as practised in Session 3).
- For the sake of this example, you are a right-handed cane user with your cane in hand, and they grab your right wrist tightly.

Practise

- The first step is to avoid panic by focusing your breathing and channel your Chi from your trunk, down your arm, through your restrained wrist, into your hand and ultimately into your cane.
- Smoothly and fluidly, rotate your cane in an anti-clockwise direction around the outside of their grip, so that your cane ends up at right angles to their wrist.
- With your left (free) hand, grip the cane on the left of the attacker's hand.
- Now push down with both hands gripping your cane on either side of the attacker's hand, while exhaling and performing your 'KEY-YUP' yell.
- Your Chi and physical strength, channelled through the cane (which is at right angles to the attacker's wrist) will force your attacker not only to loosen the grip on your wrist, but if done correctly, to a vulnerable position on their knees or on the floor! This is due to a painful lock caused across the top of the attacker's wrist by your cane. **This move is performed exactly the same way regardless of whether your cane is fully extended or folded, the only difference being the physical length of the turning lever.**



Defence with a Folded Cane

Learn and Practise Topic 4: The Guide Dog in a Fighting Situation

NOTE: If none of the participants have a guide dog use discretion as to the inclusion of this section.

Explain

Guide dogs are trained to provide safe mobility to their vision impaired handler. Guide dogs are taught to avoid fighting, whether on or off duty. Thus the guide dog may also become a victim of an attack. Knowing how a guide dog will react if their owner is attacked is unknown.

There are two schools of thought on action to take if under attack with a guide dog:

- Do not let go of the leash. The dog is your main means of mobility and

you do not want to lose that especially when attempting to escape the attacker. You may even position your dog between yourself and the attacker as a physical barrier (David et al., 1998).

- David et al. (1998, p. 65) on the other hand assert that it is best to release the dog from the leash and order it away as it decreases the risk of injury to the dog as well as preventing it hindering the owner's responses to the situation.



Using the Leash as a Weapon (David et al., 1998, p. 65-66)

Explain

By releasing the dog from the leash you now have the leash to use as weapon.

Practise

- While holding the leash firmly by the leather handle and with the buckle facing outward, swing the leash in wide rapid circles over your head. There are two advantages to this action – firstly it will provide you with some time to call for help and secondly you may strike the attacker with the leash resulting in their withdrawal.
- Using any article as a weapon can be dangerous as the attacker can then use it against you. Continue to use other self-defence techniques you have learnt to assist you to attract attention or to help you leave the area. When the attacker is down or has left the area, call your dog and leave the area immediately.



What Works for You?

Discuss

- Which of the techniques described so far best suit your abilities and temperament? Why do or why don't the different techniques seem usable?
- Ask participants to form pairs for this discussion (taking into consideration whether participants use a cane or have a guide dog).

Learn and Practise Topic 5: Ground Fighting



Falling

Explain

- In an attack the attacker may strike you, push you, charge you, trip you up or tackle you, causing you to fall to the ground.
- Your initial concern is the fall itself. While this is not always easy owing to the surprise/ shock element, wherever possible try to break the fall by taking the impact on your arms, forearms and upper back.
- Areas to protect and prevent from striking the ground hard are your head and lumbar spine (lower back).
- Try to remain loose and fluid, 'rounding' your arms in order to 'roll with it'—this inflicts a lot less damage on the body than being rigid or tense.
- Once you are on the floor, your physical positioning is paramount. Once again, your head and lumbar spine are to be protected at all costs, so contrary to popular belief, rolling into the foetal position is NOT a wise option. Lose no time getting into the Guard Position.



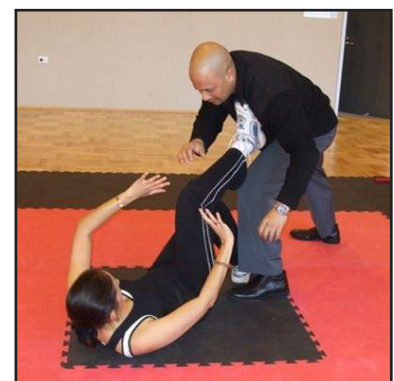
The Guard Position (Karter & Metzger, 2000, p. 275)

Explain

Using the Guard Position is the best way of either manoeuvring an escape or having some control over your attacker. This position is used in numerous contact martial arts, judo, kick boxing and freestyle fighting. This position may be compared to a turtle when turned upside down onto its shell.

Practise

- Lay on your back with your feet pointing towards your attacker.
- If the attacker circles, swivel around on your back using your feet in order to keep facing them.
- Keep one foot sole in contact with the floor while you lift the other foot sole to face them, ready to push/ kick them off if they were to leap down on top of you (this can be done using one or both legs).
- Keep your arms in the Defensive Stance position, just as you would if you prepared to box with someone standing up. This way, should the attacker manage to get past your feet, you will already be in a position to block (and hopefully counter) their strikes. It is very possible to throw punches while lying down on your back.



Ground Fighting

- Another strategy to keep an opponent from jumping on top of you is to tuck your knees into your chest if you sense they are about to do this. This creates a barrier between yourself and your attacker. You can also use the power of your tucked legs to 'spring' your attacker off you with a powerful double leg kick.



The Leg Scissors (Jigoro Kano, 1882)

Explain

The Guard Position may also be used to get an attacker onto the ground by using the leg scissors technique.

Practise

- When your attacker is roughly positioned between the foot facing them and the foot on the floor, sweep your upper leg and your lower leg inwards to the centre line of your body until they meet in the middle (much like the blades of a pair of scissors closing).
- One or both of the attacker's legs will be caught in-between and the leverage should buckle them at the knees causing them to fall to the ground as well.
- Once your attacker is on the ground, you may employ many of the striking techniques you learnt in the standing position.
- Short range elbow and knee strikes are particularly effective on the ground, especially when the attacker is right up close/ tied up with you.



The Leg Scissors

Learn and Practise Topic 6: Safety in the Street



Strategies to Improve Safety

Brainstorm

Think over your regular activities. Choose one or two examples of when you feel vulnerable or unsafe. What strategies can you apply to improve your own safety?

Information to support discussion

- **Planning** – if possible plan ahead and find out as much as possible about where you are going and the route you are taking to get there. Know where you could get help if necessary such as from a shop (David et al.,

1998, p. 21).

- **Maintain visibility** – stay in well lit public areas rather than taking short cuts. If you catch public transport always sit towards the front of the bus or train and catch the transport from busy areas rather than isolated areas. Try not to walk close to buildings especially at night as this makes you less visible and more vulnerable (David et al., 1998, p. 21).
- **Body language** – have body language that tells people you are confident. Use your cane assertively and with confidence and communicate to your guide dog in a business-like manner (David et al., 1998, p. 21).
- **Valuables** – avoid carrying articles of significant value on you, in a handbag or a briefcase. Do not carry large amounts of cash. Have copies of your credit cards kept in a safe place at home and if they are stolen report it immediately to the police and bank (David et al., 1998, p. 21).
- **Personal safety** – if you are approached and asked for directions or information, maintain your personal space. This allows you to gauge the purpose of the request and determine the trustworthiness of the person. Don't feel obliged to respond to requests. Rather assertively tell the person you're unable to help (David et al., 1998, p. 22).
- **Being approached** – trust your instincts. If you feel you are being followed leave the area as quickly as possible. Get to a place where you feel safe such as a well lit street, a public place, a shop or a business premise (David et al., 1998, p. 22).
- **Maintaining constant contact** – currently mobile phones and phone plans are relatively inexpensive. This is an easy and affordable way to be able to maintain contact and have instant access to key services (David et al., 1998, p. 21).

Facilitator Instructions

- A number of specific situations follow. Select and focus on those situations which are most relevant to the participants, incorporating their experiences as much as possible.
- Advise participants that all the situations are covered in their manuals.

Safety while travelling

While travelling it is important to plan, know your options, and be prepared. Planning is the most essential part of any trip as this enables you to identify areas of risk. It also means you will have some local knowledge about the place you are going, for example the taxi company name and phone number. Consider the time of day you are travelling and always ensure a friend or family member has a copy of your travel itinerary. If you are travelling with luggage ask staff to collect your luggage for you as this will minimise the risk that strangers can access your name and address. Identify luggage with bright ribbons rather than large name tags (David et al., 1998, p. 22).

Safety in hotels

Book hotels through a reputable company if you don't know the area. When you arrive ask reception staff to accompany you to your room and check it. Ask them to go over exit drills and ask them how to contact reception. If

travelling with a guide dog you may need to consider asking hotel staff to take it out. Be safety conscious – keep your room locked (David et al., 1998, p. 22-23).

Safety when using public transport

Plan your trips carefully considering where you are going and the time of day you are travelling. Be familiar with the routes and timetables of public transportation being used. If possible sit towards the front of buses and trains as this is generally where the operators can be found. If you are being bothered by a person, move away or ask them in a loud voice to leave you alone. Remember to remain calm and be assertive (David et al., 1998, p. 24).

Safety in taxis

Taxis are often used by people with vision loss especially if they are going out at night. Booking a taxi by phone is the safest option. When you do this ask the taxi company the name and number of the taxi that will collect you. Explain that you are vision impaired and need this for verification when the taxi arrives. Do not get into the taxi until you have verified it is the correct one.

If you are catching a taxi from a taxi rank, before you board, ask someone else to tell you the taxi company and number. If you think you have been overcharged phone the company and report it as soon as possible.

If you are travelling in a taxi and suspect you are not being taken to your requested destination, ask the taxi driver where you are. If you are still concerned ask them to let you out at the nearest public place (David et al., 1998, p. 25-26). If the taxi driver ignores you use your voice to attract attention or use your mobile phone to call '000'.

Asking for directions

Prior to visiting a new area for the first time find out as much information as possible including whether the area is safe and accessible to public transport. If you need more information when travelling to a new area ask for directions with confidence. Carefully consider allowing anyone to lead you to your location. If you choose to accept their assistance, ask if you can follow them or take their arm, rather than allowing them to lead you by holding your arm (David et al., 1998, p. 26-27).

Homework



Six-week program: Self-defence and Personal Safety Devices

Homework Task G

- Make a self-defence kit and bring it to the next session. This can be as simple as bringing an item you always keep in your bag.
- Record your choices in your workbook.

Homework Task H

- Investigate personal safety options available on the market (e.g. personal safety alarms). Consider those that best suit your situation and needs.
- If purchased bring them along to the next session to demonstrate to the rest of the group.
- Record your choices in your workbook.

Summary and Conclusion

Facilitator Instructions

- Facilitate the activity below.
- Invite the participants to review what was covered in the session.
- Advise participants the next session will focus on Weapon Defence and Safeguarding your Home.

Six-week program

- Thank participants for attending and provide some positive feedback about their participation in the session.
- Remain in the room for 15 minutes or so to answer questions.

Discuss

- Ask participants to pair-up with another person and discuss which of the techniques learnt today they found most useful should they need to use it.
- Ask participants how they can use these new skills in their daily lives and where they can practise these skills.

Session 5

Weapon Defence and Safeguarding your Home

Stage of Group Development: Working

The group is in the more mature 'working' phase of the group. Group members are starting to feel a sense of belonging and the group is functioning as a cohesive unit. Members will be more open to sharing and learning from each other. Facilitators should capitalise on the 'work ethic' within the group.

Purposes of Session 5

1. To provide information and strategies to defend against armed and multiple attackers.
2. To provide information and strategies for safeguarding the home environment.

Preparation

Resources

- Large print name tags
- Refreshments
- Fake weapons - stick and rubber knife

Acknowledgements

Some content in this session is based on the seminal text written by:

David, W., Kollmar, K., & McCall, S. (1998). *Safe without sight: Crime prevention and self-defense strategies for people who are blind*. Boston: National Braille Press.

Review Homework



Six-week program: Self-defence and Personal Safety Devices

Facilitator Instructions

- Remind participants of the previous week's/ day's homework.
- Ask participants which safety options (e.g. personal safety alarm) they investigated and why.
- Ask participants where they purchased them or how they created them?
- Ask all participants to present their self-defence kit or item and what they use it for.
- Ask participants to share their experiences, successes and failures with the larger group (What worked? What didn't work?).

Introduction to Session

Facilitator Instructions

- Explain the aims and the outline of the session.

Six-week program

- Welcome participants to the session.
- Ask participants if there are any questions or techniques they would like to revise from previous sessions and address these before beginning any activities.

Aims of session

Explain

1. To provide information and strategies to defend against armed and multiple attackers.
2. To provide information and strategies for safeguarding the home environment.

Outline of session

Explain

- Weapon Defence - Stick, Knife and Gun
- Defence Against an Armed Attacker
- Defence Against Multiple Attackers
- Safeguarding your Home
- Homework
- Summary and Conclusion

Learn and Practise Topic 1: Weapon Defence



Weapon Defence

Explain

- Sadly, the criminal element of today's world show little hesitation in using weapons to achieve their objectives with little or no regard for age, gender or disability.
- When confronted with any nature of weapon, retreat/ escape/ 'handing over the money' should always be the first option; attack the final choice.
- However, it is important to gain a basic understanding of defence against various types of weapon attacks, which at least could minimise inflicted injury.

Discuss

- If you have experienced an attack with a weapon or object, can you describe what happened?
- What other common weapons/ objects can you expect an attacker to use?
- What strategies could be used to defend against each of these?

Facilitator Instructions

- Explain the rationale for each of the following techniques.
- Use role plays to demonstrate each technique and allow participants to practise.
- Promote participants problem solving for themselves and sharing their experiences as much as possible.



Defence Against Stick Attack

Explain

- You can defend yourself in the same way against any long object that is used to inflict blunt force trauma (e.g. baseball or cricket bat, stick, star picket, batons, canes, clubs, crowbars, etc). Any attack with a stick is highly dangerous and potentially life threatening and should be avoided at all costs. The least desirable physical positioning of the potential victim to the armed attacker is medium/ striking range.
- It is of vital importance for a person with vision impairment to approximate the physical position of their attacker e.g. by getting their attacker talking or by listening carefully for their breathing.
- The area of opportunity for defending against a stick attack is before or after the attacker's swing.
- As mentioned previously, with an armed attacker, the 'flight' response is always best (i.e. putting the greatest possible distance between the

attacker and you while making as much noise as possible in order to attract attention).

- Another alternative is to attempt positioning yourself behind obstacles that will not permit an attacker's stick strike to connect (e.g. tree, street sign or parking meter), also while making noise.
- If you are cornered and have no choice except the 'fight' response, your best chance of avoiding serious injury is to close the distance between you and the attacker so that you take away their swinging radius.

Practise of stick defence should only be done under the supervision of a certified professional and under no circumstances using a real, weighted stick or similar object.

Practise

- When you sense your opponent has their arm(s) drawn back ready to swing or you hear the 'whoosh' of a missed swing go past you, quickly rush them and clinch with their body by wrapping your upper arms around their head and/or trunk or using a bear hug. This will give them no clearance with which to swing their weapon, rendering it virtually useless for the time being.
- From your clinched position, make as much noise as possible to attract possible help.
- While doing so, administer any of the close quarters fighting techniques you may have learnt on this course (e.g. rising knee to the groin, elbow strike, face rake, key scratch, eye gouge, head butt, etc) in order to attempt to temporarily disable your opponent while you escape.
- If there is any possibility of separating their weapon from them do so, but the main focus is on close quarters fighting and escape.



Stick Defence



Defence Against Knife Attack

Explain

- Any attack with a knife is a highly dangerous; potentially life threatening situation which should be avoided at all costs.
- Where confrontation is unavoidable, similar to stick attacks, the middle or 'slashing' range between potential victim and knife-wielding attacker is most dangerous. Similarly, turning and running (particularly when vision impaired) incurs the serious risk of being stabbed in the back.
- Ironically, one of the most favourable positions is feeling the knife point against some part of your body so that you are aware of its exact position.
- Should you wish to get closer to the attacker, perhaps you could distract

them with money or an item of jewellery (e.g. “Here... look; this is a good watch, please take it and don’t hurt me”).

Practise of knife defence should only be done under the supervision of a certified professional and under no circumstances using a real knife.

Practise

- Once you have as good an idea of the position of the knife as possible, quickly and surely reach out with both hands with your target being the attacker’s knife hand, where they are holding on to the handle.
- Firmly grip their hand in both of yours and twist it in towards the midline of their body, so that the knife blade actually ends up pointing in their direction.
- If done correctly, they are now in a wrist lock and a vulnerable position, with the knife now pointing at them - a push with your hands could actually cause them to cut themselves.
- In the event that the knife defence is done incorrectly and the potential victim’s hands are cut, it is still more beneficial to continue to attempt restraining the knife hand. The other option is to release your grip and risk injury to vital organs, the spinal cord, etc.



Defence Against Gun Attack

Explain

- Any attack with a gun is a highly dangerous; potentially life threatening situation which should be avoided at all costs.
- Unless you are fully and professionally trained you should not attempt to disarm an opponent armed with a gun.
- Your goal in a situation like this is to save your life.
- Fighting back greatly increases your odds of losing your life.
- The safest option when faced with an attacker with a gun is to do whatever the person says, with the exception of entering a vehicle with them.

Practise of knife defence should only be done under the supervision of a certified professional and under no circumstances using a real knife.

Learn and Practise Topic 2: Responding to Escalating Risk



Defence Against an Armed Attacker

Explain

It is critical when held up by an armed attacker that the victim attempts to escape during the first stage, if not the second stage, because in the third stage the possibility of escape is minimal and the risk of serious harm escalates. Each stage is described below.

First Stage

This refers to the place where the armed attacker initially confronts the victim with a weapon e.g. a gun, knife, needle, etc. This may occur in a public place or house where there is likely someone within earshot who can assist.

Second Stage

This is the period where the armed attacker transports the victim to a secluded area where they plan to complete the threat. This stage often involves a vehicle.

Third Stage

This stage usually occurs when the victim is in a secluded place where the armed attacker has the most power/ control e.g. a forest or the attacker's home. The attacker is usually the most confident during this stage. In 80% of cases, the victim is found dead after this stage.

Discuss

Discuss the following scenario with participants:

Imagine you are exiting a suburban shopping centre with your hands full of shopping. You are following the car park footpath in an effort to find the taxi rank. You hear a car pull up close to you. You hear a man's voice say "This gun is not a toy. Get into the car if you want to live".

Break the class into 3 groups to discuss/ describe/ act-out the following:

Based on your knowledge of self-defence and safety strategies:

1. What action would you take at this First Stage and why?
2. If you could not avoid entering the Second Stage, what would you do during this stage and why?
3. If you entered the Third Stage, what would you do and why?

Facilitate a discussion of the effectiveness of each solution.

Facilitator Note

Effectively solving the problem above lies in one's understanding of the escalating risk with each progressive stage of the attack. This is of particular relevance in the instance of an attempted abduction or kidnapping by an attacker armed with a gun.

Information to support discussion

First Stage

A victim's best chance of survival is during the First Stage.

Reasons why:

- The attacker is often nervous and tentative (despite how they may sound). They are much less confident that in the Second and Third Stages.
- It is unlikely the weapon will be fired/ used in a public place.
- If the weapon was used and you were injured, medical help is closer than in the later stages.
- It is harder to aim and shoot a gun and actually hit the target than one would think. So even if a shot was fired, the attacker may miss. Firing a second shot is far more difficult if the first shot has attracted attention and/ or the victim has begun to escape.

Suggested strategies:

- If you are close enough and it is possible, deflect the gun barrel to the left or right before escaping. This is enough to affect the trajectory of the shot. It also takes time for the attacker to line up a second shot, particularly if you are now a moving target!
- Use your voice as much as possible to attract attention while headed for safety. If possible, break a window or set off car alarms while escaping.
- If it is the very rare situation in which the gunman actually opens fire, get down on the floor as it is a lot harder to hit a 'flat' target. Crawl in the direction of safety.

Second Stage

A victim's second best chance of survival is during the Second Stage.

Reasons why:

- The attacker has not yet gained the most control. They will likely be more nervous than in the Third Stage.
- It is likely the victim is still in a public area and therefore more able to get attention/ assistance than in the Third Stage.

Suggested strategies:

- Jump out of the moving vehicle (preferably if it slows down even slightly).
- Try to crash the vehicle (preferably on the attacker's side). Although risky, your chances of survival are still greater than being shot at close range.

Third Stage

THIS IS THE WORST CASE SCENARIO: YOU MUST FIGHT YOUR HARDEST, FOR YOUR LIFE.

Reasons why:

- 80% of victims are found dead after the Third Stage.
- The attacker has the most control during this stage.

Suggested strategies:

- Aim for disabling blows to the throat, groin or eyes of the attacker, as hard and fast as possible.
- Use whatever sharp objects are available if possible (e.g. car keys, stick, stiletto heel, nails, etc).
- Try to disable them to the point where pursuit is impossible or at least difficult before running in the most likely direction of safety.



Defence Against Multiple Attackers

Discuss

Discuss the following scenario with participants:

You are detained at work and it is getting dark as you make your way to the train station. You hear a slurred, male voice ask "Have you got a cigarette?". You politely reply that you don't smoke. The man instantly becomes abusive and offensive, making several derogatory remarks about your appearance. From the sounds of laughter and comments around you, you realise that he has friends and they have you surrounded. You also realise that the interaction is no longer solely about a cigarette, it has now become personal and they are out for some fun at your expense.

Break the class into 2 groups to discuss/ describe/ act-out the following:

- Based on your prior knowledge of self-defence and safety strategies, what is the best way to manage the situation?

Facilitate a discussion of the effectiveness of each solution.

Information to support discussion

Suggested strategies:

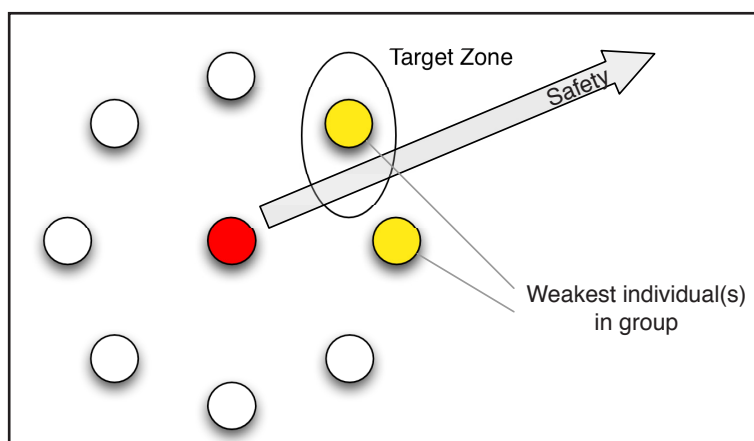
- If the problem can be diffused with an apology and handing over the requested item, money or anything you are carrying, then do so immediately.
- However, if the attackers now seem intent on harming you regardless of what you hand over, it is important that you completely focus on survival.
- It is important to note that fighting a group is one of the most unfavourable situations, regardless of your size, strength or fighting ability. It goes without saying that it should be avoided at all costs by retreating at the first sign that the odds may be against you. Alternatively, try to manipulate the situation to avoid being out-numbered.

If you are still in a threatening position despite your best efforts to get away, the following strategies may also be useful:

Apology or retreat

- Deception: fake a heart attack, epileptic seizure or fainting/ unconsciousness. Initially make loud noises under the guise of 'being in pain'. While it is risky to get on the floor, this just may 'throw' the group and also draw the attention of passers-by (who are far more likely to help in a medical emergency than in an attempted robbery or assault).
- Even after handing over your money, reach into you bag or pockets pretending to access a 'secret stash'. Instead, pull out your personal noise-making alarm or other self-defence tool to help you.
- In some instances, survivors of attacks have cultivated a one-on-one interaction with a single antagonist and succeeded in drawing them away from the group. It is obviously easier to escape from or get help with a single rather than multiple assailants.
- If the above is impossible for whatever reason and you are forced to contend with large numbers, the only option is to attempt utilising the 'path of least resistance' as shown below:

Multiple attackers



The steps in this strategy are as follows:

• Step 1

Distract to avoid being 'mobbed' as much as possible e.g. use verbal diplomacy to buy time. Remember, diplomacy is the art of saying "nice doggie" until you can find a rock!.

• Step 2

Assess for the weakest individual(s) in the group and therefore the direction of safety/ possible escape. For those with very low vision, the best way of ascertaining this is through the strength of the voice or the height of vocal projection. If a group is particularly noisy in one area but not in another, it may mean there are fewer/ no individuals on that side, or if there are, their silence may be a sign of nervousness/ apprehension. Based on your quick judgement of these factors, define a target zone.

- **Step 3**

While still verbalising as a distraction, quickly and explosively charge at the target zone, using the element of surprise.

- **Step 4**

As efficiently as possible, attempt disabling the individual(s) in the target zone quickly and effectively while still on the move (e.g. eye gouge, rake face). If you are carrying a heavy bag, perhaps you can swing this in their direction.

- **Step 5**

Head for safety, making noise to attract attention/ assistance if needed.

Even if the above fails and the group close in on you, there is no option but to fight in the direction of the weakest individuals, and therefore the target zone. It is important not to give into the panic and the hopelessness of the situation but to focus on breaking through that target zone and reaching safety.

Learn and Practise Topic 3: Safeguarding Your Home



Safeguarding your Home

Explain

The first step to make a home and its occupants secure is to evaluate the effectiveness of the existing security measures. It is important to identify all vulnerable areas. You may consider getting the advice of a security person for this.

Brainstorm

What strategies do you use to safeguard your home and why do you believe these are effective?

Information to support discussion

Lighting (David et al., 1998, p. 17)

Lighting is the most effective way to deter crime. Criminals do not want to be noticed, identified or heard and so having a well lit area around your house is an excellent deterrent.

The following strategies will ensure your home is well lit:

- Ensure there is adequate and bright lighting at all entry and exit points to your property.
- Install flood lights with motion detectors so that if there is movement,

they will come on. This often alerts neighbours that there is something/ someone moving outside.

- Automatic timers can be used to ensure a light is on when you get home at night or to turn different lights on at different times to give a sense that there are people in the house. These can also be used when you are on holidays. Remember that criminals often 'case' houses prior to a break-in so you need to change the timings regularly.
- Keep blinds and window coverings drawn at night to decrease the risk of criminals looking in.

Locks (David et al., 1998, p. 17)

One of the best defensive strategies against crime is maintaining a high level of alertness, especially when you arrive and depart from the property.

Securing your home with deadlocks may sound like common sense however a large number of home invasions that happen each year are no-force entries. In other words, the perpetrator simply enters through an unsecured door or window.

Research shows that most criminals spend less than 2 minutes trying to get into a house (Grabianowski, 2008).

- If you move into a new property, get a professional locksmith to change all the locks.
- Have correct deadlocks on all doors and windows.
- Keep all doors and windows locked at night. There are locks specifically for windows that do allow them to be open slightly but also prevent entry.
- Always lock all doors and windows at night, roughly 1 out of 3 criminals enter through unlocked/ open doors or windows.
- If you have security screen doors, keep them locked as well. This provides an additional barrier for a criminal.
- Have an escape route planned if you do need to get out of your home quickly.

Identification

It is important that potential perpetrators do not know that you live alone or have a disability.

- Consider having a 'silent' phone number so that only people you give the number to can call you. This also means your name and number are not listed in the phone book.
- If you are a female who lives alone you may consider asking a male friend to record your answering machine message.
- If you get unknown callers to your house never give your name or tell them you live alone and never invite them into the house (David et al., 1998, p. 18).

Telephones (David et al., 1998, p. 18)

Criminals may use the phone to check out potential victims so never provide a caller with personal information unless you are certain of their identity.

- If you get obscene calls hang up immediately. If the problem persists report it to the police. Some people find a high pitched whistle is an effective deterrent.
- Keep your mobile phone handy so that you can call for help if you need it.

- Keep a phone near your bed so you can call '000' if you hear someone in your home at night and you are not near an exit. In the event of an emergency, give the '000' operator your address and location in the house. Many places in Australia have a computerised system which means that once you dial '000' your address is automatically logged. If you are in a position where you need to remain quiet, dial '000' and leave the phone off the hook.
- Post emergency numbers on or near your phone so that visitors can know what to dial in case of emergency.
- If you have speed dialing have a number that you can hit for emergencies.

Home security systems

- Home security systems are very effective deterrents for criminals. Generally they have loud alarms and flashing lights so that if a property is entered there is noise and light. Many systems are monitored by security companies so that when an alarm goes off they dispatch a security person to check the property.
- Most approved alarms in Australia also have a panic button which will go through to the local Police station when activated.
- Insurance companies will often have lower annual levies if you have an approved alarm system or a monitored alarm.

Dogs

- Dogs can be a deterrent provided that they are adequately trained to raise the alarm. Small dogs kept inside the house, especially at night, can act as an early warning system against potential intruders. Have a 'beware of the dog sign' at all entry points.
- Although having a dog that barks as anyone approaches your house can be an effective early warning device if your dog barks at every passing car then neighbours will end up ignoring it.
- Even if you don't have a dog, posting 'Beware of Dog' signs can serve as a deterrent to criminals (David et al., 1998, p. 19).

Entering and leaving your home

- If you notice any suspicious person or vehicles near your home leave the area and call the Police.
- If you arrive home to find that windows or doors have been tampered with, do not go inside but instead call police or security from a mobile phone or a neighbour's home.
- Trust your intuition – if you sense something is wrong, leave immediately (David et al., 1998, p. 19).

Homework



Six-week program: Reflect

- Ask participants to think about the scenarios discussed today (the armed attacker and multiple attackers).
- Take note of any strategies discussed that you would like more practise with or like to learn in more detail in the final session.

Summary and Conclusion

Facilitator Instructions

- Ask participants to pair-up with another person and list the elements that can be altered to safeguard their home.
- Ask participants what weapons are commonly used by attackers.
- Quickly revise the scenarios - The Armed Attacker and Multiple Attackers. Ask participants what strategies can be used for defence.
- Inform participants that the next session will be the final session and it will focus on Assertiveness Training, Crime Prevention, Revision and a Conclusion.

Six-week program

- Thank participants for attending and provide some positive feedback about their participation in the session before closing the session.
- Stay in the room for fifteen minutes to answer any questions.

Session 6

Assertiveness Training, Crime Prevention, Revision and Conclusion

Stage of Group Development: Termination

The end of the group is a loss and the facilitator needs to encourage group members to share their emotions. The facilitator also needs to summarise the work of the group, highlighting achievements and helping group members to terminate the process. This is the time for celebrating with a graduation which provides a positive termination and gives group members a sense of personal achievement.

Purposes of Session 6

1. To provide information and techniques in assertiveness and managing aggression.
2. To provide information regarding crime prevention.
3. Revision of program topics and techniques under request from participants.
4. To celebrate the completion of the *Living Safe* program.

Preparation

Resources

- Large print name tags
- Pen for each participant
- Refreshments
- Graduation certificates
- Post-workshop survey (optional)

Review Homework



Six-week program:
Reflect

Facilitator Instructions

- Remind participants of the previous week's/ day's homework
- Were there any strategies/ techniques that were discussed or practised in the program that participants would like to address with more detail or practise?
- Note these and revise them later in the session.

Introduction to Session

Facilitator Instructions

- Explain the aims and the outline of this session.

Six-week program

- Welcome participants to the session.

Aims of session

Explain

1. To provide information and practise in assertiveness and managing aggression techniques.
2. Opportunity to share crime prevention techniques and discuss suggestions from a Police Constable.
3. Revision of program topics and techniques under request from participants.
4. Celebration of the completion of the program.

Outline of session

Explain

- Differentiating between Assertive, Non-assertive and Aggressive
- Rights
- Responding to Demands and Requests
- Crime Prevention
- Revision
- Evaluation
- Summary and Conclusion
- Graduation Ceremony

Learn and Practise Topic 1: Assertiveness



Differentiating between Assertive, Non-assertive and Aggressive

Discuss

- Ask participants what they think the differences are between being assertive, non-assertive and aggressive.
- Ask if any have an example of when they were assertive, non-assertive or aggressive in a situation. What happened? If the situation could have been handled better, invite the group to brainstorm alternative strategies that could have been used.

Information to support discussion

Assertive

- Burns (2003, p. 195) describes assertiveness as being 'a social skill in which negative emotions such as anger can be expressed in a constructive way, rather than being bottled up to cause internal misery or destructive behaviour when it can no longer be contained'.
- Assertiveness is being able to tell others how you feel and what you want without hurting their feelings or ignoring their needs. Assertive communication demonstrates confidence, not arrogance and involves both receiving and giving respect.
- Assertive behaviour includes expressing both negative and positive emotions, making requests, addressing issues that concern you, and refusing others' requests if they are too demanding or threatening (Burns, 2003).

Non-assertive

- Non-assertive or passive behaviour is often related to low self-esteem and low self confidence. The goal of passive behaviour is generally to avoid conflict. Non-assertive behaviour often results in people complying with another's wishes at their own expense. Non-assertive people often feel powerless and feel they have no control over events. They are also often angry and anxious about their actions (Burns, 2003).

Aggressive

- Aggressive behaviour is behaviour that violates another's rights and threatens or causes them harm. Aggressive behaviour is aimed at a win-lose situation where the aggressor wins at the expense of others. This type of behaviour results in harm to interpersonal relationships (Berry, 2007, p. 64).

The following table demonstrates the differences between these three concepts.

	Non-assertive	Aggressive	Assertive
Characteristics of the behaviour	Emotionally dishonest, indirect, self-denying, inhibited. Allows others to choose for them.	(Inappropriately) emotionally honest, direct, self-enhancing at expense of another, expressive. Chooses for others.	(Appropriately) emotionally honest, direct, self-enhancing, expressive. Chooses for self.
Goal of behaviour	Doesn't achieve desired goal.	Achieves desired goal by hurting others.	May achieve desired goal.
Your feelings when you engage in this behaviour	Hurt, anxious at the time & possibly angry later.	Righteous, superior, depreciatory at the time and possibly guilty later.	Confident, self-respecting at the time and later.
The other person's feelings about himself/herself when you engage in this behaviour	Guilty or superior.	Hurt, humiliated, defensive.	Valued, respected.
The other person's feelings about you when you engage in this behaviour	Irritated, pity, disgusted.	Angry, vengeful.	Generally respect.

From: <http://www.uwsp.edu/centers/sieo/documents/pdf/leadershipLibrary/Comparisonofnon-assertive,aggressive&assertivebehavior.pdf>



Assertive, Non-assertive and Aggressive

Mastery experiences with assertive techniques will build participants' confidence in using them.

Understanding the interpersonal style they generally use will help them make positive changes to their communication.

Practise

- Form pairs and role play: one person is assertive, while the other is either aggressive or non-assertive.
- Each pair feedback to the group on their experience.
- Each participant to reflect on the style they usually take on when relating to others (assertive/ aggressive/ non-assertive) and the implications this may have.

Facilitator Instructions

Summarise assertiveness skills with participants using the following suggestions:

- Assertiveness skills enable a person to act in their own interest, to stand up for themselves without undue anxiety, to express honest feelings comfortably, and to exercise personal rights without denying the rights of others.
- Know your rights.
- Know what you want and say it directly and diplomatically.
- Assert your preferences appropriately.
- Review your behaviour: How effective were you? Did you get what you want? Did the other person go away feeling bad?



Rights

Discuss

Each participant to complete the sentence “ I have a right to...”

Information to support discussion

Assertive people show respect for themselves and for others. An assertive person owns their thoughts and feelings and uses ‘I’ statements. The following list of rights has been developed to compliment the steps in assertive behaviour – namely identifying the behaviour that worries you, identifying how you feel about the behaviour, and stating what you would like to happen. For example: when you patronise me I feel upset, devalued and hurt. I would like you to consider my feelings and speak to me with more respect (University of Plymouth, 2008).

I have a right:

1. To judge my own feelings, thoughts and behaviour and to be responsible for their initiation and consequences upon myself as long as I do not infringe on the rights of others.
2. To say “yes” or “no” without feeling guilty.
3. To judge if I am responsible for finding solutions for other people’s problems.
4. To change my mind.
5. To make mistakes and to be responsible for them.
6. To say “I don’t know”.
7. To say “I don’t understand”.
8. To offer no reasons or excuses for justifying my behaviour.
9. To be illogical in making decisions.
10. To say “I don’t care”.
11. To have needs, that are as important as other peoples’ needs.
12. To ask people to respond to my needs and to decide whether I will respond to others’ needs.

13. To have feelings and express these without violating the feelings of others.
14. To decide whether to meet others' expectations.
15. To form my own opinions and to express them.
16. To work things out for myself.
17. To be different from others.
18. To make a request, while others have a right to refuse.
19. To set my own priorities.
20. Not to be assertive.

(United Nations, 1948; University of Plymouth, 2008)



Responding to Demands and Requests

Explain

- Assertiveness is more difficult in practice than it sounds! Personal emotions and feelings can dominate our judgment. This can impact on how information is interpreted and perceived often leading to irrational decision making.
- When you make a request of a person you allow them the choice of saying “yes” or “no” as well as freedom of refusal. However when a demand is placed on someone there is an inference that they are expected to behave as requested. Demanding is often forceful and can lead to alienation. If the person refuses our demands we may feel upset or angry which can lead to emotional actions.

Facilitator Instructions

- Introduce each assertiveness protective skill.
- Participants are to form pairs to practise the skills using role plays. Participants can use their own scenarios or those provided below.
- Ask the participants about situations in which they can use the techniques.

Information to support discussion

Assertiveness protective skills

Broken record

The broken record technique is the continuous and calm repetition of clear statements of assertions, feelings or main points - sounding similar to a broken record repeating a statement (Hargie, Saunders, & Dickson, 1994, p. 276).

Scenario (without Broken record): Interaction between customer (C) and salesperson (S)

- S: I would like to show you some books and DVDs that we have for sale.
 C: No thank you. I'm not interested in buying any educational books or

DVDs today.

S: Do you have any children?

C: Yes

S: Well, we have educational DVDs on specials.

C: They have all the books and DVDs they need.

S: As an interested parent, you could provide them with educational books and DVDS that would increase their ability to learn and help them pass in their school examinations. How are they doing at school?

C: They are doing well in school except for history.

Scenario 1 (with Broken record): Interaction between customer (C) and salesperson (S)

S: I would like to show you some books and DVDs.

C: No thank you, I am not interested in buying any books and DVDs today (clear honest communication).

S: We really have some great some books and DVDs on special.

C: That may be quite true, but I have all the some books and DVDs I need.

S: Do you have any children?

C: The Point is that I'm, not interested in buying any some books and DVDs (broken record).

S: Well then, is your husband home? He may be interested.

C: I don't want any some books and DVDs (broken record).

S: Wouldn't he like to see for himself.

C: I don't want any magazines (broken record).

Note: The customer is choosing not to answer the questions. There is nothing blazed in the sky that says that we have to answer all questions asked of us.

S. Madam, have I told you that one-half of the profits in these sales go to medical research. Aren't you concerned about your health or the future health of your children?

C: The point is, I'm not interested in any magazines (broken record).

S: OK. Would you like at least to take this brochure and think about it?

C: Yes, I will take the brochure (negotiation ending)

S: Thank you

C: You're welcome.

Scenario 2 (with Broken record): Jenny (J) is attempting to get her husband George (G) to decide on when to paint the house

J: George can we decide when we are going to paint the house (honest communication)

G: Jenny, it's late, let's go shopping.

J: George, we have been postponing this decision for six months. Can we decide now and then we can go to a paint shop to pick the colours while we are shopping today (broken record).

G: Jenny you always nag, nag, nag!

J: Let's decide on when we can start the painting and then you and I can apply for leave (broken record and negotiation offer).

G: I have to check my dairy.

J: Where is it at?

G: In my brief case.

J: Please go get it so we can finalise when you can take leave (broken

- record)
- G: I'll do it later.
- J: George we have been putting this off for months now. Please go get your diary so we can make a decision now (broken record).
- G: OK. I'll get it. Then we can go shopping?
- J: Sure, after we agree on when we will paint the house (contract).
- G: I'll be back in a moment (leaves to get his diary).

Selective ignoring

Selective ignoring means that a person does not have to respond to every comment made to them. Thus the person chooses not to respond to the elements of communication that are inappropriate, for example when a person feels they are being criticised or nagged (Andrews et al., 2003, p. 253).

Scenario (with Selective ignoring: Mother (M) rings Daughter (D))

- D: Hello
- M: Hi Jill, how are you?
- D: Hi mum! I'm fine, how are you?
- M: Now that you ask, I am not very good.
- D: Why what's the matter?
- M: You never come to visit us anymore in WA now that you are living in Sydney. I guess you are just too busy for your parents!
- D: Mum, you know I still love you and dad very much. However what with 4 kids under 8 years, my studying part time and Tom working at two jobs, visiting you more than once a year is just too much for us (clear honest communication)
- M: Are you saying we are not worth an air fare or that you don't think that we deserve to see our grand children grow up? I knew Tom was a useless provider when I first met him. All my friends see their grandchildren every weekend while we see no one!
- D: Mother, I really don't want to continue like this. I feel you are unfairly criticising Tom and I again. And when conversations like this continue we only end up arguing. I am not going to respond to your criticisms. How's Dad? (honest communication with an alternative topic offered)
- M: I only criticize you for your own good. After all, I wouldn't expect that useless husband of yours to be a good provider.
- D: Silence.
- M: Has he lost his job?
- D: Silence.
- M: I asked if Tom is still working?
- D: Silence.
- M: Hello are you still there?
- D: Yes mother I am still here.
- M: Why aren't you answering me?
- D: Mum I said that I do not like the constant criticism. I want you to know that Tom and I and the children enjoy visiting dad and you in Perth. However we certainly cannot manage to do so every year (clear and honest communication). We will come to Perth whenever we can

manage to take time off and afford the airfares.

M: Well, if you loved us, you would be visiting us every Christmas. After all, surely you would not abandon your aged parents who are in their 70's?

D: Silence.

M: Are you silent because you do not have a good answer to that question?

D: Silence.

M: Well if you are not going to answer my questions what is there left to talk about.

D: Would you like to hear our good news? (topic offered)

M: Oh, tell me about your good news! (acceptance).

D: We are expecting our fifth child in December!

Note: If the nagging situation between mother and daughter is a long standing one, a single phone conversation using selection ignoring will probably not change the situation very much. The next time mother calls, the old pattern will probably repeat itself. In time however, with continued selection ignoring, some permanent change may occur.

'Sorting' issues

Often people communicating will confuse more than one issue and this causes the respondent to have difficulty responding assertively. It is important that if this happens the person is asked to clarify what the issue is and respond to it, otherwise it may result in confusion and anxiety (Andrews et al., 2003, p. 275).

Scenario (with "Sorting" issues): Interaction between Brenda (B) and Sarah (S)

B: Sarah I am shifting house on Saturday. Can you help me?

S: Normally I will be glad to help you, but I have already promised to bring my mother to purchase a washing machine (clear honest communication).

B: Sarah, I don't ask you favours very often.

S: Yes but I just will not be able to make it on Saturday. Her washing machine has just broken down. I can help you next week (negotiation).

B: By then, I will have shifted and will not need your help! I thought you were a friend that I could count on for help!

S: Brenda I hope I am still your friend and that I can help you at times. However I will not be able to help you to shift on Saturday.

B: if you were really my friend, then you would help me.

S: Again I do consider you my friend Brenda, but I think the issue here is whether or not I will be able to help you shift on Saturday.

Guilt reduction

Some people have learnt that in order to get their needs met they simply need to make others feel guilty. If a person experiences guilt then they need to ask themselves what they feel they should have done that they did not do. People have a responsibility to themselves and must be aware of their

own needs and rights. Furthermore people have a responsibility to others to be honest and open in communication without violating their rights. This is important when there is conflict of interest and may mean not pleasing others. When a person experiences guilt they need support to validate that they are worthwhile and entitled to their own needs and rights (Andrews et al., 2003, p. 254).

Scenario (with Guilt reduction: Yoga Teacher and client (C))

- T: You are late
 C: Yes I know I am sorry
 T: It is important that everyone comes on time
 C: I said I am sorry

For the client to admit his mistake without compromising his dignity he may be coached to say:

- T: You are late
 C: Yes I know I apologise for being late but it was unavoidable
 T: I do not like excuses. I believe that everyone must be here for us to start sharp at 9am.
 C: I said I am sorry.
 T: Isn't the group important? You kept us all waiting!
 C: Yes, the group is important and it was not my intention to keep the group waiting but I had to attend to another important matter first.
 T: Just what was so important that you had to do?
 C: I appreciate your interest, but I do not wish to discuss it right now. You will have to trust me on this that I felt it was unavoidable and I decided that I had to attend to it as a priority. I will try to be here on time next week.
 T: What if something comes up again next week?
 C: Well, I can only repeat that the group is important and if something comes up again next week, I will have to make the decision then as to what I should do first.
 T: If this becomes a habit, we may consider cancelling your membership from the group.
 C: I understand that you see coming to the group on time is important, and I have no intention of coming late every time. However just as you have priorities, I do too. And I hope that you will be able to respect and trust my decision for coming in late today even if I do not wish to discuss what that reason involved.

Apologies

There are times when we have done something wrong that an apology is the right thing to do. However there are other times when an apology is not the assertive response.

Scenario: Jack (J) and Lyn (L)

- J: You are very quiet Lyn. Is something worrying you?
 L: I am sick and tired of your constant neglect and concern for me.
 J: I don't understand what you are taking about.
 L: All yesterday you were so busy helping our neighbour with their house

extension and you left me all alone at home.

J: I did not realise that I have neglected you. It was certainly unintentional. Looking back at the situation I must agree, I practically worked from 7am to 7pm with Greg next door. Time just went so quickly and we stopped for 15 minutes for lunch and carried on. I should have come back to see how you were for lunch. I was inconsiderate and I apologise (apology).

L: You think about everyone else but your wife. When you work on their house, you get so carried away and forget that I not exist. You are selfish and egotistical! You must care a lot for Greg and Joan!

Note: Jack chose here to sort issues rather than possibly escalate the interaction by responding to the abusive name calling in like manner.

J: I can understand that you are feeling angry and hurt; however I don't believe all those accusations are true.

L: If you don't love me we might as well call it quits. Who needs you anyway!

J: Lyn I want you to know that you mean a great deal to me and I care a lot about you (open honest communication).

L: If what you say is true why did you spend so much time with Jack and their house renovations yesterday?

J: As I said time went so quickly as we were trying to fix several leaks in their roof. I did not realise that it was getting so late and forgot that you were home on your own all day. In future I will try to make sure I do not stay so long next door and spend more time with you on weekends (restatement of apology and negotiation for future change)

L: OK, but don't let it happen again.

J: In future I will try not to let it happen again however if I am there too long, just come over and call me.

L: That is a good idea. I will tell you that you are wanted on the phone.

J: Agreed. Now are there some other issues or feelings that we should try to clear up?

L: No, I think that was the issue that I was angry about.

J: Did you hear what I said about how important you are to me (broken record).

L: Yes I heard that, and I think that is what I need to hear more often.

J: I need to hear those things too, so maybe things will work out better next time.

Note: In ending the interaction, Jack was able not only to express an apology, sort issues and disarm some anger, but he has also been able to express some of his own needs while maintaining his own dignity.

Disarming anger in self and in others

Another protective strategy is that of disarming anger. Here the person channels energy in a constructive manner that has no destructive consequences. Once the anger is channelled appropriately the issues can be discussed and resolved in a rational and logical manner (Berger, 1999).

Scenario: Boss (B) screaming at employee Mark (M)

B: (Screaming) Mark, you made a mistake at the check out again. You are

so stupid! When will you ever learn to use the check out machine?

M: You are really angry. I'm not sure what mistake you're talking about. Why don't you sit down so we can talk (clear honest communication)

B: Talk about it! I'm not sure you're smart enough to use a check out machine. Now dam it, the customer has lodged a written complaint and at the rate you are going, we will loose all our customers and I will get in trouble with the company Director.

M: (Calmly) As I said I want to talk about all this but really I don't like to be screamed at. Sit down and let's try to talk about it calmly (clear and honest communication).

B: I am calm you idiot! Can't you do anything right?

M: I would like to talk with you about it, but only if we go over it calmly. I really get uncomfortable with your screaming (techniques begins here).

B: I am surprised an idiot like you is capable of having feelings.

M: I am keen to talk to you about the complaint if you first sit down and stop screaming.

B: What if I don't want to stop screaming?

M: Then let's talk about this complaint later when you are not so angry. I want to get this thing settled too, but only if you are not screaming at me (negotiation offer).

B: I want to settle this thing now.

M: Then please sit down and stop screaming and tell me who has made the complaint.

B: OK. I am sitting and I am not screaming, what happened at the check out with Mrs Jones last Friday at 5pm.

Note: At a later stage when the boss is not so enraged, it may be appropriate for Mark to communicate to his boss that name calling is not acceptable

Coping with criticism and 'put downs'

People usually react to criticism by becoming angry or simply avoiding the issue. While a lot of criticism is destructive, criticism can also be constructive whereby it can motivate people to change behaviour, allow people to learn and grow, and may help improve a situation. Although people cannot always prevent others from criticising them or putting them down, there are some assertive strategies that can be used that help protect us from the emotional consequences of criticism. Some of these are:

- Use 'I' messages – "when you...I feel...I would like...."
- Don't react, rather take the time to think about your response.
- Don't become defensive or apologetic. Remember that just because a person says something doesn't mean you have to believe them.
- Don't allow others to put you down. Either put a stop to the behaviour or leave the situation (Andrews et al., 2003; Hargie et al., 1994).

Learn and Practise Topic 2: Crime Prevention



Crime Prevention Strategies

Discuss

- Ask participants of their knowledge of crime prevention strategies and which of these strategies have worked for them in the past. If the strategies have not worked, can they explain why?

Facilitator Instructions

- Present crime prevention information based on topics discussed by participants and any concerns expressed. Where possible, encourage the participants to problem solve as a group to suggest crime prevention strategies before presenting those suggested by the Police Constable.

Crime prevention presentation by the Police Department

A Police Constable from Crime Prevention will present a crime prevention information session. If the Police Constable is unavailable, facilitators will present the information using a DVD followed by a discussion.

Information to support discussion

Advice from Senior Constable Frank Bell from Central Metro Crime Prevention Community Safety Unit:

At home

- Install a security door and make sure it is always locked as it forms a barrier between you and anyone who presents at your front door.
- Always lock both front and back doors.
- Do not leave windows open at night or during the day unless you have a security grill.
- Have all locks keyed the same so that you need carry one key with you all the time or keep it in the same place.
- Trust your instinct.
- Do not open your doors to strangers even if it is for a cup of water or to use your toilet. Suggest they drink from the garden tap or go to the nearest shopping centre.
- Be careful of scam artists or sales people who come to your door.
- If the person is from the gas or water board, police, etc, before you open the door, ask for their identification and where they are from, then ring their office to check if they are legitimate. If you are not comfortable do not hesitate to call the police:
- In an emergency ring '000' i.e. if your life is threatened or there is a break in:
 - Advise if you need the police, fire or ambulance.
 - Give your name, street, suburb and state – note that '000' can be

- answered across Australia or in New Zealand and similar streets and suburbs can be found in different states.
- Stay on line till they tell you to hang up or until the police arrive.
- The emergency call goes to a Command Centre who then contact 1-3 nearest vehicles.
- Insert ICE (incase of an emergency) on your mobile so that if you are unconscious, the police can contact a family member or friend to help you and help the police.
- If you see a person unconscious, call '000' for ambulance. If the person is conscious call the police if you require assistance to lift them.
- After a robbery call 131 444 for the local police.

Accessing the community

- In the event of an attack try to remain calm and think through what you can do to raise the alarm. Remember to scream and make a lot of noise if there are people around. Don't argue with your attacker.
- In public be aware that someone may be listening to your conversation e.g. telling a friend that you have to go to the bank to pay a bill.
- When paying with a credit card – always ask to have the process occur in front of you.
- Carry one credit card with you so that you do not lose all your cards if your purse/ wallet is stolen or lost.
- Be aware of identity thefts from information or bills readily accessible from your letter box, purse/ wallet or if left lying around in your home.
- Carry your handbag over your shoulder with bag in front and if someone grabs it, let it go – no injury is worth it!
- Carry a personal alarm and if attacked, pull the chain, throw the alarm away from you, run in the opposite direction, and scream for help.
- Avoid short cuts or using dark streets.

Remember that 90% of people are trustworthy and that 10% tend to be responsible for 90% of crime!

Revision

Revise techniques from previous sessions and those highlighted by participants.

Evaluation

Ask participants to complete any evaluations forms.

The graduation should acknowledge the effort of participants as well as their increased knowledge and skills. This builds self-efficacy through social persuasion.

Summary and Conclusion

- Revise the main points of the session including assertiveness skills and when they can be used.
- Ask each person to recall why they attended the program and what they hoped to gain by the end of the program. Did they achieve their individual goals?
- Finish by asking if there are any further questions from participants.

Graduation Ceremony

Facilitator Instructions

- The last half hour of this session should be devoted to a celebration party and a graduation ceremony to celebrate the completion of the course.
- Provide certificates to the participants.
- Thank everyone for coming and collect the name tags.
- Stay in the room for 15 minutes or so to answer any questions.

Appendix 1

LIVING SAFE Pre Workshop Survey

1. I use the following:
- | | | |
|---------------|------------------------------|-----------------------------|
| Guide dog | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cane | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Walking frame | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. How confident are you in the following situations:

Rating:



Not Confident

Very Confident

- a. Using public transport after dark ()
- b. Moving through an unfamiliar environment ()
- c. Remaining alone in your home ()
- d. Using personal safety strategies eg. personal alarms, 'everyday weapons' such as canes or bags ()
- e. Being assertive when you feel pressured/pushed ()
- f. Coping with the stress ()

- g. Being able to avoid confrontational situations ()
- h. Defending yourself if someone attacked you ()
- i. Knowing where to seek help in the event of or after you are attacked ()

Name: _____ (optional)

Thank you for completing this questionnaire

SCORING:

Q2	1-3	Low level of confidence
	4-7	Moderate level of confidence
	8-10	High level of confidence

LIVING SAFE Post Workshop Survey

1. I use the following:
- | | | |
|---------------|------------------------------|-----------------------------|
| Guide dog | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cane | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Walking frame | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
-

2. Overall, how satisfied are you with the Living Safe workshop (Please tick)

1	2	3	4	5	6	7	8	9	10
Not Satisfied							Very Satisfied		

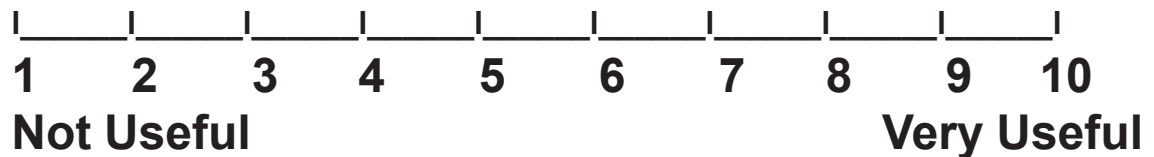
3. How would you rate the information and skills provided in the workshop (circle)

1	2	3	4	5	6	7	8	9	10
Not Useful							Very Useful		

4. How useful is the participant's Workbook in large print, Braille or tape (please tick)

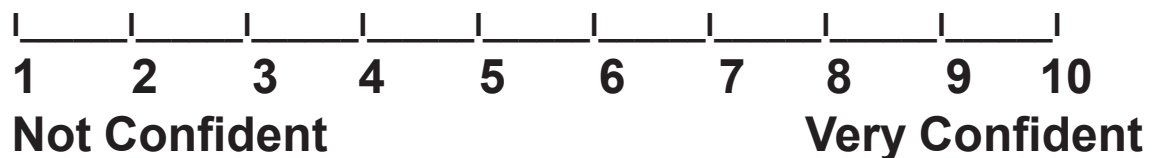
1	2	3	4	5	6	7	8	9	10
Not Useful							Very Useful		

5. How would you rate the way in which information and skills were provided in the workshop (circle)



6. Having completed the *Living Safe* workshop, how confident are you in the following situations:

Rating:



- a. Using public transport after dark ()
- b. Moving through an unfamiliar environment ()
- c. Remaining alone in your home ()
- d. Using personal safety strategies eg. personal alarms, 'everyday weapons' such as canes or bags ()
- e. Being assertive when you feel pressured/ pushed ()
- f. Coping with the stress ()
- g. Being able to avoid confrontational situations ()
- h. Defending yourself if someone attacked you ()

- i. **Knowing where to seek help in the event of or () after you are attacked**

7. Select the sessions which were relevant to you (tick)

SESSION 1

- **Information about Self-management**
- **Stress Management**

SESSION 2

- **Building a Strong Base**

SESSION 3

- **Defensive Manoeuvres:
Choke attacks and wrist grabs**

SESSION 4

- **Safety in the Community**

SESSION 5

- **Weapon Defence and Safeguarding your Home**

SESSION 6

- **Assertiveness Training**
- **Crime Prevention**

8. What improvements can you suggest for future workshops

Name: _____ (optional)

Thank you for completing this questionnaire

SCORING:

Q2	1-3	Low level of satisfaction
	4-7	Moderate level of satisfaction
	8-10	High level of satisfaction
Q 3-5	1-3	Low level of usefulness
	4-7	Moderate level of usefulness
	8-10	High level of usefulness
Q6	1-3	Low level of confidence
	4-7	Moderate level of confidence
	8-10	High level of confidence
Q7	Relevant Sessions	
	1	
	2	
	3	
	4	
	5	
6		

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