

Healthy & Ready to Work:
A Series of Materials Supporting Youth with Special Health Care Needs



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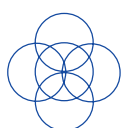
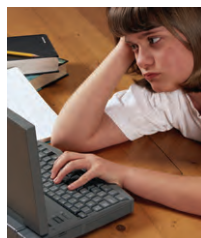
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**Safety
Awareness
For
Empowerment**



Waisman Center
University of Wisconsin–Madison
University Center for Excellence in Developmental Disabilities



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The Waisman Center is dedicated to the advancement of knowledge about human development, developmental disabilities and neurodegenerative diseases. It is one of 9 national centers that encompass both a Mental Retardation/Developmental Disabilities Research Center designated by the National Institute of Child Health and Human Development, and a University Center for Excellence in Developmental Disabilities designated by the Administration on Developmental Disabilities (UCEDD).

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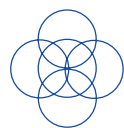
Healthy and Ready to Work:
A Series of Materials Supporting Youth with Special Health Care Needs

S.A.F.E.

Safety Awareness For Empowerment

A Training Guide for Safety at Home, at Work, and in Public

Developed by Dedra Hafner



Waisman Center
University of Wisconsin-Madison
University Center for Excellence in Developmental Disabilities

June 2005

Personal Acknowledgements

The development of this training guide has been a tremendous learning experience for me. I originally began teaching protective behaviors to students in elementary school, then to students in high school and then to adults. I have taught this subject many times and each time I added some new aspect to the training sessions. My training method is to clearly conceptualize the messages I want individuals to learn and then develop interesting ways to teach the material. For the first time, this training guide is being published by the Waisman Center for Developmental Disabilities. The Waisman Center recognizes the necessity for developing quality materials that address social issues related to the transition of youth with developmental disabilities into adult life.

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Dedra Hafner
June, 2005

The Reviewers

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INTRODUCTION

INTRODUCTION

Introduction to S.A.F.E.

Safety Awareness For Empowerment

Welcome

Welcome to S.A.F.E., Safety Awareness For Empowerment, a Training Guide developed to address safety issues for youth with special needs who are in transition to adult life. The intention of this Guide is to complement the efforts of physicians, professionals, families and community members by teaching individuals with disabilities to be aware of their own personal safety and empowering them to take action to protect their own well-being.

Topic Overview

This Training Guide is designed to give you the essential information you need as a trainer. All of the material is organized in an easy-to-use format. But before we look at how the Guide is organized and how you can use it easily and effectively, let's explore what this training seeks to accomplish, and what is required of you as a trainer/instructor.

TRAINER'S TIP :

Please note that while you are doing the work of a trainer – giving others the tools to use for their own safety – you should present yourself as an instructor and refer to the training as course work. Experience has shown that participants are more motivated when they feel they are part of a class with a “real” instructor. It makes them feel the adult importance of the training.

The Focus of Safety Training

Basically, everyone has the right to be safe and each of us needs to be assertive when it comes to our own personal safety. But being assertive does not give anyone permission to make someone else feel unsafe. You'll be teaching people with disabilities to be assertive, not confrontational.

The Training Guide focuses participants on what it feels like to be safe, unsafe, or uncertain and to recognize situations that provoke these feelings. The participants will learn about building an instinctual response to feelings of being unsafe and the importance of trusting those instincts.

Most of us have a natural desire to protect those who are vulnerable in our society. There is a tendency to say, “That will never happen while I'm here.” We all feel the pain when an innocent victim is unjustly harmed. Our social conscience teaches us to be concerned for everyone's safety: family, friends, neighbors, the community at-large, and people around the world.

We may want to shelter individuals with disabilities from harm by keeping them away from situations that are unfamiliar to them. However, there is as much risk of harm for individuals in segregated environments as there is in integrated settings.¹ All individuals should be taught personal safety strategies regardless of their age, level of skills, or social status.

Safety Requires Life-Long Learning

It's a life-long learning process for individuals with disabilities to be safe, and the responsibility for personal safety increases each time a person gains more independence.

To acquire and retain new safety skills, persons with developmental disabilities need many opportunities for repeated training and practice of the skills. This eight-module Training Guide is just a starting point for most participants. The skills taught in these modules need to be practiced and reinforced in actual environments. Members of the participant's support team need to transfer the concepts taught in the class setting into real-life situations. The support team should also use "teachable moments" as they happen to encourage the participants to develop safe habits.

Education and repeated practice are important keys to reducing vulnerability. Prior to beginning this training series, many participants will have a splintered knowledge of safety issues. Some of this knowledge may be basic, but incomplete. For example, individuals may have been taught at a young age not to interact with strangers. However now, as they become adults, we need to modify that rule by teaching participants how to exercise caution, rather than total avoidance of strangers.

Teaching Personal Safety

It's difficult to find information on relationships, intimacy, trust, empowerment, and vulnerability as these topics relate to people with developmental disabilities. There appear to be very few experts publishing in this area. For that reason, the information in this Guide may be new to some of you. As you learn more about each topic in the training, look for associated materials that link the training to today's issues. For example, since the attacks of September 11th, the word "terrorism" is used more frequently in our daily lives. It's a good idea to make current events part of the discussion and include some safety issues that may not be addressed in this Training Guide.

In that connection, please keep in mind that we're addressing topics that change as social issues and public concerns change. This Training Guide has already been affected by such considerations – it has evolved from a basic focus on teaching protective behaviors to reflect more and more social issues and concerns. Right now the Guide is organized around eight main safety topics, but other possible topics exist, and this safety training can and will continue to evolve and expand in future editions.

Since information of the sort you'll be teaching is not widely discussed, be sure not to assume that the participants already know the information, even if it's basic. Always teach the topic as if the participants are hearing it for the first time. If a participant already knows the information, it will be a good review. Presenting the information may also correct misconceptions or false information previously acquired.

There are some topics that some of you may not feel comfortable presenting to the group. It's okay to feel that way, but to make the training most effective, you should, in that case, find someone else to present the information.

Be an Advocate for Cell Phones

Modules four and seven of the Guide discuss the importance of having access to telephones for getting help in the event of an emergency. As the technology improves and the price of cell phones becomes more affordable, they can also be an important safety tool in non-emergency situations. Cell phones can now contain functions such as: speed-dial, caller ID, cameras, global positioning systems (GPS), and text messaging. For people with disabilities, cell phones increase one's ability to be more independent while exercising a measure of caution.

Teaching Safety and Sexuality

You'll be teaching participants how to use perceptions and judgment to maximize their personal safety and to protect themselves from potentially harmful situations. Recognizing that interpersonal relationships are key factors in personal safety, this Training Guide also emphasizes many basic concepts pertaining to relationships –including sexuality.

Why Teach Sexuality to People with Disabilities?

Because.....

- People with disabilities are sexual beings;
- Love and affectionate relationships matter;
- The more a person knows about sexuality, the more responsible they will be in making decisions about sexual behavior;
- When people with disabilities are denied access to sex education, they become perfect targets for assault because they are made more vulnerable by a lack of knowledge.²
- When reporting a sexual assault, a person is more likely to be believed when they use correct terms to describe the assault.³

What are the barriers to teaching sexuality?

There are a variety of myths regarding people with disabilities, including thinking of them as “asexual,” “oversexed,” or “perpetual children.”⁴ In David Hingsburger's book, *Just Say Know*, he talks about the attitudinal barriers that human service professionals have when it comes to defining sexually appropriate behaviors for people with disabilities. Some staff will ignore sexual behavior, some will encourage it and some staff will punish it. Some professionals choose to deny that people with disabilities are capable of having sexual feelings, while others view people with disabilities as being their “mental age” rather than their “chronological age” – allowing them to rationalize that a person with the mental age of a child is not ready or capable of experiencing their sexual feelings.⁵

Family members are also often uncomfortable with the idea of sexuality. In some families, the discussion is taboo, “We weren't raised to talk about it.” This leaves the person with the disability relying on inaccurate information from caregivers and friends. Growing up is hard for everybody.

Be Aware: This Training Guide provides concrete visual images that contain factual information about sexuality.

This information should be combined with a discussion about the positive aspects of love, affection and intimacy. That means you'll have to think about and discuss deception and trust.

Sexual Predators: The Art of Deception

Most professionals in human services have chosen their careers because they want to believe there is value in each person. We choose to think we are helping others and that we will protect the people we serve so nothing bad will ever happen.

However, the truth is that there are predators who are going to seek out individuals with disabilities as targets of abuse. Sex offenders target a wide variety of victims. A victim could be young, old, a person with Down syndrome, or a person in a wheelchair. Sex offenders only care about their own gratification.

Dr. Anna Salter did extensive interviews with incarcerated sex offenders to understand how they think. In one study, 232 child molesters admitted to 38,000 successful incidents of 17,000 victims. Dr. Salter shows that predators have repeated sexual contact with their victims, with less than 3% of them being caught.⁶

The challenge in identifying predators is that they are “invisible” right in front of our eyes. Predators look like friendly, nice people who work to obtain friendship and trust. They plan their assaults ahead of time by choosing careers and relationships that give them opportunity to groom their victims. And the victims they target are people who appear to be emotionally needy, weak, gullible or vulnerable. Unfortunately, these characteristics of potential victims fit the description of many individuals with disabilities.

Because predators carefully plan their careers and victims, they are able to put up a believable front, and the reports from victims are often doubted. Predators have learned how to cover up physical signs of lying and will create a double life, leading others to believe that “he would never do such a thing.”⁷

Dr. Salter, suggests that some careers are magnets for predators, including priests, coaches, day-care providers, camp counselors, and activity coordinators.⁸ This doesn't mean that all people in these careers are predators, but it can be argued that these individuals should stand a higher degree of scrutiny. Dr. Salter doesn't list direct-service providers and personal care attendants for people with disabilities in her high-risk careers, but the same reasoning could be applied to these occupations.

Predators are practiced liars. They know how to cover up their expressions so that they appear sincere. It's difficult to detect if a practiced liar is or is not telling the truth. Even the most skilled law enforcement personnel have been fooled by practiced liars.

Trust

In addition to understanding the concept of deception, participants will also need to understand trust. It's a difficult concept to teach because it relies on actively discriminating and making personal judgments about someone else's character. Many people with disabilities have been taught not to rely on their own feelings to make judgments, but to passively follow the directions of others. We need to change that.

Let's begin with some **key concepts regarding trust**:

- Trust is intuitive.
- Trust is not automatic; it takes time to develop relationships.
- Distrust needs to be acknowledged (An individual needs to be assertive when something feels wrong);
- There are different levels of trust.

Trust is intuitive.

Have you ever been introduced to someone and you get an uncomfortable feeling about the person, but don't know why? This uncomfortable feeling is an intuitive signal from the body warning you to be cautious.

It's difficult for people with disabilities to know when to rely on their intuition that something may be wrong. This Training Guide emphasizes two guidelines to help the participants decide when to withhold trust. The guidelines are in the form of questions.

- 1) Does this person's current actions make me feel strange, unsafe or uncertain?
- 2) In the past, has this person hurt me, broken a promise or lied to me?

Trust is not automatic; it takes time to develop relationships.

You'll find that there are some participants who are so eager to make friends that they will do anything to please a person. They need to learn that meeting individuals for the first time doesn't automatically make them their friend.

People with disabilities are generally dependent on a large number of caregivers whose actions may be inconsistent and contradict the concept of trust.⁹ For example, caregivers need to respect an individual's privacy when doing personal care. There are times when the first thing new caregivers are trained to do is assist someone with bathing and using the bathroom. That's not a good idea.

There should be a period of time when people with disabilities are able to develop a relationship before giving permission for the new caregiver to assist them with personal care.

Distrust needs to be acknowledged. (An individual needs to be assertive when something feels wrong.)

All caregivers should be trained to support the person's right to say "No" when that person feels uncomfortable. This Training Guide teaches participants to take action when someone makes them feel uncomfortable. This concept is introduced, repeated, and practiced throughout the modules, making use of a handout called the "Countdown to Safety".

The "Countdown to Safety" teaches that if you don't feel safe, you need to get away from the situation and tell someone you trust. It offers your participants a verbal and visual reminder to take action when they feel unsafe. The countdown encourages participants to be assertive by saying "No," create a distraction, get away, find their personal "safe zone," and then tell someone they trust.

As you'll see in Module One, the "safe zone" is both a place and a feeling. In that Module, you'll be guided in how to conduct a creative visualization activity that directs participants to find a place where they feel safe. The place will be different for each person. The participants are asked to think about how their body feels inside when they are safe. This feeling is called the "safe zone," and that feeling should be connected to a specific place where the participant does in fact feel safe.

There are different levels of trust.

Trust can also have limitations based on the nature of the care-giving relationship. For example, one may be able to place a high degree of trust in the medical care given by a nurse, but that doesn't mean that the nurse can be trusted to take care of finances. So, how much should an individual trust a given person?

Trust occurs in varying degrees and depends on a number of factors, but it doesn't have to be one hundred percent all of the time. Since it's connected to intuition, you will have several opportunities to help participants practice using intuition for determining varying degrees of trust.

You'll be doing an exercise using a container and packing material to represent trust. (This exercise accompanies activities in several modules.) You start with an empty container while telling a story. The group then needs to figure out how much trust they have for the person in the story. They indicate the degree of trust by filling the container with an amount of material that is equivalent to the amount of trust they're feeling. As you add more information to the story, the group has to decide if the level of trust has changed by adding or subtracting material in the container.

Teaching Social Rules

Every culture or society has rules about etiquette and appropriate manners in different environments and with different groups. Social rules may be casual or formal. Many social rules are also subtle. Some subcultures have their own social rules that are only used within that group of people.

For people with developmental disabilities, deciding which social rules to use in a particular context is often a major challenge. Given that there are so many different types of social rules that depend on the situation, it's difficult to provide the participants with a rule that is always true. While this Training Guide attempts to describe appropriate manners, specific situations require different responses.

Consequently, it will be important to your success as a trainer to help participants apply general social rules to concrete situations.

A social rule may also need to be individualized for the participants. For example, say a participant needs assistance with personal care; then it may be necessary for a helper to touch them in areas that are private. The instructor, along with parents and other professionals, may help the participant to develop a sense of the social rules that apply to appropriate touching on the part of personal helpers.

Special Considerations for Teaching Safety to Youth with Special Health Care Needs

Secure Parent or Guardian Approval for Participation

Prior to the first session, parents or guardians should be made aware of the course content taught in this Training Guide. A letter describing the purpose of the Training Guide and a copy of the course outline should be provided to the parent or guardian (see the Appendix for a sample letter). Parents need to be aware that this series talks about sexuality in a factual manner. While the topic of sexuality is important, it does not overshadow the many other areas covered during the eight modules.

For the instructor's own liability protection, permission should be obtained prior to the first session from the parents and guardians for participating individuals under eighteen years of age and participants over age eighteen who have guardians (see Appendix for a sample consent form). Some parents and guardians may decide that some topics discussed in the course may not be suitable for their young person. At that point, you will need to determine if the materials can be adapted for the individual or if it's reasonable for the person not to participate in these sessions at this time.

Learn Key Aspects about the Participants

In preparing to teach the modules, you should try to obtain answers to the following questions:

- How much support will each participant need to be part of the class?
- Is the parent or guardian aware of the content taught in the training guide?
- Are there special considerations that need to be prepared for ahead of time; for example, do any of the participants have dietary restrictions, are any special seating arrangements needed, such as providing enough space for persons with large wheelchairs?
- What does each person do during the day? How do they spend their time?
- Who are the significant people in each participant's life?
- Are there sensitive issues that need to be considered?

(For example, some participants may have a prior history as a victim of sexual assault. We'll deal with that question next.)

Take Action When You Suspect Abuse – It's the Law

Almost every adult has had a bad experience with someone who made them feel uncomfortable. This Training Guide teaches participants who have this experience to remove themselves to safety and then tell someone they trust about the incident. Telling someone they trust is an important strategy because it empowers the participants to take action by seeking out people who are willing to act as advocates.

You should know that it's likely participants will develop confidence in you as the instructor, and you should expect that participants may turn to you to share personal information.

TRAINER'S TIP :

Prepare your response ahead of time for when someone tells you about abuse.

If a participant is under 18, an instructor is required by law, to report recent abuse.

Domestic violence is a federal crime. See the last page of this Introduction for the legal definition of abuse and for reporting suspected abuse.

Given that the group discusses sensitive topics, the participants may voluntarily share information that causes you to suspect some form of abuse. As instructor, you have an ethical and possibly a legal responsibility to report such information to either law enforcement or the county department of social services.

At the first session, you need to clearly state that anything shared as part of the group is therefore not confidential.

Sometimes individuals can be victims of abuse without knowing it. Some of the topics discussed during the sessions may cause a participant or family member to reflect back on past interactions with others and now realize that there may have been suspected abuse. For example, Module Two discusses how it is illegal for family members to have sexual contact (except for a spouse). A perpetrator may have convinced the participant that sexual contact was okay with a family member.

Make Judgments about Counseling

For some participants, the topics discussed in the modules may trigger memories or flashbacks of a traumatic episode that occurred in the past. Some participants have difficulty with timeframes and may report an incident that sounds recent when it actually occurred years ago. When investigating the circumstances that are reported by the participant, try to determine when the episode occurred and what action was taken at the time. Triggering memories of traumatic events that happened long ago can still invoke intense feelings. In these situations, you should acknowledge the validity of these feelings and then assist the participant in getting counseling with a licensed therapist or counselor.

Typically, those who act as safety-training instructors are not trained therapists and should never represent themselves as such. As instructor, you may seek advice from a therapist or counselor on how to address topics that are sensitive to the participant. In some situations, it may be determined that this Safety Training is not appropriate at this time for a particular individual or that some of the materials should be adapted for the individual.

Some participants may use the sessions to share a traumatic episode with the entire group. You can use this opportunity to discuss and role-play alternative ways of responding to the situation. Alternatively, you may determine that the incident being shared in a group is more appropriate to discuss in private. In such cases, you should acknowledge the participant's comments and arrange for a time to meet individually with the person.

Involve Family Members and Support Staff

It's always difficult to determine how well a participant transfers information taught in a class setting to real-life situations. Therefore, depending on the comfort level of the participants, family members and support staff can be encouraged to sit in on some of the sessions. Family members and support staff can act as helpers in some of the activities, especially when the group needs to write information on a handout. It can also be interesting when family members and support staff are included in role-playing scenarios and in the group discussions.

TRAINER'S TIP :

Ask helpers to let the participants speak for themselves.

Avoid exerting control or limiting choices.

At the end of each session, you will distribute a summary of the information covered. Encourage family members and support staff to review the information with the participant at home and to discuss strategies for how the information directly applies to actual living situations.

Parents, guardians, teachers and case managers who do not attend the sessions may also appreciate receiving a copy of the summaries. Using e-mail to send the summaries to families and case managers on a weekly basis is also a nice way to keep everyone informed of the course content.

Encourage Heightened Sensitivity and Awareness by the Individual and Support Team

The topics discussed in the span of eight modules may create a heightened awareness and sensitivity for the participants when they interact in their normal environments. They may transfer information from the group setting into an actual setting and could become fearful or hesitant as they interact in these environments. In these situations, the person's support team can play an important role in helping the participant keep his or her concerns in perspective and develop appropriate responses.

In some cases, the support team may also have certain concerns about the participant's safety. In these situations, the support team can develop a safety plan that is specific to the participant and his or her circumstances.

For example, a participant may be fearful of certain people waiting at the bus stop. The support team could decide that once a week or once a month, a different member of the support team will wait at the same bus stop and ride the bus in order to assess any safety issues. Based on their observations, the support team may decide to train the participant to wait at the bus stop with a neighbor who regularly rides the same bus, or to keep a distance from any rider who may pose a threat to the participant.

Using this Training Guide

The training guide is organized into eight, two-hour modules.

While the training has been designed with more than sixteen hours of content, the modules can be modified to fit shorter time frames.

- The first module is designed to create an awareness of feelings and emotions and provides some group activities that are designed to create bonds among the participants.
- The second module introduces the concept of trust and includes scenarios and role-playing activities that will also be used in the training modules that follow.
- The third and fifth modules cover privacy of the body, anatomy, intimate relationships, and sexually appropriate behaviors. These two modules have been placed in this order so that the participants will be comfortable with the instructor before discussing sensitive topics and also so that they don't become overwhelmed.
- The fourth module covers sexual predators and the types of lures used on their targets.
- The sixth module provides an overview of domestic violence.
- Finally, the last two modules are highly interactive and involve guest presenters to discuss first-aid and self-defense skills.

The final module also concludes with a graduation ceremony where each participant will receive a certificate of completion. Some instructors may choose to make graduation more official by inviting family and friends to the ceremony, taking pictures and having a party. These types of activities help to reinforce relationships formed in the class that may continue once the course is completed.

How Each Module is Organized: Seven Elements

Each module includes a step-by-step guide to topics, activities, and exercises to help lead you through your presentation. Each module includes:

1. Topic Overview;
2. Module Objectives;
3. Information on How to Prepare and Present the Modules;
4. Discussion of Current Events;
5. Review of Material from the Previous Module;
6. Basic and Advanced Activities;
7. Handouts and Other Aids: A roadmap for Visual Aids, Overheads and Handouts. The roadmap uses certain symbols to indicate the various types of exercises. The symbols are used consistently throughout all of the modules to help you follow the Guide easily.

These seven elements are all explained in the following pages.

Symbols

A Road Map for Visual Aids



An Activity: games, handouts, social stories, demonstrations



Role-Playing Exercises



1. and 2. The Topic Overview and Module Objectives

The first part of each module provides an introduction to general safety principles covered in the module, including the essential background information you'll need to know in order to teach each module. The key objectives for the module give you an overview of what you might expect to achieve. At the end of each module, references are provided for where to go for more information on the topic.

3. Information on How to Prepare and Present the Modules

Each module will list the materials needed for the class. Some of those materials are not part of this kit and you will need to get them on your own before the session.

Group Size

Keep the group small. A manageable group is 4-9 participants. The size of the group should be based on the age and skill level of the participants. Participants with higher needs who may need more instruction should be in a smaller group. Younger adults or teens who may be less attentive should also be in a smaller group. It helps to have at least two participants in the group who have good verbal abilities to help with answering group questions and role-playing.

Unless the group of participants is brought together to address sensitive issues, the group should be a combination of male and female participants. Sometimes there are unique groups formed around victims of abuse, such as women who have been sexually assaulted. The women may not be comfortable talking about their traumatic personal experiences in front of men.

Using small groups offers an opportunity for participants to practice interactions and social skills with their peers. It's also an opportunity to foster friendships. A desired goal of the course is for participants to continue to get together with each other once the course is finished.

Individual Instruction

Not everyone does well in groups. The Training Guide can be adjusted for individual instruction. It's a good idea to have individual instruction take place in an environment familiar to the participant. For example, if the instruction is done at the participant's home, you can practice with the individual on how to answer the door, how to use a house key, and how to screen telephone calls. Such individual instruction provides an opportunity for direct learning for individuals who may have difficulty transferring the skills from a class setting into other situations.

Combining Group and Individual Instruction

Some individuals may do well in a group setting for only short periods of time. In other cases, an individual may do well when participating in certain group activities, such as a role-playing exercise, but may not have the attention span to do a writing activity. In these cases, you may want to arrange for a combination of group participation and individual support.

For example, during a group meeting, you can arrange for individual support staff to help the participant leave the room to take a walk and then return to the group later in the session. If possible, you should plan segues in advance to accommodate individuals who need to leave without drawing attention. This Training Guide repeats much of the information in different activities. So if a participant should miss a portion of a session, it's likely that the information will be repeated. You may also need to arrange for individual instruction for participants who are unable to stay with the group.

Preparing the Group Meeting Space

- Reduce potential distractions. Attempt to anticipate anything that could cause a distraction during class and try to minimize its effect.
- Given that some of the material will be sensitive, arrange to have a space where the group can discuss topics freely, for example, a room where you can close the door.
- Arrange the meeting space to allow participants to easily see each other and the trainer.
- Create a cozy environment for group discussion, but have a large enough space for demonstrations and role playing.

Doing Your Presentation

- Introduce each class. Begin each module by explaining what the group will be doing during the session, review the previous class and discuss current events. Reintroduce names at the start of each session.
- Stay on track. Have a clock or watch to keep track of how much time you have budgeted for each topic or activity. Plan on starting the session on time and ending a few minutes before the end-time of the session to allow for individual questions; handing out additional materials; and talking with parents, guardians or support staff.

TRAINER'S TIP :

Much of the information in this section on doing your presentation will be useful if you refer back to it each time you do a module, so keep it handy.

- Most participants will need information presented in a variety of forms, including visual aids, demonstrations, role-playing, and activities. This Training Guide is designed for participants with varying skill levels. And, given the make-up of your participant group, you may need to present a concept (for example, trust) in a number of different ways.
- Repetition is the key requirement for most participants to ingrain the information from the class and be able to take action in real situations.
- Keep the participants interested by actively involving them in demonstrations and role-playing. Before doing a role-playing exercise, explain to the participants that they will be role-playing; that is, practicing how to respond to real situations.
- Ask questions to which the whole group can respond as well as questions to be answered by just one person. When asking questions of individuals with limited verbal skills, present them with two of the visual aids and ask them to answer by pointing. For example, "Point to the picture of the person being safe."
- Try not to lecture. People need to have information presented in many different ways.
- In teaching concepts that are not tangible, suggest mental images such as,
 - "Think about a time when this happened to you;"
 - "Pretend that you are answering the door;"
 - "Imagine yourself waiting for a ride."
- Effectively close each class by tying everything together. Review what was learned in the session and briefly introduce what the group will be doing next time.

4. Discussion of Current Events

In the beginning of every module, except Module One, you have a section set aside to use for a group discussion of news stories on incidents that have occurred relating to safety. Some of the stories may involve events of national interest and others may have been experienced by someone in the local community.

Here's how you can make it work. Start the module session by asking the participants if there is anything in the current news that relates to safety. Help the participants to define key terms, for example, domestic violence, abduction, and terrorism. Break down the components of the article to simplify the story, and encourage everyone to participate in the discussion. Depending on the group, some discussions can go into more depth. For example, the following questions can help the participants to process these stories:

Q. How did the person or victim feel?

Q. What do you think should happen to the offender?

Q. Do you think this is right?

Some individuals may choose to bring other items not related to safety to share with the group, for example, a picture or a favorite CD. If this is unrelated to the module's topic, you can encourage the person to talk about the item before the module begins while waiting for all of the participants to arrive.

At the end of each module beginning with Module One, encourage and remind participants to bring in newspaper articles for the next session.

5. Review of Material from Previous Module

In the beginning of each module, a meaningful portion of time should be allocated to reviewing the information discussed in the previous module. (Except in Module One.)

A review reinforces the previous lessons and helps participants focus on the topic for the next module. This Training Guide provides many opportunities for similar concepts to be presented in different ways. A review will help you assess the level of the participant's comprehension and evaluate which concepts should be emphasized in future modules.

It's very important to your success in teaching the material to bring the visual aids from prior modules to use in the review. Use them as a reference when the discussion connects concepts taught in an earlier module to the topic being covered in the current one. Visual aids from the previous module give you an excellent way to help participants recall the information more quickly.

6. Basic and Advanced Activities

Each module of this Training Guide introduces a topic or concept important for personal safety, provides questions to facilitate discussion about the topic, and guides you through the module's activities. These activities are designed to engage the participants in the topic for each module. The activities are identified in the Guide as basic and advanced activities. The basic activities are simpler and may be engaged in by nearly all participants. The advanced activities are more complex and will require more time. Advanced activities provide opportunities to practice and reinforce concepts from each topic.

It's always exciting when a group begins to generate discussions related to the topic. A group that enjoys participating in the discussions is more likely to enjoy the advanced activities. There are some groups that may need additional activities to keep the group focused and on track. Ultimately, it is up to you as the trainer to decide which activities will work best for your group.

Role-Playing Exercises

Most of the modules rely heavily on role-playing and demonstrations. The act of role-playing provides visual, kinesthetic and auditory cues that help to ingrain the concept of taking action. Some of the participants may have difficulty with the concept of role-playing. Use words like *pretend*, *acting*, *rehearsing*, *practicing* as a way to describe role-playing activities.

You'll also have examples of common situations in the "What Would You Do?" activity sections. This activity is designed to get the group to brainstorm solutions to difficult scenarios. There is no one right or wrong answer to these scenarios. One effective strategy for developing solutions is to talk about your personal experiences and the participants' personal experiences.

7. Handouts and Other Aids

The handouts that will be distributed are intended to keep the participants focused on key aspects of the modules while minimizing the required amount of information that needs to be written down. The handouts are not intended to be graded. As a wrap-up to each module, there is a summary outlining the information presented. Encourage participants to keep their handouts and module summaries in their folders as a complete packet for the entire training guide, and to bring the complete packet to each session.

More About This Topic

Each module includes sources for where to find more information related to the topic of the module. Information can also be found on the Internet, including some of the latest research and recent materials on the topic.

Key Vocabulary Used in the Module

The key vocabulary used in each module is defined at the end of the module. The printed words have been enlarged so they can be used as flash cards. At the end of the training guide, the game section incorporates the flash cards as part of the game.

A Checklist of Effective Teaching Techniques

As the trainer/instructor, you'll use several teaching techniques in each module. Here's a basic checklist of what it takes to be a great instructor for youth with special needs. If you have a lot of teaching experience, these points will be familiar to you.

- ✓ An instructor should be enthusiastic and enjoy working with people. Participants will “catch” whatever enthusiasm you show. If you are enthusiastic, they will be too.
- ✓ Smile. The participants want to know that you're glad to see them and glad to be there.
- ✓ Establish eye contact. Participants want to see if you'll look them in the eye. If you do, it tells them that you are honest and know what you're doing.
- ✓ Believe in yourself. The content in this Training Guide can be difficult because it focuses on teaching abstract concepts such as “trust”. Being well-prepared prior to the class session will give you the confidence to share this information with the participants.
- ✓ Believe in your participants. The information that you give them may help them avert actions that are unsafe. You can feel satisfaction because you know this information will help them in the future.
- ✓ Be energetic. Use lots of movement. Use your hands when you talk. Move around the class while you teach. Keep the pace moving along, and don't allow empty spaces in the presentation.
- ✓ Have fun. The participants can tell when you're having fun. The sessions should be a good time for yourself and the participants. Laugh at yourself. Tell stories about your own mistakes. Show a sense of humor when things go wrong.
- ✓ Be a people person. Show that you are interested in the participants. If you can make them see that you like them, the participants will see you as a great instructor.
- ✓ Treat the participants as maturing young adults. Don't “talk down” to them. The topics covered in the training guide are designed for adults and would be inappropriate to discuss with younger people without the permission of a parent or guardian. It is extremely important to treat the participants as young adults, regardless of disability or skill level.
- ✓ It's okay if you don't know everything. No one does. Think of your presentation as a helpful guide.
- ✓ The subject matter may make you feel uncomfortable. If you can't comfortably teach it, that's okay. But find someone who can.

- ✓ Be sensitive about the feelings of the participants. Avoid correcting anyone in front of the class if it would cause embarrassment.
- ✓ Encourage participants to help each other out. No one should feel that one participant is being treated better than another. A great instructor will develop strategies for involving everyone in the discussion, including individuals with limited verbal skills.
- ✓ Let the participants learn at their own rate. Some people pick up concepts more quickly than others. Allow time in the sessions for reviewing previously discussed materials and lots of opportunity to practice.
- ✓ Listen to their questions. Let the participants know that questions are welcome. You can do this by beginning your reply with a positive statement about the question. “That’s an excellent question...”. If the answer will take too long, you may want to defer the question to the break period. You may not know the answer to some questions. In that case, reply with “Great question! But I don’t know that answer and I don’t want to give you wrong information. I’d like to study that question and bring an answer back to you next week”. Alternatively, you can ask “Is anyone else interested in researching the question and bringing information back to the next session?”
- ✓ Listen to what they don’t say. No questions at all may mean that the participants are bored. If so, it’s time to liven things up with a group activity.
- ✓ Give a lot of positive praise and encouragement. Watch for opportunities to individually praise each participant at least once during each session. Some individuals may need a higher degree of encouragement to maintain their attention to the activities. Use applause when participants get up in front of class for a demonstration or for role-playing. Some participants will be encouraged to role-play if they know that everyone will applaud for them. Make sure that everyone who wants to participate in the role-playing exercises gets a turn.

To Learn More About this Topic:

Module One: Feeling Safe, Unsafe and Uncertain

Just Say Know! Understanding and Reducing the risk of Sexual Victimization of People with Developmental Disabilities, D. Hingsburger (1995). Diverse City Press.

STARS: Skills training for assertiveness, relationship-building and sexual awareness, 5th edition, S. Heighway & S. Kidd Webster (1998). Waisman Center, University of Wisconsin, Madison, WI.

STARS 2: Skills training for assertiveness, relationship-building and sexual awareness for children S. Heighway & S. Kidd Webster (1993). Waisman Center, University of Wisconsin, Madison, WI.

Developing Personal Safety Skills in Children with Disabilities, F. Briggs (1995). Paul H. Brookes Publishing Co, Baltimore, MD.

The Legal Definition of Abuse, and Reporting Abuse

Each State has specific laws defining abuse and obligations to report abuse. Check your state statutes for guidance. Under Wisconsin law (Chapter 55, Wisconsin Statutes), “abuse” is defined as any of the following:

- a) an act, omission or course of conduct by another that is inflicted intentionally or recklessly and that results in bodily harm or great bodily harm to a vulnerable adult;
- b) the forcible administration of medication to a vulnerable adult, with the knowledge that no lawful authority exists for the forcible administrations; or
- c) an act that constitutes first degree, second degree, or fourth degree sexual assault as specified under that state’s sexual assault statutes.

Such abuse of a vulnerable person is a crime. If a participant discloses to the instructor that he or she has been a victim of unreported abuse, the instructor should encourage and assist the participant to report the alleged abuse to law enforcement authorities for investigation.

For individuals with disabilities who are under age eighteen, Section 48.981 of the Wisconsin Statute mandates that: *teachers, as well as other professionals who in the course of their professional duties have contact with children must timely report any suspected case of child abuse and/or neglect.* Reports must be made to the County Child Protective Services or the County Sheriff.

Wisconsin law does not have similar requirements for reporting suspected abuse of vulnerable adults over age eighteen. If the individual is their own guardian, the issue of self-determination is challenging, especially when the person does not recognize the abuse or is fearful of taking action. **If you are unsure of the proper action to take on suspected abuse, contact the county department of adult protective services or legal counsel for advice.**

In the Appendix to this Training Guide, there is a chart that outlines the signs of adult abuse and who is required to report suspected abuse.

TRAINER’S TIP :

Reporting domestic violence to police appears to reduce the risk of a husband attacking his wife again by as much as 62 percent. (National Crime Victimization Survey)

MODULE ONE

Module One

Feeling Safe, Unsafe, and Uncertain

Topic Overview – Understanding Intuition

This module focuses on teaching participants an awareness of self-protection by making use of intuition. In this case, think of intuition as a kind of “internal radar.” We all have it tucked away in our subconscious self.

Our internal radar can tell us when something doesn’t feel right. It will give off warning signals inside our bodies, alerting us to potential dangers. Some people describe these signals as a funny feeling deep inside that says something feels wrong. In this module, you will conduct activities that introduce feelings and emotions that we can categorize as “safe,” “unsafe,” or “uncertain.”

The feeling of being safe or being unsafe is generally easier for participants to identify than the feeling of being uncertain. We can say that feeling uncertain means we don’t know exactly how we feel in a situation but our internal radar tells us to be on guard for potential danger – it tells us to be prepared to get out of the situation as soon as it no longer feels right. If the participants have difficulty understanding the meaning of the word “uncertain,” use other descriptive words such as: uncomfortable, strange, uneasy, unsure, unusual, doubtful, tentative, confusing and undecided.

David Hinsburger, in *Just Say Know*, emphasizes focusing on a person’s behavior rather than the identity of the person. For example, “It’s strange when your uncle wants to touch you in your private places.” And “It’s strange when your friend threatens you not to tell that they hurt you.”¹⁰ The idea is to help participants focus on their feelings rather than ignore them when the feelings are provoked by someone they know and are supposed to trust.

Module One Objectives:

- Objective 1: To observe how facial expressions give us clues on how a person might be feeling.
- Objective 2: To be aware of how our bodies feel inside when we feel safe: warm, calm, and secure.
- Objective 3: To be able to identify emotions we feel.
- Objective 4: To use positive words to describe safe feelings: content, secure, peaceful, enjoyable; and to use negative words to describe unsafe feelings: dangerous, hurtful, anxious, and worried.
- Objective 5: To experience the feeling of being uncertain, anxious and thrilled through a risk-taking exercise.
- Objective 6: To learn what action to take when someone makes you feel uncomfortable.

How to Prepare and Set Up the Module

Prior to Session: Module One requires more set up time than the other training modules. The visual aids and activities are designed to be an icebreaker to catch the interest and enthusiasm of the participants.

TRAINER'S TIP :

Get a good understanding of the exercises that make up this module. There are two exercises connected to the feeling of uncertainty that you will need to think about before trying – the chair jump and the trust fall. They are intended to teach that some situations make us feel scared or anxious, which in turn causes us to be uncertain about the situation. Some participants have been sheltered from trying anything new and risky. **The chair jump activity** gives you an opportunity to assess who are the risk-takers in the group and who will be more apt to play it safe.

Some participants will say “no” to this activity. You should encourage the participants to try something that feels uncertain but should also honor the participant's decision when they say no.

The trust fall is an exercise used by professional trainers to create a sense of trust and dependability within a team. Each participant will have a turn to fall backwards while being caught by members of the group. This activity may seem risky, but it's safe and usually one of the more memorable activities for the participants. However, given that there is a level of risk or liability involved, you need to feel confident in your own facilitating skills. If you have never conducted this type of activity, it may be helpful to talk with other professional trainers and observe how they do it.

Materials: Boom box, CD, camera, overhead projector, name tags, facial expression cards (four photographs of women for activity 1), game cards (six line drawings of facial expressions of men for activity 2), index cards (or 2 X 2" cards), a clear empty container, packing materials (or any item of similar mass), vocabulary cards, folders, copies of *Handout 1: Training Guide Outline*, *Handout 2: Countdown to Safety*, *Handout 3: Module One Summary*.

TRAINER'S TIP :

Take note of the camera – you will be taking pictures of participants at the end of this module. Also, most participants appreciate getting a two pocket folder to keep their class Handouts together. It also gives their family members and personal helpers a consistent place to locate the materials so they can discuss them and practice with the participant at home.

Set Up: Overhead projector and a CD player with background instrumental music.
Have name tags set out.



Getting Started

Begin with introductions so participants can get to know each other. Have the participants introduce themselves:

1. Name
2. Tell us something about yourself.
3. Tell us a favorite movie or TV show.

Next, discuss the overall S.A.F.E Training Guide, using the outline in Handout 1 to highlight the sequence of eight modules.

Discuss the ground rules for all sessions

- If a session falls on a holiday, or if a module is canceled, we will schedule another time to make it up.
- At the end of the eight modules, there will be a graduation ceremony and you (the participant) will receive a certificate of completion.
- Establish break time, start and end times. Note to Trainer: Notice that there is a suggested break time in this text. Determine if it suits your group.

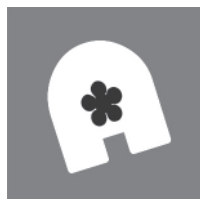
Discuss specific rules for your group

- One person talking at a time.
- A policy on getting up to leave the room.
- Listening to what other participants are saying.
- Respecting each other's personal space.

What to Say about Confidentiality and "Telling Someone You Trust"

- During the eight modules, we will be sharing personal experiences that relate to safety. If this information is shared with the group, it is not confidential. That means that it is no longer private or protected by law.
- There may be times where you want to talk to the instructor in private. We can talk in private at break-time, at the end of the session, or schedule another time to talk.
- Some of the discussion in this session may remind you of situations that you have experienced. If you feel that you have been harmed, or if you presently feel the threat of being harmed, you can report the incident by telling the instructor or another person who you trust.
- Be respectful of other people's comments and how this information is shared. It may be appropriate to discuss class conversations with trusted adults, but it is not appropriate to repeat other people's personal experiences in casual conversation.

Activities for Recognizing and Labeling Feelings



Activity 1-Match Facial Expressions to the Feeling

TRAINER'S TIP :

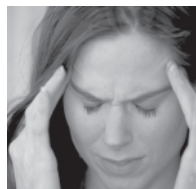
The purpose of the exercise is to get the participants used to looking for clues on a person's face to determine their emotions. For some participants, matching other people's emotions to their facial expressions may be a new skill.

For the more advanced participants, you can take the discussion one-step further by pointing out how some facial expressions give us the wrong information. For example, when someone is smiling when angry or laughing when frightened.

The best sign of a true emotion is to look at the person's forehead.¹¹ The expressions on the eyebrows will match the emotions better than the mouth or eyes. If the look on the eyebrows doesn't match up with mouth expression, chances are likely that the person is lying.

(Use Overhead 1-Match the words of the emotions to the facial expressions.)

Step-by-Step

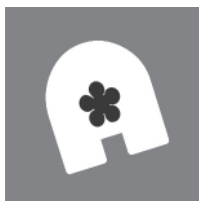


1. *Tell Participants: A person's facial expression can give us clues or signals about how a person might be feeling. The first exercise involves photographs of females to illustrate how facial expressions reflect emotions.*
2. Discuss how facial features give clues for feelings:
 - Eyes: squinting, wide open, closed
 - Eye Brows: frowning, sad, surprised, and excited
 - Mouth: smiling, frowning, and pouting
3. Ask the participants to make the facial expressions to show what it looks like when they feel those emotions.
4. Discuss examples of the facial expressions and how the person might be feeling.

Advanced Activity (optional)

Discuss facial expressions that give us the wrong information:

- Someone smiling when they are angry.
- Someone laughing when frightened.
- Someone acting surprised when they really are not.



Activity 2-“Guess the Feelings” Game

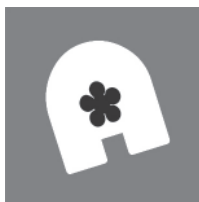
TRAINER'S TIP :

The materials for the game include three game cards with six facial expressions of males arranged in a different order. Make copies of game cards so each participant has one. Some pictures may be interpreted correctly for more than one expression. For repeated use of the game cards, mount onto poster board or laminate.

Step-by-Step



1. Announce that this is a game.
2. Distribute facial expression cards and six blank index cards or 2 X 2" scrap paper cards as markers to each participant.
3. When I say, “point to the picture that shows ____ emotion,” place a marker card on your choice.
4. Using the cards for key vocabulary at the end of this module, shuffle the cards and place them face down. Then pull off the card on the top, and read the word without showing the group the corresponding picture. Participants should place a marker over the picture. Repeat this step until one of the participants has covered three-across in a row. That person wins the game. Depending on the number of game cards being used, there will be more than one winner.
5. Once there is a winner, go back to the vocabulary cards and discuss each of the different expressions. Some participants may want to play the game more than once.



Activity 3 - Use Creative Visualization to Identify a Safe Place

TRAINER'S TIP :

Feeling Safe

This module uses creative visualization, a process of tuning into how your body feels when putting yourself into another place, and being aware of how it feels to be safe in that place. Not everyone is going to be able to make a picture in their mind. That's okay; have them continue to follow along as long as they don't disturb the other participants.

Step-by-Step

1. Set up the activity to create a peaceful space for this exercise
 - Explain what is going to happen.
 - Tell the participants to move their chairs to spread out so each participant has enough personal space.
 - Turn on soft, instrumental music.
 - Turn down lights.

2. Use the following Narration Script. Speak in a calm tone of voice and in a smooth, steady pace that is not rushed.

Tune into how your body feels at the moment

“Find a comfortable position to sit in.”

“Close your eyes.”

“Take a deep breath and exhale.”

“Listen to my voice.”

“Start with your feet. Wiggle your toes. Think about how your feet feel.”

“Move up to your legs. Think about how they feel.”

“Now move up to your stomach. How does your stomach feel? Are you hungry? Are you full? Do you have a warm feeling in your stomach?”

“Take another deep breath”

“How does your chest feel? Are you breathing slow or fast?”

“Move up to your shoulders. Scrunch your shoulders and shake your hands to get them loosened up and relaxed.”

“Think about how your entire body feels. Think about relaxing all parts of your body.”

Put yourself in a comfortable place

Visualizing yourself on a beach

“Keep your eyes closed and imagine yourself on a beach. In your mind, see yourself sitting on a beach.”

“Feel the sand between your toes.”

“Listen to the waves.”

“Listen to the wind.”

“Listen to the birds.”

“Feel the sun on your back.”

Visualizing yourself in your home

“In your mind, get up from the beach and take a path that leads to your home.”

“Open the door to your home and walk inside.”

“Go to the kitchen.”

“Open the refrigerator door.”

“Take out a lemon.”

“Feel the texture of the lemon.”

“Smell the citrus scent on the lemon. Does it smell fresh?”

Visualizing yourself in a safe place

"Now I want you to go to the place where you feel safe, secure and protected."

It is a place where you can not be harmed. This place will be different for every person."

"How does your safe place feel?"

"How does your body feel when you are safe?"

"Look around your safe place. Are there things around you that help you feel safe?"

"Listen to the sounds in your safe place."

"In your mind, reach out your hand and touch an object in front of you."

"Stay in your place for a minute. When you are ready, I want you to bring yourself back to the group and open your eyes. I will turn on the lights."

End of Narration

(This is a good place to take a break.)

Being
Safe
can be a
place
and a
feeling

After the Break, Discuss Safe Places

Be sure to clarify that the feeling they had in the exercise before the break is just like what they should feel in an actual safe place. Then discuss the following:

- Other words to describe safe: protected, secure, harmless
- Your safe place is very personal and private
- Optional sharing of their safe place
- Who are the people in their safe place
- When safe, your body feels relaxed, peaceful

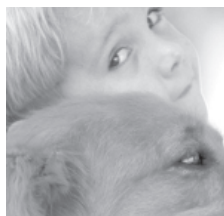
Identifying Activities that Feel Safe and Activities that Feel Unsafe:

A Question and Answer Segment

TRAINER'S TIP :

In this section, you'll discuss feelings associated with the visual images that are provided. The questions for each visual aid are designed to give you (the trainer) a feel for how to lead the discussion about feelings. The answers listed here are meant to be a guide for the kinds of responses typically generated. You can feel comfortable changing the questions for each visual aid to best fit your participants' skills.

Actions that Feel Safe



1. Petting a dog (Use Visual Aid 1)

People who like dogs are called dog people and people who like cats are called cat people.

Q. Which of you are dog people?

A. Participants will raise their hands.

Q. How does it feel to pet a dog?

A. Soft, furry

Q. Dogs are known for giving people love no matter what. How does it make you feel to pet a dog?

A. Happy, enjoyment, comforted

Dogs have a natural instinct to protect the territory they live in and the people they live with.

Q. If you have a dog, does he make you feel protected?

Q. What are some things that a dog will do that makes you feel protected?

A. My dog sleeps next to my bed at night.

A. My dog follows me around the house.

A. My dog barks when someone comes to the door.

Q. What signals does a dog make to tell you that he likes being petted?

A. Wagging Tail, Licking, Ears cocked back.



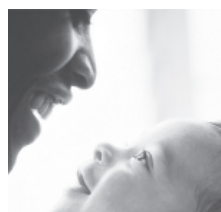
2. Petting a cat (Use Visual Aid 2)

- Q. Which of you are cat people?
A. Participants will raise their hands.
- Q. How does it feel to pet a cat?
A. Soft, furry
- Q. Cats do not have the same instinct as dogs for protecting their territory, but what are some ways cats help you feel protected?
A. My cat sleeps on my bed a night.
A. My cat knows when someone is coming home.
- Q. What signals does a cat make to tell you she likes being petted?
A. Arched back, purrs



3. Father Holding a Baby (Use Visual Aid 3)

- Q. Look at this father holding a baby. It feels good to hold a baby. How many of you have held a baby?
A. Participants will raise their hands.
- Q. How do you think the baby feels when being held by his father?
A. Content, secure, comfortable
- Q. How do you think that father feels holding the baby?
A. Happy, content, protective, calm



4. Mother Holding a Baby (Use Visual Aid 4)

- Q. How do you think that baby feels when being held by his mother?
A. Content, familiar, peaceful
- Q. How do you think the mother feels holding the baby?
A. Happy, content, love



5. Advanced: Mother and Father Holding a Baby (Use Visual Aid 5)

- Q. In this picture, both the mother and father are holding and caring for the baby.
- Q. Do you think that both parents have the same feelings towards the baby?
A. Yes, both the mother and father bond with the child.



6. Couple Embracing (Use Visual Aid 6)

- Q. Do these two people know each other? How can you tell?
A. They are close together. They are touching each other.



7. Couple Kissing (Use Visual Aid 7)

- Q. How might this couple feel when kissing each other?
A. Happy, in love, romantic, sexually aroused

Actions that Feel Unsafe

Feeling the Body's "Warning" or "Danger" Signals:

- Q. How do our bodies feel when we start to become uncomfortable?
Q. What signals do our bodies give us?
A. Chest felt tight, started to breathe faster, stomach started to feel like knots.
A. I closed my eyes
A. I froze and didn't know what to do.
Q. What kind of *thoughts* comes into your mind when you feel uncomfortable?
A. I wanted to leave but I didn't know if I would get in trouble.

Discuss feelings tied to the activities pictured in the following visual aids with suggested questions and answers. Use other descriptive words such as: risky, dangerous, violent, and threatening.



1. Teens Fighting (Use Visual Aid 8)

- Q. What's happening in this picture?
A. Guys are fighting.
Q. How do you think they are feeling?
A. Angry, upset
Q. Has anyone ever seen a fight?
Q. Why is it wrong for them to hit each other?
A. Someone could get hurt.
Q. Has anyone here ever hit someone before?
A. Yes, my brother and I used to fight when I was little.
A. I pushed someone that was calling me names.

Q. Has anyone here ever been hit before?

A. My brother hits me back.

Q. Did it make you feel unsafe?

A. Yes



2. Couple Arguing (Use Visual Aid 9)

Couples don't always get along. Sometimes they argue.

Q. How do you think the couple in this picture is feeling?

A. Mad. Angry. Upset.

Q. How can words make us feel unsafe?

A. Name-calling, put downs, threats

Q. What is a natural response to feeling unsafe?

A. Get away from the situation (flight).



3. Groping (Use Visual Aid 10)

Q. Has anyone ever been in a situation of being touched by someone who you don't know very well, or not being able to move because the person won't let go?

Q. How did it feel?

A. Uncertain, confusing, strange.

A. I wanted to get away.

A. I didn't want to hug that person ever again.

Q. Has anyone ever been touched by someone you know well but felt hesitant about why they were touching, because you were unsure about what they are going to do?

Q. Does it feel different?

A. I wanted to get away but I didn't want to hurt the person's feelings.

Thrilling and Exciting Actions that Make You Feel Thrilling and Exciting Actions that Make You Feel Uncertain

Use other descriptive words for uncertain: uncomfortable, strange, uneasy, unsure, unusual, doubtful, tentative, and undecided.



Activity 4 - Jumping Off of a Chair

TRAINER'S TIP :

Be sure to set up this activity to minimize the safety risks, (for example, a person with limited mobility may require two people to “spot” or assist during the jump). You need to decide which participants should not attempt this exercise, (a person using a wheelchair, for example). For these participants, you can compare the feeling of jumping off of a chair to how it feels when doing transfers.

1. Place a sturdy chair with a flat seat in an open area allowing for enough room to move around it.
2. Stand next to chair to offer physical support. Be prepared to catch the participant if they become unbalanced.
3. One at a time, have the participants stand on the chair, when they are ready, they should close their eyes and jump.

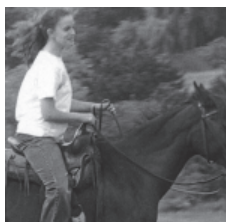
Discussion after everyone has had a turn:

- How did it feel when you had to stand on the chair? Was it scary?
- How did you feel after you jumped and both feet were on the ground? Was it as scary as you thought it would be?
- If there were one or two people who decided not to take a turn jumping off of the chair. Is it okay for someone to say “No” if it makes them feel uncomfortable?

Other Examples of Thrilling and Exciting Actions that Make You Feel Uncertain
(Use Visual Aids 11-13)

TRAINER'S TIP :

Discuss feelings tied to the activities pictured below with suggested questions and answers. The activities identified in the visual aids were chosen because most people have definite opinions about whether or not they would like to do that activity. They are challenging and usually require training by an expert. You could use other activities that evoke the same types of feelings. Discuss how these activities can be adapted for different types of disabilities.

**1. Horseback Riding** (Use Visual Aid 11)

- Q. Who has ever been on a horse?
 - A. Participants will raise their hands
- Q. Horses are big animals and riding on a horse can be daring.
- Q. How many of you would go horse back riding?
 - A. Participants will raise their hands
- Q. Is there anyone here that would not go horseback riding? Why?
 - A. I don't like horses.
 - A. I am afraid of falling off.

**2. Flying in an Airplane** (Use Visual Aid 12)

- Q. Has anyone ever been on a plane?
 - A. Participants will raise their hands
- Q. Is there anyone here who is afraid to fly in an airplane?
 - A. Participants will raise their hands
- Q. What is it about flying that makes you feel uncomfortable?
 - A. I am afraid of crashing

**3. Rock Climbing** (Use Visual Aid 13)

- Q. Has anyone tried rock climbing?
 - A. Participants will raise their hands
- Q. How many of you would like to try rock climbing?
 - A. Participants will raise their hands.
- Q. Why wouldn't you like to try rock climbing?
 - A. I might fall



Activity 5 - The Trust Fall

TRAINER'S TIP : Representing Trust

To help participants demonstrate the concept of trust, use an empty container and packing material. The container represents trust and the packing material represents the degree of trust. Start with an empty container while setting up the trust fall. Just before the actual fall, ask the participant, "How much do you trust that the group will catch you when you fall?" The participant should fill the container with the amount of packing material that represents the amount of trust they feel (and/or desire). (See step 6 below.)

For participants in wheelchairs, you can compare the feeling of trusting that others will catch you to the feeling of trust that a person in a wheelchair may feel when being carried by someone.

Step-by-Step

1. Find an open space large enough for three to five people to move around.
2. Remove objects that may get in the way during the activity.
3. Select three to five participants or helpers to assist you in this activity. The participants chosen for this activity need enough physical coordination to be able to stand.
4. Position the participants standing and facing each other forming a "U" shape (one person on the end and two on each side).
5. Once everyone is in position, you should explain that the person positioned at the end of the "U" is going to turn around, looking away from the group. Then you will say, "When I give the signal," the person will close their eyes, be stiff as a board, and fall backwards. It's the job of the people standing on both sides to hold their arms out to catch the person falling backwards and lower him or her to the ground.
6. Once you describe the object of the activity, present the empty container and packing material that represents trust. Ask the person who is about to do the fall, "How much do you trust that the group will catch you when you fall?" and have the person fill the container with packing materials to show their response.
7. You need to be physically positioned to support the person's head and shoulders as they fall backwards.
8. Instruct the participants standing on the sides that they need to stand close together and hold their arms out to catch the person and lower him all the way to the ground.

9. Instruct the person doing the fall to stand straight as a board, close their eyes and, when they are ready, fall backwards and let their team catch them.
10. Once the person falls back, you and the team should work together to catch the person and gradually lower him or her to the ground.
11. Applaud once the person makes it to the floor.
12. Switch around participants so everyone gets to take a turn.

Discussion after everyone has had a turn:

- Q. How did it feel when you fell backwards?
- Q. Before doing the fall, did you feel that you could trust the others to catch you?
- Q. How did you feel once you were lying on the ground? Did you change your mind on how much trust you gave to the group?
- Q. There was one person who decided not to take a turn doing the trust fall. Is it okay for someone to say “No” if it makes them feel uncomfortable?

Using the Countdown to Safety



Activity 6 - What Would You Do? Scenarios

Step-by-Step

1. Introduce the Countdown to Safety, using Overhead 2.
2. Tell participants, “You have the right to be safe and you need to protect yourself. Our body gives us warning signals when we feel unsafe. If you are in a situation that makes you feel uncomfortable, you need to get away from the situation right away. We will call this the “Countdown to Safety” and the goal is to reach our “safe zone.”
3. You should physically demonstrate the steps for the countdown and tell participants the following:

Think back earlier to when you closed your eyes and went to your safe place. Remember how you felt when you were safe? We will call it our “safe zone.”

In this exercise, we are going to practice using the safety countdown. We are going to pretend that you are in an uncomfortable situation. I am going to stand a distance away from you and then walk towards you. Pretend that this makes you feel uncomfortable or afraid. When I get too close to your personal space, you are going to **be assertive** by saying “No”, **create a distraction** by pushing me away, **get away** until you **reach your “safe zone”** and then **tell someone you trust**.

For today, we will pretend that _____ (pick a helper) is going to be the trusted person we tell. Remember, if you should need to use the Countdown to Safety for real, the “safe zone” would be the real place you go to when you need to be safe, the place where you feel safe.

Demonstrate the steps in the **“Countdown to Safety.”**

TRAINER’S TIP :

Some participants may need the “Countdown to Safety” modified. For example, if someone is verbally unable to say “No,” they may be able to use signs, gestures or a communication board to deliver their message. A participant with limited mobility may not be able to physically get away. You may modify the exercise by having them tell the person sitting next to them what happened. Emphasize the importance of telling someone.

4. Practice the steps in the Countdown as follows:
 - Pick a participant to stand across the room.
 - You stand 8 feet away from the participant.
 - You establish eye contact with the participant.
 - You walk towards the participant.
 - When you come too close, the participant should say “Stop” or use a hand signal for stop.”
 - You will continue to step closer towards the participant.
 - The participant should say, “No,” push you away, run the opposite direction to the “safe zone,” and then tell the trusted person.
 - Each participant should have a chance to role-play at least once.

Wrap-Up

Make whatever closing comments you feel are warm and appropriate.

In preparation for the next module, take individual pictures of participants. Also ask participants to bring in stories and observations for the discussion of current events next time.

Distribute two-pocket folders to keep their class handouts together. Remind the participants to bring the folder to each session to make a workbook that they can use to practice between sessions.

Distribute Handout 2: “Countdown To Safety” and Handout 3: “Module 1 Summary.”

To Learn More About this Topic:

Module One: Feeling Safe, Unsafe and Uncertain

Just Say Know! Understanding and Reducing the risk of Sexual Victimization of People with Developmental Disabilities, D. Hingsburger (1995). Diverse City Press.

STARS: Skills Training for Assertiveness, Relationship-building and Sexual awareness, 5th edition, S. Heighway & S. Kidd Webster (1998). Waisman Center, University of Wisconsin, Madison, WI.

STARS 2: Skills Training for Assertiveness, Relationship-building and Sexual awareness for children S. Heighway & S. Kidd Webster (1993). Waisman Center, University of Wisconsin, Madison, WI.

Developing Personal Safety Skills in Children with Disabilities, F. Briggs (1995). Paul H. Brookes Publishing Co, Baltimore, MD.

Key Vocabulary:

To be used as word cards (for repeated use, mount the vocabulary onto poster board).



Funny



Happy



Mad



Sad



Surprised



Suspicious

Training Guide Outline

Handout 1

Module One **Feelings & Emotions: Safe, Unsafe, Uncertain**

- Facial expressions can tell us how a person feels
- Creative visualization to a safe place
- Actions that feel uncertain
- The Countdown to Safety

Module Two **A Circle of Relationships: Who to Trust**

- Where is Your Safe Zone?
- People in My Life
- Trust
- Tell Someone You Trust

Module Three **The Right to Privacy**

- Privacy in Public Places
- Social Rules for Privacy in Public Restrooms and Locker Rooms
- Social Rules for Privacy at Home
- Anatomical Differences in Genders
- Privacy of your Body

Module Four **Profile of a Predator and Developing a Safety Plan**

- Looks Alone Can't Determine if the Person is a Threat
- Developing a Safety Plan
- Types of Lures used by a Predator

Module Five **Sexual Expression and Safe Dating**

- Who is it okay to talk to about Sexuality?
- Solitary Sex
- Intimacy: Sexual Intercourse
- Finding the Right Person to Date and Safe Dating

Module Six **Changes in Relationships**

- Domestic Violence
- Sexual Assault & Acquaintance Rape

Module Seven **First Aid**

- Contents of a First Aid Kit
- Self-Administered First Aid
- Universal Precautions
- Calling 911

Module Eight **Self-Defense**

- Defensive Body Language
- Trust Your Gut Feelings
- Creating Distractions
- Self-Defense Techniques

When Someone Makes You Feel Uncomfortable... Do the **Countdown to Safety!**

Handout 2

1. Say "No"



2 . Push Away
(Create a Distraction)



3. Get Away



4 . Tell Someone You Trust



S.A.F.E.

Handout 3

Safety Awareness For Empowerment

Module One Summary: Feeling Safe, Unsafe, and Uncertain

Countdown to Safety

I. Confidentiality and Telling Someone You Trust

Information shared with the group is not confidential. That means that it is no longer private or protected by law.

- Some of the discussion in this session may remind you of situations that you have experienced. If you feel that you have been harmed or you presently feel the threat of being harmed, you can report the incident by telling the instructor or telling another person that you trust.

II. Recognizing and Labeling Feelings

A person's facial expressions can give us clues on how the person might be feeling. Look for clues like: eyes squinting, eyebrows frowning, mouth pouting.

III. Feeling Safe

Using creative visualization helped us to form pictures in our mind of a place we feel safe and tuning into how our bodies feels when safe. Each person has a different safe place. A safe place usually makes us feel happy, warm, content and secure.

Examples of this feeling: *Petting a dog or a cat, Holding a baby, Hugging, Kissing*

IV. Feeling Unsafe

We all have an "internal radar" that alerts us to potential danger. This radar gives off warning signals inside our bodies that tell us when something does not feel right. These signals have been described as a funny feeling deep inside that says something feels wrong.

Examples: *Physical fighting, Arguing, Groping*

V. Feeling Uncertain

We did two activities, the chair jump and the trust fall, to teach that some things make us feel scared or anxious and causes us to be uncertain about the situation.

Other Examples: *Horseback riding, Rock climbing*

VI. The Countdown to Safety

We all have the right to feel safe. If someone makes you feel uncomfortable, you should say "No," create a distraction by pushing them away, get away to your "safe zone," and tell someone what happened. The group took turns role-playing the "Countdown to Safety". This activity will be repeated many times throughout the sessions.



MODULE TWO

Module Two

A Circle of Relationships: Who to Trust

Topic Overview – The Safe Zone:

In this module, you will be working toward helping participants make judgments about trust. You begin by defining “the safe zone” as the invisible personal space around each individual. This invisible space determines how physically close others can approach. You’ll discuss the social rules for how close various people in our lives are allowed into this personal safe zone. By the time you get to Activity 5 and 6 you will be dealing with judgments about trust.

For the purpose of this module, the roles of people in our lives are assigned to five distinct categories: family, friends, personal support helpers, community helpers, and strangers. While it is true that relationships change over time, in this module we set concrete boundaries around these relationships.

TRAINER'S TIP :

The topic of roles and relationships is so complex that there may be some participants who need additional instruction. For more in-depth material, consult the *Circles: Intimacy and Relationships*¹² training guide series. It’s a parallel training guide that defines relationships in similar terms, but in more detail.

Since Activities 5 and 6 specifically deal with trust, it’s a good idea to go back to the Introduction to review the commentary on trust prior to teaching this module

Module Two Objectives:

- Objective 1: To define the invisible personal space around us as the safe zone and identify the social rules associated with how close someone is allowed into our physical safe zone.
- Objective 2: To distinguish the roles and relationships of the people in our lives.
- Objective 3: To distinguish the social rules for appropriate contact with each set of relationships.
- Objective 4: To validate that the feelings you may get when you are around someone who makes you feel uncomfortable are good warning signals. Trust is intuitive and it is based on the past and present interactions with the people in our lives.

How to Prepare and Set Up the Module

Prior to Session: The photos you took of the participants in Module One need to be developed and cropped so they will fit into Handout 1. Also, note that Activity 2 requires that participants write on a handout for the first time, so they'll need a pen/pencil.

It's important that you assess each participant's writing skills and arrange for helpers to assist participants who may have difficulty with writing. For participants who are unable to communicate information about people in their life (the subject of the activity), **it may be helpful to gather some information to assist in writing responses prior to this module.**

Materials: Overhead Projector with overhead transparencies and visual aids, glue stick, a clear empty container, packing materials (or any item of similar mass), vocabulary cards, copies of Handout 1: *"People in My Life,"* Handout 2: *"My Personal Safe Zone,"* Handout 3: *"When Someone Makes You Feel Uncomfortable,"* Handout 4: *"Module Two Summary."*

Set Up: Overhead projector.

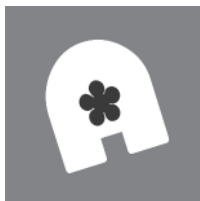
Discussion of Current Events



Start with a group discussion of news stories on incidents that have occurred relating to safety. Some of the stories may involve events of national interest and others may have been experienced by someone in the local community. If you need to, see the *Introduction* for suggestions on how to conduct this discussion.

Key Points to Review from Module One

- A person's facial expressions can give us clues on how a person might be feeling.
- Every person has their own special place where they feel safe, warm, and secure.
- Recall examples of activities that feel safe and unsafe.
- Recall examples of activities that make us feel uncertain, stimulated, and excited.
- When someone makes you feel uncomfortable, use the "Countdown to Safety:" say no, push away, get away, tell someone you trust.



Activity 1 - Where is Your Safe Zone?

TRAINER'S TIP :

You are going to demonstrate the social rules for defining a safe distance to interact with people – from intimate to far away. The demonstration is of five different types of relationships. Remind your participants that in a demonstration, we are only acting.

Step-by-Step

Tell the participants to stand up with their arms spread out and turn their bodies to trace a circle around them, creating their personal circle of space. For persons who can't stand, have them remain seated and spread out their arms

Demonstration 1: An Intimate Relationship with Your Sweetheart **Demonstrate a close hug.**

Discuss how very close touching and intimate contact is only for a sweetheart: a spouse, boyfriend or girlfriend. This is the only relationship where sexual contact is appropriate and only if agreed upon by both people.

Demonstration 2: An Affectionate Relationship with a Family Member or Friend

Here are definitions that you may want to share with your participants.

Family: The definition of the family has been expanded in recent years to include those people who have a long-term emotional investment in the person's well-being. Some families might include a spouse or partner, parents, siblings, step parents/siblings, foster parents/siblings, as well as extended families: aunts, uncles, grandparents, cousins. A family can be as small as two people and can range to having many extended family members.

Some of the participants' family members have daily contact and others live far away and have only occasional contact. Both types of relationships are important because family members are usually the only ones who share a long-term perspective on the life of a person with a significant disability. In the Circles training guide, relatives are considered to be affectionate relationships.

With the exception of a spouse, sexual contact is not permitted among family members, even extended family members.¹³

Friends: Friends are people with whom you share common bonds, similar interests, and social values. There is usually at least one commonality that brings people together: attending the same school, working in the same job, living in the same neighborhood, attending the same church, or being involved in the same social clubs.

Friendships change over time. People move away, change jobs, or take on other responsibilities that do not allow time to maintain certain friendships. For many people, it's confusing when friendships end. And for some, it's difficult to make new friends.

Caution participants again that the closest, most intimate relationships with a spouse, partner, boyfriend, or girlfriend are the only relationships appropriate for romance and sexual contact.

For Family and Friends: Demonstrate a hand on shoulder with some physical space in between. Discuss how to decide how close to let friends or family into their personal space. Point out that showing affection to a family member with a hug or a kiss is okay but it is not intimate or sexual.

Demonstration 3: A Relationship with a Personal Support Helper

A definition to share: Personal Support Helpers

While it is generally easier to identify family members, participants may confuse relationships with personal support helpers as friendships. They often will name their teachers, attendants, and job coaches as their friends.

For the purpose of discussion, we define personal support helpers as “people who are paid to be with you.” Unlike a family member or friend, a personal support helper is paid to fulfill a specific function. Once their assignment is complete or when they leave their position, the relationship typically ends.

Some relationships with personal support helpers may continue for many years and occasionally some relationships turn into friendships after the paid support relationship ends. The role of the personal support helper is vital for the participant to be an active member in the community.

It is not appropriate, and in most situations it is illegal, for someone who is paid to be with the participant, to have sexual contact with the participant.

For Personal Support Helpers: Demonstrate standing about an elbow-length apart. Discuss the social rules for how close a personal support helper should get in the personal space.

For example, a teacher is restricted from having an intimate contact with a student. For this reason, many teachers have been trained not to physically touch the student whenever possible. Out of respect for the teacher, students should also maintain the same distance from the teacher.

The exception to this social rule is when someone requires assistance with personal care. Then, the social rules are different, depending on the level of need. This exception is discussed in more detail in Module Three.

Demonstration 4: A Relationship with a Community Helper

A definition to share: Community Helpers

Some participants may also confuse community helpers as friends because they know the person's first name and have a casual acquaintance with the person. A community helper plays a specific role for the general public, and the relationship does not go beyond that role. For example, every morning, Floyd the bus driver greets the passengers when boarding the bus, but it doesn't mean that the passengers know Floyd well enough to invite him to a party. If Floyd was no longer a bus driver, it is unlikely any relationship would continue with his passengers.

Community helpers can be the glue that connects the person with a disability to the rest of the community. A community helper is there to serve everyone, but they can also determine the level of acceptance and create connections that build self-esteem and confidence in the person with a significant disability.

For Community Helpers: Demonstrate standing about an arm-length away.

Discuss that community helpers are there to serve the general public. They are usually there to provide assistance, but from a greater physical distance. For example, even though we know the bank teller's name, we still stand at least an arm-length away.

Demonstration 5: A Relationship With a Stranger

A definition to share: Strangers

At a young age, for their own protection, children are told not to talk to strangers. However, not all strangers are bad and strangers may eventually become friends. Strangers are all of those people with whom we don't have an existing relationship. We may recognize someone who looks familiar (like a person riding the bus), but we don't have a relationship with this person.

Strangers can also be "Good Samaritans" who can provide assistance when in times of need. For example, if someone is lost and needs directions, it may be necessary to rely on a stranger to give directions or help find a telephone. Some strangers may eventually become friends, personal support helpers, or community helpers. We need to teach participants how to exercise caution with strangers rather than total avoidance.

For Strangers: Demonstrate standing far enough away so that you can't reach the person beyond your fingertips. Both a stranger and a community helper should be standing far enough away that you can barely touch them with your fingertips.

There are situations when you may be in a crowded space with strangers that does not allow you to position yourself an arm-length away from the strangers. In those situations, the invisible personal space shrinks temporarily until you have an opportunity to be in a more open space. While in a crowded space, strangers need to respect your personal space by not intentionally touching you or your private possessions.



Activity 2 - People in My Life

TRAINER'S TIP:

Introduce this as an exercise to define the relationships of people in your participants' lives and to classify these relationships into different categories.

- It is best to set concrete boundaries around relationships;
- The handout "People in My Life" is individualized, everyone will have different answers for some sections; and
- The group is going to work on each section together.

Remember, this activity is where participants need to write on the handout. Be sure to prepare the group for this activity, as noted earlier in the Preparation and Set Up section.

Step-by-Step



1. Use Overhead 3: "People in My Life."
2. Distribute: Handout 1: "People in My Life."
3. Using a glue stick, have the participants paste their picture in the center circle of their handout.
4. Go through the relationships and social rules listed below.

Family Relationships

Tell participants to:

1. Find the section that says family.
2. Write the names of members of your family.
3. Put a plus mark (+) next to the names of family members who live with you.

Define the Family and Social Rules

- Family members are people who have an emotional investment in our well-being;
- Along with parents, brothers and sisters, families might include domestic partners, step parents/step siblings, foster parents/foster siblings, as well as extended families: aunts, uncles, grandparents, cousins.
- Sexual contact is not permitted among family members, even extended family members.

Handout #1
People in My
Life

Family

**Handout #1
People in My
Life****Friend****Friendship Relationships****Tell participants to:**

1. Find the section that says friends
2. Write in the names of your friends.
3. If you have a sweetheart: a boyfriend, girlfriend or spouse, put a * next to that person's name.

Define Friendship and Social Rules

- Friends are people with whom you share common bonds, similar interests, and social values;
- The closest, most intimate relationships are with a spouse, partner, boyfriend, or girlfriend. They are the only relationships that are appropriate for love, romance and sexual contact; and
- Social interactions with friends are different from the social interactions with personal support helpers or community support helpers.

Relationships with Personal Support Helpers**Tell participants to:**

1. Find the section that says personal support helpers.
2. Write in the names of people who are paid to be with you.

Define Personal Support Helpers and Social Rules

- We define personal support helpers as “people who are paid to be with you.” Unlike a family member or friend, a personal support helper is paid to perform specific functions, like teach you new skills, help with personal care, shopping, and recreational activities.
- Some relationships with personal support helpers may continue for many years and could turn into friendships.
- It is not appropriate to date or have a sexual relationship with someone who is paid to be with you.

**Relationships with Community Helpers****Tell Participants to:**

1. Find the section that says community helpers.
2. Look at Overhead 1 and as a group generate a list of community helpers. (Record the list as they create it.)



Define Community Helpers and Social Rules

- It may be confusing to know whether a person is a friend or a community helper because we might know their name and see them daily.
- Community helpers usually have some way of identifying themselves as a helper: a uniform, name tag or ID card. These are people who provide a service; for example, a police officer, cab driver, or bus driver.
- Community helpers do a specific job and that's the only relationship you have with such a helper. For example, you would not invite a bus driver home for dinner.

Relationships with Strangers***Go directly to Defining Strangers and Social Roles***

(Participants can leave their "Stranger" handout blank)

- If you don't know a person's name, he or she is most likely a stranger.
- But classifying strangers as unsafe, and familiar persons as safe can be a mistake. For example, eighty percent of all sexual assaults are committed by someone known to their victim.
- We all have occasions in our lives where we need to rely on the help of strangers. Therefore, it's okay to talk with strangers, but you need to use caution.

(This is usually a good time to take a break.)



Activity 3-My Personal Safe Zone

TRAINER'S TIP :

The purpose of this activity is to tie the relationships in Activity 1, (The People in My Life) to the safe zone in Activity 2. The participants are going to relate the people in their lives to their safe zones and define an appropriate physical proximity for each type of relationship.

Step-by-Step

1. Use Overhead 4: My Personal Safe Zone-it reproduces Handout 2 except it also labels each circle with relationships
2. Distribute Handout 2: "My Personal Safe Zone."
3. Follow the instructions below for illustrating social rules for safe distances.

The Center Circle

Tell your participants:

1. Put your name in the center circle.
2. The circles represent a person's safe zone, the invisible personal space around our body.
3. You are in the center circle.
4. This circle tells us that you are the most important person in your life.
5. Out of respect for you as a person, the people around you need to respect your safe zone.
6. You are the only one who decides who is allowed to come into your safe zone.

The Intimate Circle

Tell your participants:

1. The next circle is for our most intimate relationships with a husband or wife, girlfriend, or boyfriend. Your most intimate relationship is with the person with whom you want to have a romantic relationship. Look at Handout 1 that identifies your sweetheart.
2. In this circle, write in the name of the person who is your most intimate relationship. If you currently don't have an intimate relationship, write in the word boyfriend or girlfriend in the space where an intimate relationship would be the most appropriate.
3. Discuss why each participant chose that person.

The Family and Close Friends Circle

Tell your participants:



1. The next closest circle is for family and close friends. Choose the family members who you like and who make you feel safe. Choose the friends who are people you know well. Look at Handout 1 to identify family and close friends.
2. In this circle, write in the names of your family and relatives and your best friends.
3. Discuss who each participant chose for that circle.

Personal Support Helpers:

Tell your participants:



1. The next circle is for the personal support helpers who you like and make you feel safe. Look at your Handout 1 to identify support helpers.
2. Write their names in the next circle.
3. Discuss who each participant chose for this circle.

Community Helpers:

Tell your participants:



1. On your handout, identify a community helper who you would put in the last circle.
2. Write down the types of people who would be your community helpers. It's okay if you don't know the community helper names.
3. Discuss who each participant chose for this circle.

Strangers:

Tell your participants:



1. Write the word stranger on the outside of the safe zone, which is outside of all the other circles.
2. Strangers should be the farthest away from the center of your safe zone because you don't have any type of relationship with them.
3. While you will need to deal with them in your life, always use caution when interacting with strangers.



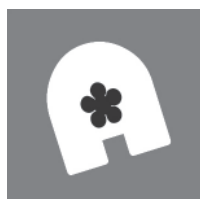
Activity 4-Who is it Okay To....

Tell your participants:

1. Place both Handouts 1 and 2 in front of you side by side.
2. In a moment I'm going to ask a question that begins "Who is it okay to...?" and I'll fill it in. Then you look at your handouts and point to the person who best answers the question.
3. Some of the answers will vary and you may choose more than one person to answer some of the questions.

Q. Who is it okay to _____?

1. Give a close embrace?
2. Give a passionate kiss on the mouth?
3. Put your arm around?
4. Hold hands with when going for a walk?
5. Give a kiss on the cheek?
6. Greet by waving and saying "Hi"?
7. Shake hands with after being introduced for the first time?



Activity 5-Who to Trust

TRAINER'S TIP :

Recall that trust was introduced in Module One when participants had to decide whether to trust each other to catch them when falling backwards. In Activity 5, you will present participants with social stories that convey actions and people you can trust or distrust. Have the group label the actions as ones to trust or not trust. Ask the group to identify the degree of trust by telling you how much packing material to put in the empty container, as was done in Module One.

The first two segments are demonstrations that relate to the two social rules about trust discussed in the Introduction :

- 1) Does this person's current actions make me feel strange, unsafe or uncertain?
- 2) In the past, has this person hurt me, broken a promise or lied to me?

After these two demonstrations, you'll be presenting visual aids as examples of actions that convey trust and that discourage trust.

Step-by-Step

Do Demonstration 1: Trust is based on the actions of others.

1. Taking personal items: the purpose of this activity is to role-play the idea that how we feel about someone's actions helps us determine trust. Remind the participants that in the role-play exercises, we are *acting*.
2. Look around to see if one of the participants has brought a personal item like a backpack, folder, or book to the module. Approach the person by asking if you can see the item, "Can I see the notebook in your backpack?" When the participant hands over the item, walk away with it and put it with your possessions. See how the participant reacts. Encourage the participant to confront about getting the object back.
3. Discuss these key points:
 - We should not trust someone who takes our personal possessions or otherwise violates our personal space or takes advantage of us.
 - It's okay to be assertive when guarding our personal possessions or when retrieving things that belong to us.

Do Demonstration 2: Trust is based on previous experience with a person.

1. Repeat the scenario with another participant with a different possession. Ask again for a personal item.
2. This time, when they ask for the item to be returned, you should stall by saying that you really need it and you will give it back in a couple of weeks.
3. Discuss Key Points:
 - Based on the prior experience of the instructor taking the other person's personal possessions, is it reasonable to trust the same person with your own possessions?
 - You need to use caution when interacting with someone you don't trust.

Use visual aids to show examples of actions that convey trust

TRAINER'S TIP :

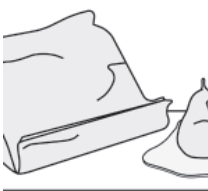
You will use the numbered visual aids as you narrate three scenarios demonstrating actions that convey trust. You can choose to read the written narrative or ad lib using the scene. Use an empty container and packing material that represents trust, and have the group determine how much the characters in each scenario should trust the other person.



Scenario 1: Showing concern for your health (Use Visual Aid 14)

Narration: “James is very ill and has been in the hospital for more than a week. Jane, the nurse, asks how he is feeling, administers medication, and makes sure that he is comfortable. Jane has demonstrated that she cares about James’ health and wants to help him get better.”

- Q. What did Jane do that made James decide to trust her?
 - A. James learned to trust Jane because she was making reliable decisions about his care.
- Q. How much trust do you think James should have in Jane making decisions about his personal care?



Scenario 2: Doing you a favor when asked (Use Visual Aid 15)

Narration: “Sue was in such a rush when leaving for school this morning that she left her lunch sitting on the kitchen table. Sue’s next door neighbor has a key to the house. Sue calls her neighbor and asks if he can bring the lunch to her at school. Sue has done favors for her neighbor before and her neighbor is willing to return the favor.”

- Q. Based on the neighbor’s willingness to return a favor, is it reasonable for Sue to trust him?
 - A. Sue knew that it was safe to trust her neighbor to go into the house because he only entered the house when necessary.
- Q. How much trust should she give her neighbor to go into her house?



Scenario 3: Showing concern for emotional well-being (Use Visual Aid 16)

Narration: “Lately, Jenny has been having a tough time of things. Jenny recently lost her job, her bicycle was stolen and her boyfriend broke up with her. Mary is her best friend. Knowing that Jenny was feeling down, Mary brought her flowers and they spent the afternoon together in the park. After Mary’s visit, Jenny was feeling better.”

- Q. Based on Mary’s actions, is it reasonable for Jenny to trust her?
- Q. How much information about her personal feelings should she express to Mary?
 - A. Jenny knew that she had confided in Mary in the past and that Mary was discreet in keeping Jenny’s comments private.

Use visual aids to show examples of actions that discourage trusting someone

TRAINER'S TIP:

As you just did, narrate scenarios using visual aids and use the empty container with packing material to have the group determine how much the characters should trust. You are demonstrating actions that discourage a trusting relationship.



Scenario 1: Taking advantage of you (Use Visual Aid 17)

Narration: "A friend takes Mary's lunch and eats it without asking. Mary asks her friend if she knows what happened to her lunch. Her friend said that she ate it because she thought that Mary wouldn't mind."

- Q. Should Mary trust this person as a friend?
 - A. Mary needs to exercise more caution with her personal possessions when she is around this friend.
 - A. It is also okay to say something to your friend about it.



Scenario 2: Breaking promises (Use Visual Aid 18)

Narration: "A friend borrows \$20 from Steve for a CD. The friend tells Steve that he gets paid on Friday and will pay the \$20 back. On Friday, the friend does not pay Steve back. Steve waits another two weeks and the friend still hasn't paid him back."

- Q. Has Steve learned anything about his friend?
 - A. His friend doesn't keep a promise.
- Q. How likely is it for Steve to trust his friend to pay him back?
- Q. Should Steve lend him any more money in the future?
- Q. Should Steve ask for his money back?
- Q. What should Steve say to the friend if he asks to borrow more?



Scenario 3: Lies to you (Use Visual Aid 19)

Narration: Let's say your girlfriend calls you to break a date, saying that she felt ill, and later you find out that she broke your date to go out with another guy.

- Q. How much should you trust your girlfriend to tell you the truth?



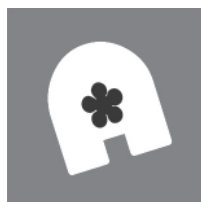
Scenario 4: Asking you to keep a secret (Use Visual Aid 20)

Narration: “Angie confided in her best friend, Sarah, that she went out on a date. The couple was sitting in the car and then Angie thought she must have passed out because she doesn’t remember what happened next. She woke up in front of her house and her clothes were messed up. Angie was really embarrassed and asked Sarah to keep it a secret.”

Q. Is it fair that Angie asks her best friend to keep a secret?

A. It places a burden on Sarah to decide whether or not to conceal the truth about someone who may be potentially harmful.

Q. Does keeping a secret make you feel “special” or does it cause you to worry about covering up the truth?



Activity 6-What Would You Do? Scenarios

TRAINER’S TIP :

The following scenarios can be discussed without a visual aid. Write the words “Trust” and “Not Trust” on the board, a pad, or a transparency. Narrate the scenarios of trust and not trust. After each scenario, ask the group if it is an example of “Trust” or “Not Trust” and how they feel about the person in the scenario’s actions.

Scenario 1: Trust – Follows through on a promise

Let’s say your brother follows through in getting tickets to a basketball game and then takes you to the game.

Scenario 2: Not Trust – Sexual Assault and Threatens Harm

Let’s say your sister’s boyfriend touches you in a private area of your body and then says, “If you tell anyone, I will hurt you.”

Scenario 3: Trust – Someone gives you accurate information

Let’s say the nurse teaches you how a condom is used to protect yourself from the HIV virus that causes AIDs.

Scenario 4: Trust – Shows concern for your health

Let’s say the supervisor at work grabbed your arm so hard that it left it bruised and swollen. Your roommate wants to take you to the doctor to have it checked out and wants you to report the incident to a counselor.



Activity 7-Tell Someone You Trust

TRAINER'S TIP :

Recall the “Safety Countdown” we discussed in Module One. It teaches the participant to be assertive when getting away from someone who makes them feel uncomfortable and then reporting it to people they trust.

In Activity 7 you will ask the participants to identify five people who they trust – people who can help decide what further action to take if the participant reports an incident to them. Ask participants why they picked those people. The five people identified should also be able to help the participant reflect on whether they should all do it differently the next time they were confronted in a similar situation, and what would they do differently.

Step-by-Step



1. Point out that the group has just talked about determining who to trust.
2. Ask participants to get out “People in My Life” Handout 1.
3. Distribute Handout 2 and 3.
4. Tell participants to refer to Handout 1 and write down on Handout 3 the names of five people who they trust to tell if someone makes them feel uncomfortable.
5. Discuss the following key points:
 - Trust is a feeling you have about someone because of what they do or don't do.
 - Trust is earned.
 - Trust is a personal decision about another person's character and ethics.
 - Something may occur that causes you to no longer trust the person.
 - While most family, friends, co-workers and personal support helpers can be trusted, you must remember:
 - * There may be family members who are not to be trusted.
 - * There may be co-workers who are not to be trusted.
 - * There may be personal support helpers who are not to be trusted.

Wrap-Up

Make whatever closing comments you think appropriate.

Remind participants to bring in news stories or personal events for the current events discussion next time.

Review whatever you think needs emphasis.

Distribute Handout 4 which is the Module Two Summary.

To Learn More About This Topic:

Module Two: A Circle of Relationships—Who to Trust

Circles I: Intimacy and Relationships, Revised Edition, L. Walker-Hirsch & M. Champagne (1993) James Stanfield Company, Santa Barbara, CA:

STARS: Skills training for assertiveness, relationship-building and sexual awareness, 5th edition, S. Heighway & S. Kidd Webster (1998). Waisman Center, University of Wisconsin, Madison, WI.

STARS 2: Skills training for assertiveness, relationship-building and sexual awareness for children S. Heighway & S. Kidd Webster (1993). Waisman Center, University of Wisconsin, Madison, WI.

Friends: A manual for connecting persons with disabilities and community members, A.N. Amado, F. Conklin & J. Wells, (1990). Human Services Research and Development Center, St. Paul, MN. Available through Minnesota Governor's Council on Developmental Disabilities. www.mnddc.org

Key Vocabulary:

Family Community
Helpers

Personal Support
Helpers

Friends

Strangers

Trust

People in My Life

Handout 1

Family



Friends



Personal Helpers

(people who are paid to be with you)



Community Helpers

(Uniform, Name Tag or ID)



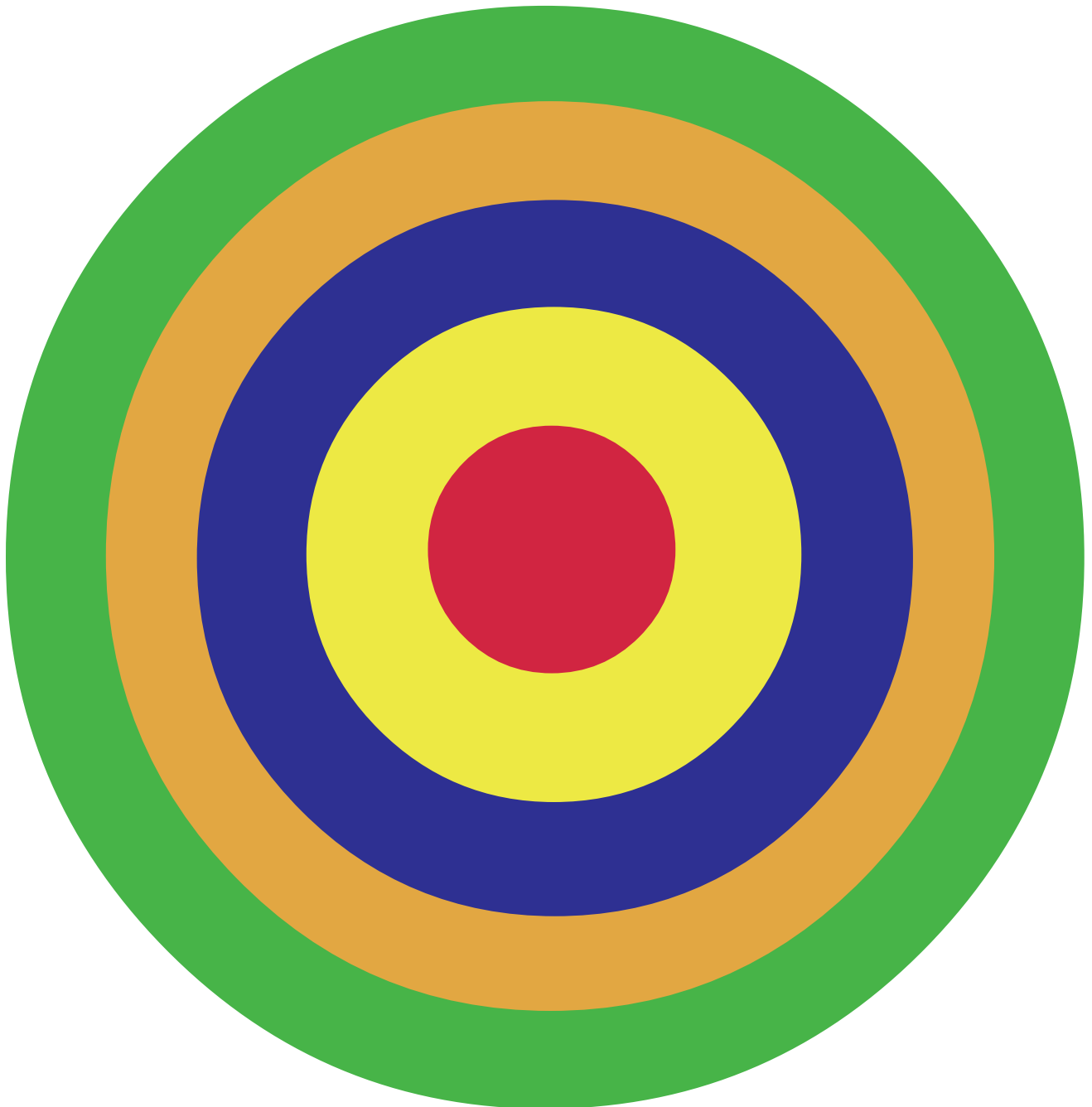
Strangers

(You don't know their names)



My Personal Safe Zone

Handout 2



When Someone Makes You Feel Uncomfortable...

Tell Someone You Trust!

Handout 3

Examples:

Write down the names of five people you trust:

Counselor

Case Manager

Teacher

Family

Co-Worker

Support Staff

Doctor

Friend



1.

2.

3.

4.

5.

S.A.F.E.

Handout 4

Safety Awareness For Empowerment

Module Two Summary: A Circle of Relationships—Who to Trust**I. Review of Module One-Feelings and Emotions**

- A. Feeling Safe: petting a dog, holding a baby, hugs.
- B. Feeling Unsafe: fighting, arguing, groping.
- C. Actions that cause us to feel scared, anxious or uncertain: flying in an airplane, rock climbing, and horse back riding.
- D. Your body gives you warning signals when you feel uncertain.
- E. When someone makes you feel uncomfortable, use the Countdown to Safety:
Say “No,” Push Away, Get Away, Tell Someone You Trust

II. Where is your safe zone?

The safe zone is the invisible personal space around you. This invisible space tells us how close others can approach us. There are social rules for how close friends, family members and helpers are allowed into this personal safe zone. For example, you may choose to allow people who care about you to come close enough to put your arm around them.

III. People in My Life

Using two handouts, we put people we know into five categories of relationship: family, friends, personal support helpers, community helpers, and strangers. We identified friends as people around us with whom we share something in common (similar interests, attend the same school, work in the same job or live in the same neighborhood) and with whom we feel close. We identified personal support helpers as the people who are paid to be with you. Unlike a family member or friend, a personal support helper is paid to fulfill a specific function. Some relationships with personal support helpers may continue for many years and occasionally some relationships turn into friendships after the paid support relationship ends.

IV. Using both handouts, we pointed to the person that best answers the question:

Who is it okay to...



- 1. Give a romantic hug to?
- 2. Put your arm around?
- 3. Hold hands with?
- 4. Kiss on the cheek?

V. Who to Trust

- A. Trust is based on the feelings you have about the actions of others.

For example, your sister will do you a favor when asked. This increases trust.

- B. Trust is based on previous experience with a person. For example, at the last minute, your boyfriend cancels a date for the third time. This decreases trust.

Module Three

The Right to Privacy

Topic Overview –Teaching Social Rules for Privacy

“Hey, lemme ask you a question — in these nudist colonies, do they eat naked in the dining room?”

“I would imagine it’s all naked.”

“What about the chambermaids, are they naked too?”

“They’re naked. The gardener’s naked. Bellhops. It’s one big Nude-O-Rama.”

- Jerry Seinfeld, in “The Contest”

This module discusses social rules that act as guidelines regarding privacy in public, privacy at home, and the privacy of our bodies. Comedian Jerry Seinfeld enjoys poking fun at our social norms and magnifying the inconsistencies of social rules. As you discuss the different social rules, you may discover that some of the rules sound silly or ironic. Have fun with this section and encourage participants to ask the questions they have always wondered about.

TRAINER’S TIP :

Since social rules vary among cultures, environments and gender, you need to decide whether to teach participants universal and generalized social rules that cover most situations, or social rules that vary given the context of the situation. Some social rules are subtle and often missed because the person is unaware of the signals and cues. Determining which social rules to use in the appropriate context can be a challenge. This module is based on universal rules.

Teaching Privacy

The social rules concerning privacy for people with disabilities should be the same as for their non-disabled peer group. But there are many circumstances when the expectation of privacy is diminished:

- When people with disabilities live in a large group setting like an institution where there is limited personal space;
- When there are no doors on the bathroom stalls;
- When personal possessions are restricted, and people sleep in a shared space;
- When a person with a disability is dependent on others for personal care, like bathing, dressing, and using the bathroom. In these cases, individuals become accustomed to having personal support helpers routinely cross the boundaries into their personal space and can be left feeling that they have little control over their personal privacy.

TRAINER'S TIP :

Don't assume that your participants were taught the concepts of privacy when growing up. Learning the social rules about privacy may be a completely new set of skills for the person to acquire.

Ethical Conduct for Care Givers, Attendants and Personal Support Helpers

To make sure a person with a disability doesn't feel a loss of control over privacy, professionals who assist with personal care should make use of the following guidelines. If care givers use the guidelines, they will help the person with a disability become more aware and assertive in establishing his or her own personal boundaries.

- Be respectful of the individual's personal body space;
- Ask the person's permission before touching their body. Respect the person's right to say "no";
- Spend time establishing a relationship. Allow time to feel comfortable around each other before assisting with personal care;
- Be discreet in your approach so as not to embarrass the person;
- Tell the person what you are going to do before you do it;
- Physical contact should be as unobtrusive as possible.
- Cover private areas of the person's body whenever possible to maintain the highest degree of privacy.
- Depending on the environment, a female personal support helper may assist someone in the men's bathroom and a male personal support helper may assist someone in the women's bathroom. As a general rule, the care giver/personal support helper should knock and wait for others to exit the restroom before entering and post a sign on the restroom door (see Appendix) indicating that an attendant is in the restroom.

Module Three Objectives:

- Objective 1: To identify places in public that have some degree of privacy and the social rules assigned to men and women in those environments.
- Objective 2: To respect the privacy of the people who you live with and to develop your own expectations for privacy at home.
- Objective 3: To define all parts of the body as being private and that there are specific areas of the body that are considered *the most private*.
- Objective 4: To practice being assertive in establishing boundaries around the privacy of your body.

How to Prepare and Set Up the Module

Prior to Session: Take a look at the optional activity included below and see if you think it appropriate to check out bathrooms in the building where you are conducting the training to see if they would be suitable for touring.

Materials: Overhead projector, a clear empty container, packing materials (or any item of similar mass), Vocabulary cards, Copies of Handout 1: “Male”; Handout 2: “Female”; Handout 3: “Module Three Summary.”

Set Up: Overhead projector

Discussion of Current Events



A group discussion of news stories on incidents that have occurred relating to safety. Some of the stories may involve events of national interest and others may have been experienced by someone in the local community. If you need to, see the Introduction for suggestions on how to conduct this discussion.

Key Point to Review from Module Two-Circle of Roles and Relationships (Use Visual Aids from Module Two)

The information presented in Module Two provides the foundation for the discussion of privacy. Be prepared to allocate enough time for reviewing the key points:

- Relationships have boundaries based on the roles they play.
- It is not appropriate to have a sexual relationship with a family member, personal support helpers, community helpers, or strangers.
- Community helpers provide services to the general public. They can be identified by a name tag or uniform.
- As an adult, it's okay to approach a stranger when you are in need of help and you feel safe asking them.
- When someone makes you feel uncomfortable, tell someone you trust.

TRAINER'S TIP :

You should establish these standards with your participants before starting on activities:

1. The entire body is private and areas covered by underwear are considered *the most private*;
2. People need to ask for your permission before touching your body;
3. You need to feel comfortable and trust the person who is going to touch you; and
4. You have the right to say no, when you don't want to be touched.



Activity 1 - Where Do You Find Privacy in Public Places?

Social Rules for Privacy in a Public Restroom:

This training guide uses the term restroom to mean facilities that are designed for multiple people to use at the same time. The term bathroom refers to the individual stalls in a restroom, or to a single bathroom that is designed for use by only one person at a time.

In the activity that follows, you will be stressing these important points:

The social rules for privacy in a public restroom are:

- The restroom is a private place based on gender; and
- Women have more privacy than men because there is a door to each bathroom stall.

There are two exceptions to privacy in a bathroom:

- It's okay for a personal support helper to assist a person with a disability in the restroom if the person agrees to it.
- It's okay for a janitor or maintenance worker to enter the restrooms while they are closed to the public for cleaning and maintenance.

TRAINER'S TIP :

Many individuals with disabilities are employed in janitorial positions in public places and it is important to learn the rules for when it is okay to enter a restroom of the opposite sex when working as a janitor. The general rule is to knock, announce oneself, and wait for everyone to leave the restroom before entering. Most janitorial services have signs to be posted when the restroom is closed for cleaning.

Optional Activity-Tour of the Men's and Women's Restrooms

TRAINER'S TIP :

If the modules are held in a public building, arrange ahead of time to take the participants to view the restrooms when they are not in use. Some participants may have never seen what it looks like in the bathrooms of the opposite gender and may feel uncomfortable. Point out that as a social rule, women do not typically go into the men's restroom and men don't visit the women's restroom. However, for the purpose of this exercise, we are making an exception to the rule and it's okay to view the restrooms. If you don't do the tour, be sure you cover the additional exceptions to the social rules for privacy in a public restroom, listed below.

After the tour discuss their reactions to visiting both restrooms, and discuss the following additional exceptions to the social rules for privacy in a public restroom:

Step-by-Step

On a board, pad or transparency, write two categories:

Public

Private

Ask the questions provided below on privacy .

Discuss why the responses to the questions were labeled public or private, and discuss the social rules you'll find associated with each place.



Restaurants

(Use Visual Aid 21)

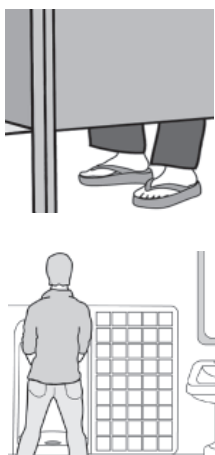
Q. Where is there privacy in a restaurant?

A. **Public**

Private

Dining Room

Restroom-bathroom stalls



Discuss social rules for privacy in public restrooms and bathrooms

(Use Visual Aids 22 and 23)

- Identify unique features that are different in the men's and women's restrooms.
- The restroom is a private place for each gender. Men do not go into the women's restroom and women do not go into the men's restroom.
- Some public restrooms have a single bathroom with a lock on the door that can be used by a man or a woman.
- When using a public restroom, women have a higher degree of privacy by closing the door to the bathroom stall.
- When using a public restroom, men have a lower degree of privacy when using the urinals. It is impolite to watch another man using the urinal.



Shopping Malls

(Use Visual Aid 24)

Continue to write on a board, pad or transparency, using the categories: public and private.

Q. Where is there privacy in a shopping mall?

A. Public

Mall

Stores

Private

Bathrooms

Changing Rooms

“Employee Only” areas



Discuss Social Rules for Privacy in Retail Store Changing Rooms

(Use Visual Aid 25)

- Most changing rooms have a curtain or a door that is closed when trying on clothes.
- Most stores have separate changing rooms for men and women. Some stores have unisex changing rooms that are available to everybody.
- It is not appropriate to leave the changing room without being dressed, even if it is just to get another shirt from the rack.

Advanced: Discuss how the use of hidden cameras in stores relates to privacy.

To prevent theft, some stores have hidden cameras in the changing rooms. In those stores, there is a minimal degree of privacy. Do you think that it is okay for stores to have cameras in changing rooms?



Health Club/YMCA

(Use Visual Aid 26)

Continue to write on a board, pad or transparency, using the categories: public and private

Q. Where is there privacy at a health club or YMCA?

A. Public

Weight room

Pool

Private

Bathrooms

Locker Rooms

Discuss Social Rules for Locker Rooms

- The social rules in the women's locker room are different from the men's locker room. For example, women usually put a towel around them when walking to the shower. Men often walk to the showers without using a towel.
- The locker room is a private place for each gender. Men do not go into the women's locker room and women do not go into the men's locker room. Some facilities offer a separate locker room for families or those that need assistance. The family locker rooms have private changing rooms and showers with a door for privacy. Both men and women are allowed to use the family locker room.
- Some facilities have an open shower room in the locker room and others provide showers with private stalls.
- The social rules for the bathrooms in the locker room are the same as other public bathrooms.

Discuss the use of cell phones with cameras in locker rooms and how it relates to privacy.

Some health clubs may prohibit the use of cell phones in the locker rooms and rest rooms. Why do you think they would not want people to be using their cell phones in the locker room? Do you think that it is okay for someone to have a cell phone with a camera in the locker room?

At Home

(Use Visual Aids 27 and 28)

Social Rules about Privacy in Your Home

TRAINER'S TIP :

Our homes are always considered to be private. We can do things in the privacy of our homes that can't be done in public. Even within our homes, we each have a personal space and possessions that are considered private. Emphasize establishing boundaries for privacy with other people who may be sharing the living space and respecting the boundaries of others. This section teaches participants that: they have a right to be alone in their own personal space; when getting dressed (even with assistance), the bedroom door is closed; when using the bathroom, taking a shower or a bath (even with assistance), the bathroom door is closed.

Continue to write on a board, pad or transparency, using the 2 categories: public and private

Q. When you invite a guest to your home for the first time, which rooms are *the most private*?

A. Public

Living Room

Kitchen

Entry Way

Private

Bathroom

Bedrooms



Privacy at Home in the Bedroom

Q. When getting dressed, should the door be open or closed?

A. Closed

Q. If someone you trust is helping you get dressed, should the door be open or closed?

A. Closed

Discuss Social Rules for Privacy in the Bedroom

- As you grow from being a child to an adult, there is a higher expectation for privacy.
- Other people need to respect your private space. For example, it would be inappropriate for someone else to go into your bedroom to search for something without your permission.
- Some people put a latch or lock on their bedroom door for privacy.
- Always knock on the door and ask permission before entering someone's room.



Privacy at Home in the Bathroom

Q. When taking a bath/shower, should the door be open or closed?

A. Closed. Some bathrooms have a lock or latch on the door

Q. If someone you trust is assisting you with taking a bath or shower, should the door be open or closed?

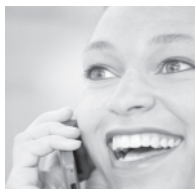
A. Closed

Discuss Social Rules for Privacy in the Bathroom

- You have the right to privacy when using the bathroom.
- When using the toilet, shower or a bath, the bathroom door should be closed, even if someone you trust is assisting you.
- Some bathrooms have a lock or a latch on the door for privacy.
- If the door is closed, knock on the door before entering.

Exception to the Social Rule:

- Some people with disabilities may need assistance with personal care when using the bathroom, and bathing. In those circumstances, a personal support helper or family member, with permission, is allowed to be in the bathroom while they are assisting the person.

**Advanced: Private Telephone Conversations**

(Use Visual Aid 29)

- Q. Is it okay to listen in on someone else's telephone conversation?
- A. Only if you have permission from the person using the phone.

Discuss Social Rules for Privacy on the Telephone

- Close the door for private telephone conversations.
- It is inappropriate to eavesdrop on someone else's telephone call. Respect other people's private conversations by leaving the room or directing your attention to something else.
- If someone is listening in on your conversation, walk away or ask them not to listen.
- Most cellular telephones are not secure, meaning someone else may be able to listen to your conversation without your knowledge. Some cellular telephones have a privacy-activation function to block other people from listening to your conversation.

Advanced Exercise: Establish Your Own Boundaries for Privacy at Home

- As a group, generate a list of rules for privacy in your own home. Suggest ideas that get the group thinking about what rules they would want to establish for their own privacy boundaries. For example, my roommate has to knock and wait for permission before coming into my bedroom.
- To keep it interesting, generate a list of "humorous" rules for privacy. For example, I should not answer the door in my underwear.

Summarize the section on privacy in public and private places by using the following questions and answers.

If two men are standing at the urinal; they should not be watching what the other is doing.

- Q. Where should they be looking with their eyes?
- A. Look straight ahead or away.

- Q. What do women need to do to have privacy when using the bathroom?
- A. Close the door to the stall.
- Q. Do men have the same degree of privacy as women when using the bathroom?
- A. The men's bathroom has fewer bathroom stalls with doors.
- A. The men's bathroom has urinals that may be in the open.
- Q. When do you have a right to privacy at home?
- A. Getting dressed, taking a shower, using the bathroom.
- Q. What should you do if someone knocks on your bedroom door?
- A. Ask who it is. Say "*come in*" or "*go away*."
- Q. What should you do if someone barges into your bedroom without knocking?
- A. Tell the person to knock first and wait for permission to enter.

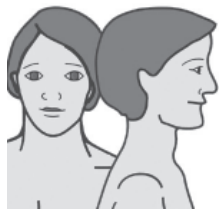


Activity 2 - Male and Female Anatomy

TRAINER'S TIP :

The purpose of this activity is to distinguish the anatomical differences between the genders and to identify *the most private* parts of the body. This discussion of "the privacy of your body" leads into further discussion in Module Five regarding relationships and sexuality.

Step-by-step



1. Distribute Handouts 1 and 2 for each participant, a drawing of a man and a woman.
2. While distributing the handouts, discuss sharing these pictures. For example, you can tell participants: "It's okay for you to share this information with parents, teachers and staff. But it's not appropriate to share these pictures with students in school or children (under 18 yrs) because their parents have not given us permission to do so. It's not appropriate to share with people you don't know." Some participants may be embarrassed by the pictures or think that they are funny. Don't react to their responses.
3. Be confident in your responses. In this activity, focus on the external anatomical differences. The internal sexual organs will be discussed in Module Five. Use proper terminology for the human anatomy and clarify misconceptions.
4. Tell the participants that they should point to particular parts of the bodies in the pictures. For example, "Point to: man's hand, woman's head, man's shoulder, man's nipples, woman's feet, man's penis, woman's breasts, woman's pubic hair, the woman's vulva (female genitalia), etc."

5. As the participants point to the body parts, check their answers.
6. Discuss anatomical similarities and differences in gender.
 - How the anatomy for men and women are similar.
 - How the anatomy for men and women are different.
 - It's okay for women to have different breast sizes and for men to have different size penises.
 - Identify the differences of a circumcised and an uncircumcised penis.
7. Discuss puberty, but since most of the participants are teens and adults, they have personally experienced physical changes during puberty; so keep this discussion brief. (Use Visual Aids 30 and 31)



Q. Do girls always look like this-refer to woman's breasts?

Show picture of females: child, adolescent, adult.

8. Discuss physical changes of a female
 - Development of breasts at age 10, 11, 12
 - Body hair
 - Menstrual cycle
9. How do boys change at adolescence?

Show picture of males: youth, adolescent, adult.

10. Discuss physical changes of a male
 - Voice
 - Facial and body hair
 - Muscular growth

**TRAINER'S TIP :**

Teaching the privacy of the body is very important because it provides a foundation for a person to make his or her own decisions about physical contact and sexual relationships. The goal is for participants to understand that there are different kinds of physical touch, ranging from casual touching when interacting with others, such as shaking hands, to showing casual affection, to sexual behavior.

Privacy of your Body

Identifying *the most private* areas of the Body Covered by Underwear

(Use Visual Aids 32 and 33)

Step-by-step



1. “Point to *the most private* areas on the man.”

Have the participants point to the body part and check their answers

2. “Point to *the most private* areas on a woman.”

Have the participants point to the body parts and check their answers.

3. Discuss Social Rules about the Privacy of Your Body.

- All parts of your body are private. You have a right to the privacy of your entire body.
- Any part of your body that is covered by underwear is especially considered *the most private*.
- When someone touches your genitals, they are touching a special place that is really private and that you have to agree to be touched there.¹⁴
- People need to respect your body by not touching any part of your body unless you say it is okay (give permission).
- It's okay for a personal support helper to assist a person with a disability, if the person gives permission.

4. Discuss exceptions to the rules on the privacy of our body.

Even though it's sometimes unpleasant, we need to have a doctor or nurse touch our bodies, including *the most private* areas, in order to keep us healthy. However, just like care givers and personal support helpers, health care professionals also need to be respectful of personal body space. Participants need to know that they can confide in or ask their doctor any questions about their body, including questions about sexuality.



Health Care Professionals

(Use Visual Aid 34)



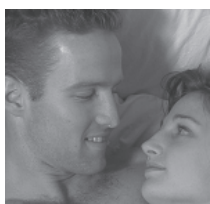
- Even though it is sometimes unpleasant, we need to have a doctor or nurse touch our private areas to keep us healthy.
- You should feel that you can confide in or ask your doctor any questions about your body, including sexuality.



Attendant/Personal Support Helper

(Use Visual Aid 35)

- Some people need others to assist them with the personal care of dressing, bathing, and using the bathroom.
- Anyone who provides personal care needs to be respectful of the person and follow an ethical code of conduct.



Discuss showing affection in private

(Use Visual Aid 36)

- Couples will show casual affection in front of others: hug, holding hands, a kiss good-bye.
- Couples who want to show intimate affection (touching genitalia, oral play) should only be done in a private place.
- It is appropriate for couples to touch each other in *the most private* areas as long as they both say that it is okay.
- Intimacy in a relationship is a decision that each person needs to make for themselves.
- You should never be forced into being touched or touching private areas of someone else.
- Showing affection by touching should not be hurtful or cause physical pain.

We will talk more about this when we talk about dating and sexuality in Modules Five and Six.

TRAINER'S TIP :

Take Note of Sexual Predators

Dr. Anna Salter talks about how sexual predators will first groom their intended victim, by gaining their trust through friendship, giving gifts and showing normal physical affection. Then they progress from normal physical affection, like hugs, to sexual touching. They rationalize the touching by altering the social rules for the privacy of the body. They might say that sexual touching is a way to show love, or that they are teaching the victim about their bodies.¹⁵ Given that many people with disabilities miss the subtle signals and cues in these situations, they may be unaware that they are being exploited by a sexual predator. Inform your participants and caution them as you see appropriate. We will spend more time on this issue in Module Four.



Activity 3 - What Would You Do? Scenarios

TRAINER'S TIP :

Use the "Countdown to Safety" overhead from Module Two. This is a scenario activity.



Step-by-step

1. Using the overhead "Countdown to Safety," review the steps for getting away from an uncomfortable situation. The goal is to reach our "safe zone."
2. Tell them to remember what it feels like to be in your "safe zone."
3. Tell them to remember an exercise from Module One; " We're going to *pretend* that you are in an uncomfortable situation."
4. After each scenario, present the empty container and packing material to the person, asking "How much do you trust that person?" Have the person fill the container with packing materials to show their response.
5. Each participant should have a chance to role-play at least once.

Scenario 1: Let's say that you and your uncle are sitting on the couch watching TV. While joking around, your uncle begins to tickle you. The tickling makes you laugh but it also hurts. Your uncle continues to hold you down while tickling you and joking around. How are you going to get him to stop?

Scenario 2: Let's say that you are getting dressed in your bedroom when your roommate walks into your room without knocking. You tell her to go away but she continues to stand in the doorway. How do you get her to leave so you can finish getting ready for work?

Scenario 3: Let's say you are sitting in front of your computer and a personal support helper comes up behind you and lays a hand on your shoulder. At first, you ignore it, but then you notice that the hand keeps moving closer to your chest. What action are you going to take to get away?

Scenario 4: Let's say your sister's boyfriend gives you a ride home. Before getting out of the car, he takes your hand and pushes it up against the front of his pants. Then he does it again. Before he lets you out of the car, he says, "If you tell anyone, I will say that you came onto me." What action are you going to take?

Wrap-Up

Make your closing comments and remind participants to bring in stories and observations for the discussion of current events in the next module. Handout 3: "*Module Three Summary.*"

To Learn More About This Topic

Module Three: The Right to Privacy

STARS: Skills training for assertiveness, relationship-building and sexual awareness, 5th edition, S. Heighway & S. Kidd Webster (1998). Waisman Center, University of Wisconsin, Madison, WI.

STARS 2: Skills training for assertiveness, relationship-building and sexual awareness for children S. Heighway & S. Kidd Webster (1993). Waisman Center, University of Wisconsin, Madison, WI.

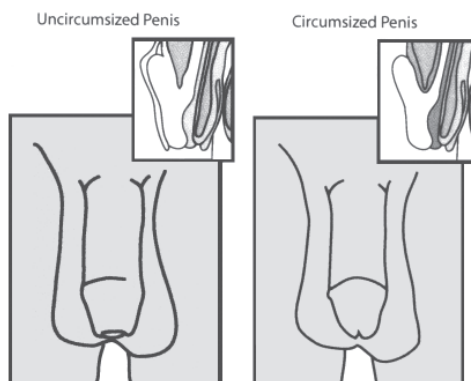
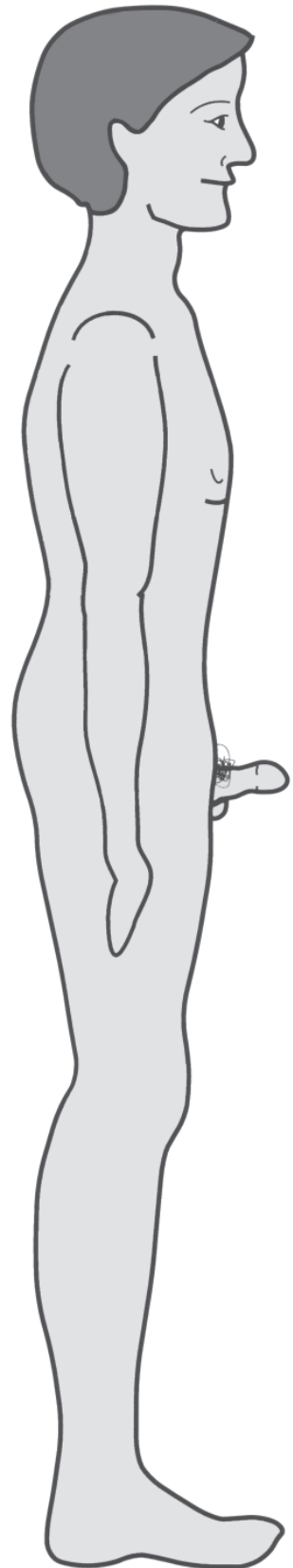
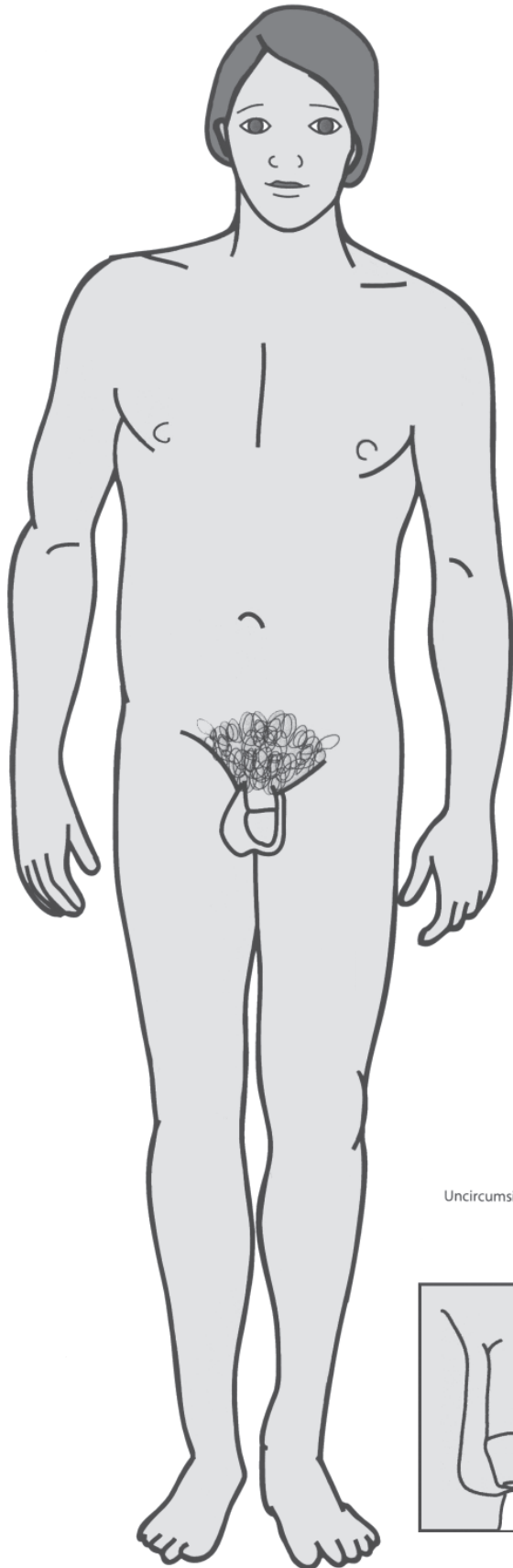
Key Vocabulary:

Public

Private

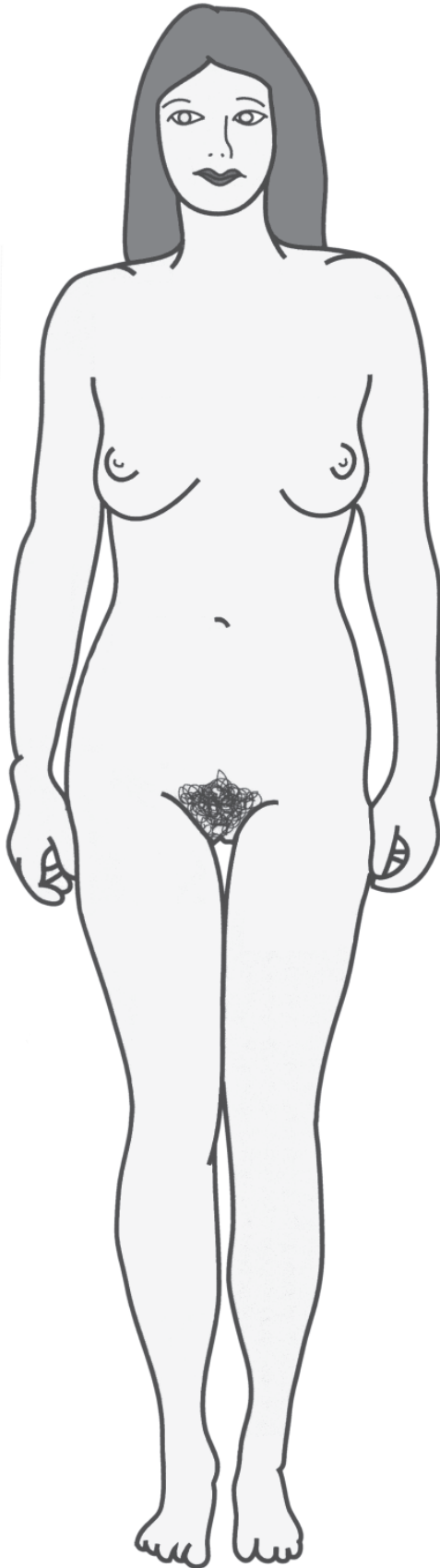
Adult Male

Handout 1



Adult Female

Handout 2



S.A.F.E.

Handout 3

Safety Awareness For Empowerment

Module Three Summary: The Right to Privacy

I. Review of Module Two-A Circle of Relationships: Who to Trust

- A. The Safe Zone is the invisible space around. It defines the safe distance to interact with people in your life.
- B. We defined the relationships of people in our lives and put them in different categories. There are different social rules for how to interact with people in different categories.
- C. Trust is based on the actions of other and our previous experiences with these people.

II. Social Rules for Privacy in a Public Restroom:

- A. Women have their privacy by closing the door to the bathroom stall.
- B. Men have less privacy when using an open urinal.

III. Social Rules for Privacy in Your Home:



- A. You have a right to be alone in your own personal space.
- B. When getting dressed, the bedroom door is closed.
- C. When using the bathroom, taking a shower or a bath, the bathroom door is closed.
- D. When sharing living space, it's important to respect each other's personal space and ask before using any personal belongings of another.

IV. Naming Male and Female Parts of the Body

We identified the differences between men and women and which body parts are private.

V. Social Rules about the Privacy of Your Body:

- A. All parts of your body are private. You have a right to the privacy of your entire body.
- B. Any part of your body that is covered by underwear is especially considered *the most private*.
- C. When someone touches your genitals, they are touching a special place that is really private, and you have to agree to be touched here.
- D. It's okay for a personal support helper to assist a person with a disability, if the person gives permission.

VI. Exceptions to Social Rules about the Privacy of Your Body:

- A. Even though it is sometimes unpleasant, we need to have a doctor or nurse touch our private areas to keep us healthy.

Module Four

Guard Against Tricks, Lies and Scams

Topic Overview – Learning to be Guarded

This module helps participants gain an awareness of their surroundings and how to be guarded, how to detect tricks, lies, and predators – how to recognize the real from the fake and the lures used by insincere people. Participants have already learned to recognize when they feel uncomfortable and uncertain. Now you will be able to build on that to help participants identify when to use caution around people whose actions make them feel uncomfortable and uncertain.

All of us, as adults, need to be aware of the situation, the place, and the people around us; the awareness can set off our warning signals to tell us if something doesn't feel right. Warning signals should then lead us to take action to protect ourselves from potentially dangerous situations. This module presents key concepts using new vocabulary to define the behaviors of a predator and to offer strategies for deflecting the predator's advances.

TRAINER'S TIP :

It's urgent that participants grasp how simple it is to be tricked by someone who appears sincere. If you need to boost your sense of urgency, take a look at "Activity 2: Detecting Lies and Tricks," and read the story presented there.

Have you ever been approached by a sales person who tries to sell you something by talking smooth and using technical terms you don't understand? And then later, you realize you were pressured into buying something you really didn't want? A predator will use the same technique on a victim by catching them off guard, flooding them with information, or showering them with affection. If a person needs more time to process information, predators will use it to their advantage by not giving the person enough time to think about what's happening.

Anyone can be tricked, can be lured into something foolish or dangerous.

For many people, it's difficult to recognize who is being real and who is being fake and it could be especially hard for participants who need more time to process information before making a decision.

To practice being suspicious or cautious in certain situations, the group will act out scenarios where they have to decide what is real or fake and then determine their options for how to proceed.

Module Four Objectives:

- Objective 1: To teach that you can't tell whether someone is safe to be with just by looking at them. Participants will learn to observe another person's behavior in order to decide if the person is safe.
- Objective 2: The message, "don't talk to strangers" is a misconception and does not protect vulnerable people from harm. Participants need to learn how to exercise caution with strangers rather than total avoidance.
- Objective 3: To teach participants to be aware of common lures used by predators.
- Objective 4: To role-play how we use our awareness of warning signals to tell us that something doesn't feel right.
- Objective 5: To develop a safety plan that provides general safety rules for at home and in public.

How to Prepare and Set Up the Module

Prior to Session: For Activity 5 participants will be required to write on a worksheet. You should arrange for helpers to assist those who may have difficulty writing.



Also, during Activity 5, you'll have an opportunity to do an optional exercise if you are in a public building. The exercise is to identify different types of locks and keys and how they work. Check before the session to see if this is something you can or want to do.

For Activity 6, the "classroom sting," arrange ahead of time to have someone come into the session who is willing to be an actor. This activity works best with someone the participants don't know or recognize. Also, inform all helpers about what will be happening during this activity because they will be asked to leave the room.

Review Activity 7 – a role-playing activity – and see if you want to bring in props to make the role playing more visual.

Materials: Overhead projector, a deck of cards, vocabulary cards, copies of Handout 1: "My Safety Plan," pages 1 and 2; Handout 2: "Module Four Outline."

Set Up: Overhead projector

Discussion of Current Events

A group discussion of news stories on incidents that have occurred relating to safety. Some of the stories may involve events of national interest and others may have been experienced by someone in the local community. If you need to, see the Introduction for suggestions on how to conduct this discussion.

Key Points to Review from Module Three (The Right to Privacy)

- In public restrooms, the degree of privacy varies. Privacy for women is a closed door of the bathroom stall. While in the men's bathroom, most urinals are in the open and don't have the same degree of privacy.
- There are some private places in public that limit access. For example, in a health club or YMCA, the men are not allowed in the women's locker room and women are not allowed in the men's locker room.
- At home, you should expect privacy when getting dressed and taking a shower in the bathroom. For privacy, the door is closed.
- All parts of your body are private. The parts of the body that are covered by underwear are considered *the most private*. You are the only one to decide who is allowed in your personal space.

Key Points to Review from Module Two (about Trust)

- We develop our trust in people based on our personal experiences. For example, if your aunt comes to visit you in the hospital, she is showing concern for your health.
- People demonstrate that they care about you through *their actions*.
- People demonstrate their lack of trust whenever they break a promise, threaten your safety, or lie to you. *Their actions* tell you they are not trustworthy.
- Our body gives us an uneasy feeling when we are around someone we don't trust. These uneasy feelings tell us to be aware of our surroundings. When feeling threatened, we may choose to move closer to people we trust.



Activity 1-Tricks and Lies

TRAINER'S TIP :

You're going to demonstrate the meaning of a "Trick." This activity uses a basic card trick to introduce the concept of being tricked. If you prefer, feel free to use a different card trick or magic trick for this demonstration. You'll need a deck of cards.

Step-by Step

1. Perform the following card trick:
 - Shuffle a deck of cards.
 - Cut the deck and ask a participant to take the top card off of the cut deck, look at it, remember the card and place it back in the deck.
 - While the participant is selecting the card, look carefully at the bottom card of the top half of the deck.
 - With the card back in the deck, turn the deck over and begin fanning out the cards face up. The first card next to the bottom card of the original top half will be the correct card.
 - Repeat the card trick a couple more times to see if any of the participants have figured out how you did the trick.
2. Introduce the meaning of a "trick."
 - A trick is a trap or a scam that is done to deceive a person. Some tricks, like card games, are fun.
 - Some people will use other kinds of tricks with the intention of victimizing someone.
3. Introduce the meaning of a lie.
 - Think back to when you were a child. Did you ever lie? Did you lie to cover up something that you knew was wrong? Did you blame it on your brother or sister for fear of being punished.
 - Lying means to not tell the truth.
 - Nobody likes to be fooled by a liar. A person who lies to you should not be trusted.
 - Some people lie with the intention of hurting another person.

TRAINER'S TIP : Practiced Liars

Before Activity 2, talk about practiced liars. It's difficult for most people to detect when someone is lying. Practiced liars know how to disguise their expressions in order to appear sincere. It's difficult to detect if a practiced liar is, or is not, telling the truth. He will sometimes lead a double life to cover-up certain behaviors. A practiced liar will commit a great deal of time planning a deception. A practiced liar may actually enjoy developing new ways to fool the people around them. For a practiced liar, having people believe in their deception is thrilling.



Activity 2-Detecting Lies and Tricks

TRAINER'S TIP :

Use the story below to discuss examples of lying. The questions follow the story. Then you'll introduce the concept of being guarded, and follow up with a discussion of what actions the young girl in the story could have taken to be more safe. Be aware that the outcome of this story would have likely been the same if we replaced the 14-year old girl with a young adult with a disability.

Step-by-step

1. Read the story:

"It Doesn't Take Much to Convince a Child to Open the Door to a Stranger."

ABC news did a story on an experiment with a teen about opening the door to a man who was a complete stranger. They set up an expert in child abductions with a hidden camera to approach the teen at the door. Her parents were watching and listening from a van parked on the street. This is an excerpt from their test.

"On a hot afternoon in California, Bob Stuber knocked on the door of a house where 14-year old Stephanie Walsh was home alone.

"Hi," he told her. "Your neighbors have a garage sale going on and I just bought some bedroom furniture. I need to call my wife to bring our pickup truck and your neighbor's phone is disconnected. Could I use yours real quick?"

Stephanie's parents have warned her about letting a stranger into the house, so she fetched a cordless phone and gave it to him on the porch. But when he said he was having trouble hearing, she let him in and walked off down the hall, leaving him to enter the house behind her.

Stephanie's mother Jill, who was listening in on the conversation was horrified. "It makes your stomach turn," she told Stuber afterward. "She's totally clueless – no fear at all right now. She'd do anything."

Q. Do you think that the man is telling the truth?

A. No, the man was lying.

Q. Which parts of the man's story might be untrue?

- Your neighbors have a garage sale going on and I just bought some bedroom furniture.
- I need to call my wife to bring our pickup truck.
- Your neighbor's phone is disconnected.
- He was having trouble hearing over the phone.

Q. What might have been this man's true motive for approaching Stephanie?

A. Assault, abduction, theft.

2. Introduce the concept of being guarded (Use Overhead 6 plus the comments and questions that follow)

Remember, in the beginning of Module One we played a game to match facial expressions with feelings. One of the facial expressions in that game is a man who looks like he feels "suspicious. ": He's looking out of the corner of his eyes with his mouth scrunched and cocked to one side. His eyebrows are angled toward the center of his forehead.

Using Overhead 6, you might say that the woman looks *doubtful, cautious, guarded, and distrustful*. These words also describe the feeling of being suspicious. No matter which word you use, when you have this feeling, it should serve as a warning signal. You need to take a moment to stop and think about what is happening and say, "*Hmmm.*"

The next step after "*Hmmm,*" is to ask yourself questions, such as "Is this real or fake?" or "Is this a trick?" You need to understand that the concepts of real and fake have opposite meanings. "Real" can be described as: true, genuine, actual. "Fake" is the opposite: it's not true or genuine. It's false.

To determine if something or someone is being real, we normally look for tangible, solid proof. We need to find clues by listening carefully, asking questions, and seeking assistance from others. If the tangible proof is not clear, then the situation requires caution. In other words, when in doubt be careful.

3. Review the steps for responding to suspicion:

- The woman in the picture is feeling suspicious and guarded.
- She takes a moment to stop and think, "*Hmmm.*"
- She follows the steps for being guarded before proceeding further.

4. Referring to the story along with Overhead 6, discuss other actions that Stephanie could have taken that would have been more safe.



Activity 3 - Profile of a Predator

TRAINER'S TIP :

Take time, and help participants understand the information below that defines predators, how they operate, and the lures they use. The main thrust of the activity is for participants to learn how to identify a predator and not just depend on how someone looks.

Step-by-Step

1. **Predators are generally practiced liars.** Their intent is to target vulnerable people with the aim of hurting or taking advantage of them. The predator spends time carefully targeting a victim and creating the opportunity to commit the offense through planning, grooming the situation, gaining trust, and using lures. Grooming and the use of lures are essential tools of the predator and are important concepts to understand.
2. **A predator will attempt to “groom” his victim before committing an assault.** First, a predator will often place himself in situations where he has access to the kinds of individuals he prefers to victimize. Second, the predator will try to “win over” the people who are near his potential targets. He will be charming, affectionate, and helpful. He will appear to be the best role model for others to follow. Third, he will select his victim. Predators usually have specific preferences in terms of age, gender, and appearance. He tries to earn the trust of the victim through special attention, doing favors, and giving gifts and money. Once he is assured that he has obtained the person's trust, he then commits his act when an opportunity presents itself. A predator may also threaten the person in an attempt to keep the assault from being reported.
3. **There are human predators who seek out vulnerable people:** children, women, people with disabilities, and senior citizens. Predators will spend their time in places where they can be close to their victims. They watch for opportunities to lure the victim into a location where the predator has complete control over the person. A predator may spend days or months developing a plan for how they are going to catch a victim.



4. **Looks alone can't determine if a person is a threat**

(Use Visual Aid 37)

- Present visual aid of four people wearing black: a young, good looking man, a serious looking man, a frustrated man, and a nice looking woman.
- Ask the group to identify which person is the predator. Point to each picture and ask the group to raise their hands for their choice.

Most participants will pick the frustrated looking man. Actually, there is no right answer. The object is to point out that you can't tell whether someone is safe just by looking at them. Participants need to observe a person's actions to determine if the person is safe to be around.

5. Discuss key aspects of a predator's profile:

- We envision predators being mean and bad looking, but a predator may be young or old, male or female, attractive or unattractive.
- A predator can be a man or a woman, but the majority of time, they are men.
- Predators who lure children into doing sexual acts are called pedophiles.
- Predators who force adults into doing sexual acts are called rapists.
- When a predator catches his victim and holds them against their will, this is called abduction or kidnapping.
- It is not clear why or how the predator chooses their victims. It may be to hurt and kill the victim or to commit sexual assault or theft. A predator will hide his motives by pretending to be helpful or to be a friend. Once he gains the person's trust, he will then take advantage of the victim.

6. Discuss the types of lures used by predators

TRAINER'S TIP :

Use the following information to introduce what a lure is and how it can be used.

On the news, we hear stories of someone being harmed by a predator after being lured or tricked. A lure attracts a victim by using something they want or something that catches their interest. For example, children are usually interested in petting small dogs. The predator may use a dog as a lure in order to get the child to come to him.

We have become better educated in understanding how predators use these lures to gain control of the victim. However, the more we discover about how predators operate, the more sophisticated or tricky they have become.

For example, predators use the Internet to contact potential victims through chat rooms and e-mail messages. One woman developed a relationship with a man who was a pen pal. They e-mailed each other for months. When she agreed to meet him in person, she arranged for him to pick her up at her house.

When the man arrived at the house, she discovered that he was much older than what he told her and that he was just released from prison. While in prison, the predator had spent months sending her e-mails showering her with affection and telling her what she wanted to hear. He used her need for a relationship and developed a false identity that would satisfy her image of him. This is another example of using a lure to attack a potential victim.

7. Review the points we've made so far

- We really don't know who is a threat to us just by looking at their appearance.
- Typically, a predator seeks out vulnerable people: children, minorities, women, people with disabilities and the elderly, and selects one of them as a target. We don't always know if the predator has targeted a specific person for a reason or picked a victim at random.
- The predator has a plan to hurt the victim. He spends time in places where he can be close to his potential victim and will watch for opportunities to lure the targeted person into a place where the predator is in control.
- The predator may use a "lure," something that will catch the interest of and attract their victim. Predators have become tricky in how they use the lures.
- Be cautious when approached by someone who makes you feel uncomfortable, especially if that person says or does something strange.



Activity 4 - Examples of Lures

TRAINER'S TIP :

Using visual aids, you're going to narrate four scenarios to demonstrate examples of lures used by predators. You can read each written narrative or ad lib using the scene. At the end of each scenario, have the group finish the story of what might happen next – using an ending that would be unsafe and an ending that would be safe. After the four scenarios, you'll discuss identity theft as scenario five.

Step-by-Step



Scenario 1: Using a small pet as a lure

(Use Visual Aid 38)

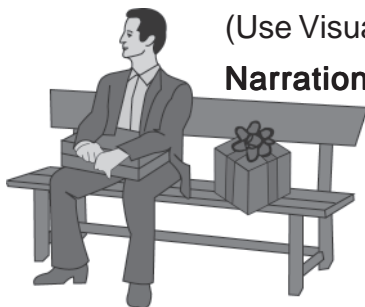
Narration: *Whenever there was a soccer game, a man from the neighborhood would come to watch. The man always brought his small dog to the games. The kids from the soccer team would come over to pet the dog. There was one boy who spent his free-time petting the dog. The man lets the boy pet the dog and holds onto the leash. The man asks the boy if he would be interested in walking his dog for him every Saturday and he would pay him for it. The man says that his house is right over there and they should walk together to show the boy how to get in. The boy is distracted by the dog and unaware of being led away from the soccer game.*

Discuss Key Points:

- Besides using a small dog as a lure, he could have chosen to use other small pets. For example, a kitten or a rabbit.
- The predator uses the pet to distract the victim into following him
- The predator is being tricky by being nice and keeping the victim's attention on the dog.

Scenario 2: Offering a Free Gift

(Use Visual Aid 39)



Narration: *A well-dressed man is sitting on a bench near the entrance of an office building watching for women to exit. He sees a woman who is by herself. The man steps up and introduces himself. He says that he is new in town and sells vacation packages. He tells her that if she agrees to put her name on a mailing list, he can give her a free gift, with no obligation. The woman politely listens and agrees to give out her name and address. The man says he forgot his forms. He says that he has another form in his car. He suggests that she could wait here, but it would be quicker if the two of them walk to his car. The woman agrees to walk with him to his car.*

Discuss Key Points:

- The man is hanging out at a location that he knows is used by women.
- The predator uses the drawing for a free vacation as a lure.
- The man's motive is to get the woman to his car.

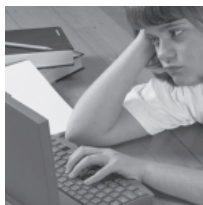
**Scenario 3: The Little League Coach**

(Use Visual Aid 40)

Narration: *A man with no family recently began coaching a Little League team. He was great with the kids, showering them with affection. He gave the kids hugs every time they made it to home plate. After a game, he would have a pizza party in his home and he encouraged the kids to hang around to play pin-ball. There was one boy who lived with his mother, who worked two jobs. The coach paid special attention to him by giving him gifts and having him sleep overnight.*

Discuss Key Points:

- This story is an example of the “grooming” process of a pedophile.
- He involves himself in an activity where he can be near children.
- He gets the children used to him, showing physical affection.
- He uses pizza parties and pin-ball machines to lure children to his house.
- He targets a victim who is lonely and has little parental supervision.

**Scenario 4 : Using a False Identity on the Internet**

(Use Visual Aid 41)

Narration: *A predator is using the Internet to attempt to meet young teenagers. The predator gets into a teen-age chat room where dating is being discussed. The predator begins to talk frequently with the same teen in the chat room. He convinces her to give out her e-mail address. The predator begins to converse with the teen via e-mail. In her e-mails, she casually talks about her school, her teachers and friends. He gets her home address. He says that he works at a local movie theater and could send her free tickets. The predator convinces the teen that he wants to be friends and arranges to meet her at the back door of the theater.*

Discuss Key Points:

- This is an example of a predator attempting to make personal contact.
- Don't give out personal information over the telephone or when communicating with others on the Internet.
- In this scenario, the predator uses the Internet to establish a friendship using a false identity.
- The predator uses free movie tickets as a lure.

Scenario 5: Discuss identity theft

Another new type of crime that victimizes individuals is identify theft. This happens when someone uses your personal information without your permission to commit fraud or other crimes. The kinds of information they can use to steal your identity are things like your name, Social Security number, credit card numbers, or other identifying information.

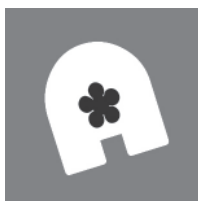
Criminals now utilize computer technology to obtain large amounts of such personal information. Many people respond to unsolicited e-mail called “spam” that promises them some benefit but requests identifying personal data to get the benefits – the sender of this e-mail most likely intends to use that personal information for his or her own gain. If you respond, you will be the victim.

In addition to the Internet, criminals can obtain personal information by looking over someone’s shoulder when entering a PIN number at an ATM machine, going through trash bins in search of pre-approved credit card offers, bank account records, and check stubs. Criminals also use a victim’s address to intercept personal mail by filing a change of address to have the mail forwarded to an address chosen by the criminal. The victim may not become aware of what is happening until the criminal has already inflicted substantial damage on the victim’s assets, credit, and reputation.

Identity theft can be committed by anyone who has access to personal information, including family members, direct service providers, and even employers. Given that many individuals with significant disabilities are dependant on others to handle their finances and personal data, they may be at higher risk to be victims of identity theft.

Examples of Identity Theft:

- You receive applications for “pre-approved” credit cards in the mail, but discard them without tearing up the enclosed materials. Criminals may retrieve them and try to activate the cards for their use without your knowledge.
- Your mail is delivered to a place where others may have ready access to it. Criminals could intercept and redirect your mail to another location.
- You lost your wallet while on a trip last weekend, only to find that by Monday, thousands of dollars have been charged to your credit card.
- Someone is standing behind you when using the ATM machine and looks over your shoulder while you enter your PIN number.
- The license plate on your car was stolen. Later you get a call that your license plates were attached to a stolen car that was used in a crime.



Activity 5 - Developing a Safety Plan

TRAINER'S TIP :

This activity will take 30-45 minutes.

A safety plan provides a concrete set of safety rules for use at home and in public. Given that your participants will be at varying levels of independence, you and participants will need to develop a generalized safety plan. It's important to emphasize that this plan should then be individualized, depending on the circumstances of each participant.

For example, some participants may spend a lot of time being home alone, while other participants require more supervision. Some may need to lock their doors, while others may choose to keep their doors unlocked. Some may need to deal with security-locked apartment buildings. So, individualized plans are necessary.

Encourage using cell phones as a safety tool

The need for people with disabilities to use cell phones as a safety tool was first presented in the Introduction of this training guide. You should incorporate using a cell phone as a component of the Safety Plan for participants who own or could use a cell phone.

If a person with a disability knows how to properly use a cell phone, he or she can get help when it's needed. It is a good idea to carry a cell phone whenever in public. The cell phone can be programmed with important telephone numbers and the person should be trained on how to use the phone in unsafe situations. In Tom Patire's *Personal Protection Handbook*, he even recommends keeping a cell phone next to your bed at night, so that it can be quickly retrieved in the event of a medical emergency, fire, or break-in.

In Wisconsin, 51% of the cases involving a perpetrator known to the victim occurred in either the victim's home or the perpetrators home.

Step-by-Step

1. **Hand out Worksheet 1-My Safety Plan: Page 1-At Home, and Page 2-In Public.** Because this module requires the participants to write on a worksheet, you'll need helpers to assist those who may have difficulty with writing.
2. **Each of the questions in this section is followed by a discussion of subjects related to the topic.** Lead a discussion of each answer provided by the participants before going on to the next question. The first five questions are about safety in the home; the second five are about safety in public.
3. **Use Overhead 7 (My Safety Plan, pages 1 and 2) to write in the answers, which participants should copy onto their sheets.**
4. **Explain the key aspects of the Safety Plan Worksheet and the go on to the questions:**
 - The worksheet will help us discuss safety-related topics.
 - It's designed to create general guidelines for responding to certain situations.



Question 1 At Home: When I am by myself, I should...

- A. Lock the door
- Close the curtains at night
- Turn on a light

Optional Exercise – If the class modules are held in a public building, take a tour of the building to identify the different types of locks and keys. Demonstrate how the locks work along with the variations in the types of keys used.

Discuss the varieties of locks:

- There are different types of keys and locks: a dead bolt, chain, touch key pad, magnetic card swipe, and remote control locks.
- Some people who live in apartment buildings have security locks at the entrance and some are only locked for each apartment. Which type of security system is safer?
- Some people who live in houses may choose to keep their doors locked only when they are away and others may choose to lock their doors all of the time. When home alone, always lock the door.
- At home, the participants should practice locking the door inside and outside of their home.

Discuss keys: Do you have a key?

- Show safe places for keeping a key. It should be easy to access.
- Keys can also be adapted for individuals who have difficulty with fine motor skills.

Discuss being responsible for keys

- As an adult, you have the right to have a key to your home.
- You need to be responsible for keeping them safe. If you lose your keys, report it right away to someone with authority.
- Always check with someone you trust before giving away your keys or letting someone make a copy.
- When using a security code or a password, protect it just like a real key.



Question 2 At Home: Before I answer the door, I should _____

- A. Ask who it is

Discuss the question: Who do you let inside your home?

- Use the *People in my Life* worksheet from Module Two to identify family members, close friends and personal support helpers. It's okay to open the door for these people.

- Have you been forewarned about a specific person who you should not allow into your home? Why?
- If you are unsure about letting the person in, don't let them in. Tell them to come back another time. Suggest a time when you know other people will be home. Don't tell the person that you are home by yourself.

Question 3 At Home: When answering the telephone, I should...



- A. Ask who it is.

Discuss options for screening telephone calls

- Listen to the answering machine before picking up the telephone.
- Use Caller-ID to know who it is before answering the telephone.

Discuss options for responding to telemarketers

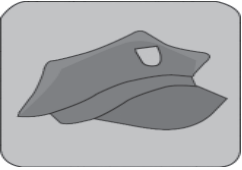
- Have your number placed on the state and federal "do not call" lists.
- It's okay to hang up on people who want to sell you something over the telephone.
- Say, "Do not call me. Take my telephone number off your list."

Question 4 At Home: When I answer the telephone, I should....

- A. Not give out any personal information

Discuss soliciting, harassing and annoying telephone calls

- Be cautious with any call where the caller wants to give you something for free or wants you to buy something.
- Be cautious about any call where the caller wants personal identification: social security number, birth date, address.
- Don't give out your credit card to someone who calls you to sell something or ask for a donation. Only give your credit card if you initiated the call.
- Be cautious with anyone who talks about sex or money.
- Seek help from someone you trust when dealing with repeated, undesired, harassing, or annoying calls.



Question 5 At Home: In an Emergency, I should _____

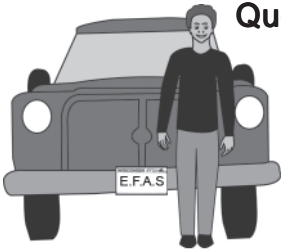
A. Call 911

Discuss when to call 911:

- There are different reasons why someone would call 911: fire, ambulance, police.
- If you're not sure it's an emergency, call 911. They are there to assist you.

Discuss when not to call 911

- It is inappropriate to call 911 as a joke. There may be someone else who is in an emergency who really needs the help.
- When the medical need is non-urgent and can wait for your regular physician to treat it in the clinic.
- When the medical need is minor and can be treated by yourself or by someone you know (such as, putting on a band aid).



Question 1 In Public: When someone unfamiliar offers me a ride, I should ...

A. Say "No" and walk away.

Discuss the issue of accepting rides from others

- When waiting for a ride, always know who is picking you up and be able to identify the vehicle.
- It's never okay to accept a ride that is not pre-arranged from someone you don't know, even if they tell you they have permission from home or work.
- Talk to someone you trust about accepting a ride in an "urgent" situation from someone you live near or work with.

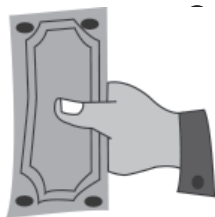


Question 2 In Public: When someone offers me a free gift, I should...

A. Say "No" and walk away.

Discuss the problem of accepting free gifts

- Be cautious about anyone who approaches you to give you something for free. There is usually another reason why they are approaching you.
- They may be only pretending to be your friend and to like you in order to get something from you.



Question 3 In Public: When someone asks me for money, I should...

A. Say "No" and walk away

Discuss the problem of giving money to someone who claims to need it.

- People who say they need money for food should contact the food pantries or churches to help them. They should not be asking you for money.
- There are more appropriate ways for you to help people. For example, donate to charities that help people in need.
- Do not allow people to look in your wallet for money.
- A paycheck is the same as money. Do not allow any unfamiliar person to take your check.

Question 4 In Public: When someone wants my phone number and address, I should...

A. Say "No" and walk away.

Discuss the importance of protecting your personal information.



- Always be cautious about sharing information with people you do not know.
- Don't sign up for contests.
- Don't carry your Social Security card in your wallet.
- Some people may be friendly to you with the intent of gaining your trust and then asking for personal information. Giving them the information could hurt you.

Question 5 In Public: The most important thing to do in an emergency is...

A. Call 911.

Discuss emergency situations and what to do.

- In an emergency situation, the most important thing you can do is call 911.
- You can call 911 from a payphone without using money. Stay on the line and don't hang up. The police can trace the call and identify where you are.
- If you call 911 from a cell phone, you will need to identify a location.

Worksheet Summary and Review

At Home:

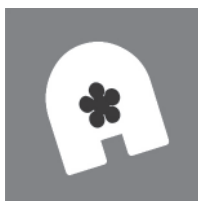
- *“When I am home by myself, I should lock the door.”*
- *“Before I answer the door, I should ask who it is.”*
- *“When I answer the phone, I should not give out any personal information.”*
- *“In an emergency, I should call 911.”*

In Public:

- *“I should not accept rides from people I do not know.”*
- *“I should say no if someone offers me a free gift.”*
- *“I should not give my money to others.”*
- *“I should not give out personal information.”*
- *“The most important thing I can do in an emergency is call 911.”*

(End of Worksheet)

(This is usually a good time to take a break.)



Activity 6 - Setting up the Classroom “Sting Operation”

TRAINER'S TIP :

In this training guide, a sting operation is a staged situation planned ahead of time to evaluate what the participants have learned. This sting operation tests the participant's response, without assistance, to someone who enters the classroom and asks for personal information. In Activity 2, participants learned that they should not give out personal information to someone they don't know. We are testing to see if the entire group can collectively keep the actor from obtaining their personal information.

Step-by-Step

1. Prior to this module, as mentioned earlier, you need to find someone who is willing to be an actor, someone who is unfamiliar to the participants. Explain to the helpers ahead of time what will happen in this activity.
2. When the participants return to the group after break, give them a reason for you and all of the helpers to leave the room (for example, to meet briefly about a transportation problem). Tell the participants to stay in the room.
3. The door to the room should be left open just enough to hear the discussion in the group.
4. A minute later, the actor walks into the room and begins talking to the participants. The actor is a nice person who starts asking questions of individuals: what is their name, where do they live, how are they getting home, etc. The actor can use a false name, give out an incorrect telephone number etc.
5. Unless the participants tell the actor to leave, the instructor should let this interaction go on for three to five minutes.
6. After five minutes, the instructor and helpers can return to the room. The instructor should ask the group what they have been doing and who is this unfamiliar person in the room. At that point, some participants will realize that this was a staged situation.
7. Discuss the following:
 - Did anyone use caution when being approached by the actor?
 - Did the actor want something from you?
 - Did anyone give out their personal information?
 - If the actor was a predator, how could the information be used to hurt you?
8. Ask the actor to share any other information learned about each person. Thank the actor for participating in this activity.



Activity 7 - What Would You Do? Scenario

TRAINER'S TIP :

This is a role-playing improvisation involving three scenarios described below. Remind the participants that when role-playing, we are acting. In this case we are acting out the role of the predator and the use of lures to attack victims.

Step-by-Step



Select different participants to be the predator and the victim for each scenario.

You may choose to bring in props to make the role-playing more visual.

At the indicated place in the role-play, you will say the word "Freeze."

While the participants playing the predator and the victim are "frozen," have the group use the steps in Overhead 6 to determine how the victim should respond.

The instructor will "Unfreeze" the actors and have them improvise the scenario using the group's responses.

Scenario 1: Allowing the cable repair man into the home when alone.

A man wearing a cap and holding a tool box (predator) knocks on the door. He identifies himself as working for the cable company. He explains that he got a call to come fix the TV. The victim says that she is alone and can't let anyone into the house. The repair man says that someone said that it was okay for him to come into the house. He needs to come in now or the TV won't be fixed and she'll miss her favorite programs. The victim really wants to watch "Wheel of Fortune" at 4 o'clock.

"Freeze." What should she do?

"Unfreeze." Act out the group responses.

Scenario 2: An unfamiliar neighbor invites you in their house.

A new neighbor (predator) has recently moved in. He approaches the young woman (victim) and starts talking about the things he likes to do. He mentions that he has a great collection of CD's and that he would loan some of them to the woman. The predator is overly friendly and invites her to his house.

"Freeze." What should she do?

"Unfreeze." Act out the group responses.

Scenario 3: Being introduced to someone new

Your mother has introduced you to a new minister in the church (predator). You (victim) greet him by holding out your hand. He shakes your hand with both hands and pulls you close to him. The minister begins a casual conversation, and he puts one hand on your shoulder. He stands intimately close to you. He says that he wants to be really good friends. You know that you need to be cautious when meeting new people for the first time. But he is a minister and you think he just wants to be your friend.

“Freeze.” What should she do?

“Unfreeze.” Act out the group responses.

Wrap-Up

Make your closing comments and remind participants to bring in stories and observations for the discussion of current events in the next module. Handout 2: “Module Four Summary.”

To Learn More About This Topic:

Module Four: Profile of a Predator and Developing a Safety Plan

Books

Tom Patire's Personal Protection Handbook, T. Patire (2003). Three Rivers Press, New York City, New York.

Internet resources

National Security Alliance, Inc. The kidsafe network (online). Retrieved November 16, 2004. www.kidsafenetwork.com

Bob Stuber's Safe Escape: your complete family safety resource (online), B. Stuber, (2003). Retrieved November 16, 2004. www.bobstuber.com

National Do Not Call Registry: to register up to three phone numbers that you do want called by telemarketers. 1-888-382-1222 or TTY 1-866-290-4236
www.donotcall.gov

Other Resources

Federal Trade Commission ID Theft Hotline toll-free 1-877-IDTHEFT

Social Security Administration Fraud Line, 1-800-269-0271

Key Vocabulary:

Predator

Perpetrator

Vulnerable

Pedophile

Lure

Abduction

Victim

Identity Theft



My Safety Plan At Home...Handout 1- page 1

When I am at home by myself, I should:

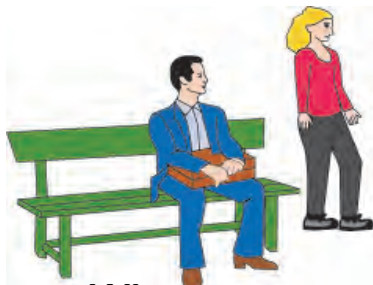
Before I answer the door, I should:



When I answer the phone, I should:



In an emergency, I should call:



In Public...

Handout 1- page 2

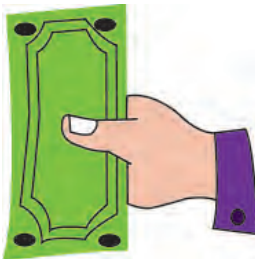
When someone unfamiliar offers me a ride, I should:



When someone offers me a free gift, I should:



When someone asks me for money, I should:



When someone wants my phone number and address, I should:



The most important thing I can do in an emergency is:

S.A.F.E.

Handout 2

Safety Awareness For Empowerment

Module Four Summary: Guard Against Tricks, Lies and Scams

I. Review of Module Three-The Right to be Safe

- A. At home, you have the right to privacy in the bedroom and bathroom.
- B. You have a right to privacy of your body.
- C. All parts of your body are private. That part that is covered by underwear is considered *the most private*.
- D. People need to respect the private areas of your body by not touching you unless you say it is okay.

II. Tricks and Lies

- A. Some people will use other kinds of tricks with the intention of victimizing someone.
- B. Lying means to not tell the truth.

Nobody likes to be fooled by a liar. A person who lies to you should not be trusted. Some people lie with the intention of hurting another person.



Learning to be Guarded

The man in the picture is feeling suspicious and guarded. He takes a moment to stop and think, “Hmmm.” He follows the steps for being guarded before proceeding further.

III. Profile of a Predator

- A. We really don't know who is a threat to us just by looking at their appearance.
- B. A predator can be a man or a woman, but the majority of them are men.
- C. Predators seek out vulnerable people: children, minorities, women, people with disabilities and the elderly, and select one of them as a target.
- D. The predator has a plan to hurt the victim. He spends time in places where he can be close to his potential victim.
- E. The predator may use a “lure,” something that will catch the interest of and attract their victim. Predators have become tricky in how they use the lures.

IV. Developing a Safety Plan

- A. Safety Plan is a set of rules for being safe. These rules should be made to fit each person's living situation. For example,
 - 1. When I am by myself, I should lock the door. I should learn how to use my own key to lock the door from inside and outside.

2. Before I answer the door, I should ask who it is and use caution with anyone who arrives unannounced.
3. When I answer the telephone and use the Internet, I should never give out any personal information.
4. Do not accept rides from unknown people, even if they say your family or support staff say that is okay.
5. Be guarded any time someone talks about sex or money.
6. Be cautious when anyone offers you something for free. They may try to trick you because they want something from you.
7. Some people may be friendly to you just to get something, like money, and identification.
8. The most important thing you can do in an emergency is call 911.

Module Five

Safety & Sexuality

Topic Overview – Sexuality

The material in Module Five builds on key concepts taught in previous modules. For example, in Module Two, we learn that it's unsafe and illegal to have a sexual relationship with a family member or a personal support helper. In Module Three, we learn there are social rules related to intimate relationships and to establishing boundaries for the privacy of our bodies. In all of the modules, we learn to notice that we feel trust in varying degrees, and to be careful about trusting.

In this module we learn that adults express their love and affection through their sexuality. Based on negative past experiences, sexuality may be threatening. Yet, the discovery of sexuality can feel thrilling and exciting. For some, it results in building loving, long-lasting relationships. The safety of sexuality depends on the conditions under which the sexual activity occurs. Participants need to feel supported when making personal decisions about sexuality – decisions that feel comfortable and safe. No one should engage in a sexual activity that feels unsure, forced, threatening, or scary.

Understanding sexuality is confusing for inexperienced adults because it often involves mixed messages and we frequently have learned inaccurate or incomplete information. The goal of this module is to provide straight forward information by labeling and exactly describing what occurs in solitary sex and sexual intercourse.

TRAINER'S TIP :

There is a saying that *"a picture is worth a thousand words."* Be aware, the illustrations in this module are designed to be basic, concrete, and factual about things that are otherwise difficult to describe.

It's important for you to forewarn parents and guardians that you will talk about homosexuality and contraceptives in a value-neutral way. Tell them the module can be followed by private discussions with trusted family members and close friends so they can share their personal values related to sexuality.

During the module, you must present information on sexuality in a positive, fair and unbiased manner, without personal values influencing the discussion. It's important that you present the material in terms the participants will understand: be concrete, direct, and complete. Be open to questions and allow the participants to share their own personal stories regarding sexuality.

As the trainer, you need to feel confident in presenting the content in this module, but you don't have to know all of the answers. There are many excellent materials referenced at the end of the module for more in-depth teaching of sexuality to individuals with disabilities.

The Intimacy Debate

If two adults choose to have an intimate relationship that is private and doesn't endanger themselves or anyone else, should we respect that decision? What if the relationship involves a person with a disability?

Many parents and professionals are concerned about exploitation, pregnancy, emotional maturity, and legal questions as to whether some individuals with disabilities can make safe decisions. On the other hand, many people with disabilities share the same concerns – but they also claim they should have the same rights as adults without disabilities to establish their own set of values and decisions towards sexuality and intimacy.

In conducting this module, you need to be aware of this debate over sexuality and the personal rights of people with disabilities – and note also that in our society the debate is both controversial and far from over.

Module Five Objectives:

- Objective 1: To use visual aids for concrete and factual information on sexuality.
- Objective 2 To establish that affectionate touch, masturbating, and physical intimacy with a partner are expressed only in private.
- Objective 3: To establish that each person needs to decide for themselves their own comfort level with sexual intimacy. Sexual intimacy should never feel forced or threatening.
- Objective 4: To establish that for those who are sexually active, using latex condoms during sexual intercourse is the only way to protect against the deadly HIV virus that causes AIDS.
- Objective 5: To encourage caution when getting to know a date. Establish personal boundaries for how comfortable you are with sexual contact.

How to Prepare and Set Up the Module

Prior to the session

You will need to get enough condoms for each participant to have one. It's preferable to purchase a variety of styles of condoms: lubricated, spermicidal, ribbed. **Warning!** There may be some participants who have a latex allergy and should not touch latex condoms.

You should also obtain a prop that represents a penis. Listed in the "More About This Topic" section, there are excellent educational props available for less than \$150. It's also possible to use a sex device, a dildo. The most basic prop can be an elongated vegetable – a cucumber or zucchini – that is the relative size/shape of a penis.

Materials: Overhead projector with overhead and visual aids. Condoms and prop. Blackboard or flip chart.

Set Up: Overhead projector

Discussion of Current Events



A group discussion of news stories on incidents that have occurred relating to safety. Some of the stories may involve events of national interest and others may have been experienced by someone in the local community. If you need to, see the Introduction for suggestions on how to conduct this discussion.

Key Points to Review from Previous Modules

The following points build a foundation for the discussion of sexuality:

- Trust is based on how the actions of a person make you feel strange, unsafe, or uncertain. The level of trust can change when someone lies to you, breaks a promise, or does things that are hurtful.
- It is unsafe and illegal to have a sexual relationship with a family member (other than a spouse) or a personal support helper.
- There are social rules related to intimate relationships and establishing boundaries for the privacy of our bodies:
 - * Any part of your body that is covered by underclothes is considered private.
 - * People need to respect the private areas of your body by not touching you unless you say it is okay.
- You have a right to be alone in your own personal space. For privacy in the bedroom and bathroom, the door is closed.
- You should feel you can confide in or ask your doctor any questions about your body, including questions about sexuality.
- Sometimes, it is hard to tell if affection is real or fake. Sometimes it's hard to tell if a person uses affection as a trick.

Discuss the Topic of Safety and Sexuality

- This session is an appropriate opportunity to talk openly about sex. It's your opportunity to get factual information and ask questions.
- It's okay to feel uncomfortable when looking at some of the pictures shared in this session.
- Outside of this session, who is it okay to talk to about sexuality?
 - * Only adults! Children are too young to understand this topic and it would be inappropriate to share this information with them.
 - * Discussion about sexuality at school and work could be taken as sexual harassment.

- In our society, we have laws pertaining to sexuality:
 - * It is illegal (against the law) for an adult to have sex with anyone less than 18 years of age.
 - * It is illegal for an adult to talk about and show pictures of sex to a child.
 - * It is illegal to pay someone for having sex.
 - * It is illegal to accept money for sex.



Activity 1- Dating and Loving Someone Special

TRAINER'S TIP :

In this activity you will ask participants if they want to have a boyfriend or girlfriend, get married, or have children. Nearly all will say they want to date; some may say they want to get married; and a few might say they want to some day have children. The point here is that their responses demonstrate that individuals with disabilities are already thinking about the desire to have intimate relationships.

Step-by-Step

1. **Tell participants** that the most personal and private kind of relationship is love and sexual intimacy with a partner. In our discussion of intimate relationships, we'll discuss:

- Social rules for expressing affection in front of others;
- Touching that is only done in private;
- How to respect personal boundaries;
- How to define sexual intercourse, heterosexual relationships, and homosexuality;
- The risks for HIV/AIDS and sexually transmitted diseases.

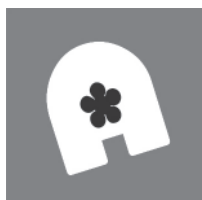
2. **Poll the participants on personal choice.**

Ask them to raise their hands to respond to the following questions:

- Q. How many of you have or want to have a boyfriend or girlfriend?
- Q. How many of you want to someday get married?
- Q. How many of you would like to someday have children?
 - A. Direct discussion based on their responses.
- Q. How old does someone need to be to get married?
- Q. How would you know if you are "ready" to get married?

3. Tell them we are going to explore the general steps used for entering the dating world.

- Meeting someone you are interested in dating.
- Getting their attention.
- Courting.
- Respecting personal boundaries.



Activity 2 - Entering the Dating World

Step 1: Meeting someone you are interested in dating

As a group:

- Generate a list of places where can you meet people who are interested in dating, and
- Sort the list into two categories: safe or risky/ inappropriate places to find people to date. Record answers on board or pad of paper.

Examples:

<u>Safe</u>	<u>Risky or Inappropriate</u>
School	Work (sexual harassment rules)
Health Club	Shopping malls (high degree of sexual predators)
Church	Internet sites (high degree of sexual predators)
Social Clubs	Bars



Step 2: Getting their attention

- Show signs by using body language that you are attracted/flirting.
(Use Visual Aid 42)
- Discuss the signs (body language) in the interaction between the two people in the visual aid. Discuss how she shows she is interested in him.

Q. How does this woman show that she is flirting with him?

A. The woman is gazing up at him, smiling, talking to him.

Q. What are some other ways to get the attention of someone you like?

A. Finding reasons to be physically near them

Finding reasons to call them

Complimenting the person

Being funny and joking around

Showing interest in something he or she likes

Teasing



Step 3: Courting

Discuss how the social rules for dating have changed over time.
(Use Overhead 8)

- Use examples of the social rules for dating used by our parents and our grandparents.
- Use examples of inter-racial relationships.

Discuss how different cultures each have their own social rules for dating.

- Some cultures have pre-arranged marriages.
- Some cultures require a chaperone who is a family member to escort the date.
- Some cultures marry young –14-15 years old.



Step 4: Respecting Personal Boundaries: Social Rules for Affectionate Touch

Discuss examples of the kinds of affectionate touch that are acceptable in front of others or in public.

- Holding Hands
- Arms around one another
- Hugs
- Embrace

Discuss examples of affectionate touch used only in private

(Use Overhead 9)

- Kissing
- Caressing

(This is usually a good time to take a break.)



Activity 3 - Sexual Feelings Expressed *Only* in Private

1. Self-Pleasure in Solitary Sex

TRAINER'S TIP :

In today's society, our view of masturbation has shifted from being something that is entirely taboo to an understanding that it is a natural desire in all humans. Masturbation is a safe sexual practice that may be the only outlet of sexual expression for many individuals who otherwise may never have an intimate relationship with another person.¹⁶ In this section, you'll find a number of definitions. Use them as you find appropriate for the participants in your group.

As a group:

- Generate a list of what it means "to have sex"
- Generate a list of terms, including slang to describe sex.
- Record answers on board or pad of paper.



2. Male Masturbation

(Use Overhead 10)

TRAINER'S TIP :

Given the age of the participants, it's likely that this is the first time they have seen a picture of masturbation. There are some participants who can answer your questions about masturbation but not have a complete understanding of it.

Assess the knowledge level of masturbation by asking the following questions:

- Q. What is happening in this picture?
- Q. How do you think he is feeling?
- Q. What do you think will happen next?

If you are asked for definitions or if you find offering the definitions is appropriate for your group, use these simple definitions for the male's physical response

Erection: When the man touches his penis, it causes the penis to be long and stiff along with feelings of sex desire and arousal. An erection can also occur when imagining, talking or viewing something sexually pleasing.

Ejaculation: With continual stroking of his penis, a white, milky fluid called semen, will visibly rush out from the tip of the penis, giving the man a feeling of release and sexual pleasure.

Wet Dreams: While asleep, men will have a dream that causes an erection and ejaculation. When he wakes up, he notices his pants or bed is wet.



3. Female Masturbation

(Use Overhead 11)

Assess the knowledge level of masturbation by asking the following questions:

- Q. What is happening in this picture?
- Q. How do you think she is feeling?
- Q. What do you think will happen next?

If you are asked for definitions or if you find offering the definitions is appropriate for your group, use these simple definitions for the female's physical response:

- Vulva:** The part of the body on the surface of the external genitalia
- Clitoris:** The woman is touching an area of her body called the clitoris which causes her to be sexually aroused. The continued touch, warmth and pressure causes the vaginal area to become wet.
- Orgasm:** The muscles around the vagina will eventually contract which results in a release and sexual pleasure.
- Multiple Orgasm** (advanced)-With continued touching of the clitoris, a woman is able to have more than one sexual release.

Discuss Key Points: (same for men and women)

Masturbation is: When an individual stimulates sexual arousal and pleasure through self-touching and rubbing of the genitals. Masturbation is a safe sexual practice. It is;

- fun and it feels good;
- a means of sexual arousal and release;
- a natural way to explore your own sexuality.

The Social Rules that *Everyone* must Follow:

- As adults we need to be responsible for ensuring that masturbation *occurs only in private places*, for example, the bedroom or in the bathroom *with the door closed*.
- It is illegal to masturbate in public, in the view of others, or around children.
- It is also illegal to force another person to participate in masturbation.

4. Sexual Intimacy with a Partner

The most personal kind of human relationship is love and intimacy.

Love and Intimacy is:

- A higher degree of physical affection with another person.
- Based on individual choice.
- A vow or commitment to only be sexually intimate (exclusive) with one person.

The Social Rule that *Everyone* must Follow:

Sexual intercourse is done between two people, *only in private*, with the door closed.

5. What is sexual intercourse?

TRAINER'S TIP :

Decide how much detail to provide on the definitions below. For the majority of participants, it's best to keep it simple and concrete. Provide definitions as you see appropriate.

The most basic definition is when the man's penis is inserted in the woman's vagina.

An **expanded** definition involves any part of the body being inserted into the genital or anal opening, like oral and anal sex.¹⁷

The legal definition is vulva penetration, cunnilingus, fellatio or anal intercourse between persons, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal opening.¹⁸

Note that there is an Advanced segment on homosexual relationships.

Discuss key points concerning sexual intercourse.

(Use Overheads 12 and 13)

Q. What's happening in this picture?



- Provide a simple explanation-the man's penis is inserted inside the woman's vagina. Use an external and internal view of sexual intercourse.
- Provide simple definitions for the female genitalia: the clitoris, vagina and vaginal opening, urinary tract, and the anus.
- When a man ejaculates (just like in masturbation), a white, milky fluid of semen containing sperm enters the woman's uterus, which could result in pregnancy.
- The most typical sexual intercourse is *heterosexual*-between a man and a woman.
- All forms of sexual intercourse run the risk of sexually transmitted diseases and HIV/AIDS.



Sexual Intercourse in Different Positions

(Use Overhead 14)

- Sexual intercourse can occur in different positions: lying down, sitting and standing.
- Regardless of the position used during sexual intercourse between a man and a woman, it carries the risk of pregnancy.
- Sexual intercourse and pregnancy can still occur when partially clothed.



Advanced: Homosexual Relationships

(Use Overheads 15, 16, 17)

The Social Rule that *Everyone* must Follow:

Sexual intimacy between two women or two men is done only in private with the door closed.

Discuss key points of intimate homosexual relationships:

- Homosexual relationships are when both partners are of the same sex.
- 10% of the population has had homosexual relationships.¹⁹
- Some people consider themselves bi-sexual, which means they enjoy having sex with both men and women.



Discuss key points of sexual intimacy between two women:

- Women who are homosexual are referred to as *lesbians*.
- Two women having sex may involve stimulating the clitoris and the cervix.
- Two women having sex does not naturally result in pregnancy.



Discuss key points of sexual intimacy between two men:

- Men who are homosexual are referred to as *gay*.
- Two men having sex may involve oral sex and anal sex.
- Two men having sex does not result in pregnancy.

6. Safe Sex: Preventing STD's and HIV/AIDS

Protection from HIV and AIDS

TRAINER'S TIP :

As part of the discussion of sexual intimacy, it is essential to teach that the safety of sexual intimacy is maximized through the use of condoms. Only latex condoms protect against sexually transmitted diseases (STD).²⁰ STDs are infections transmitted through sexual intercourse, with the most deadly disease being HIV, the virus that causes AIDS. Other STD's include gonorrhea, syphilis, herpes and Chlamydia.²¹

Who is responsible for the condoms? Both partners are responsible for obtaining and using condoms *before* having sexual intercourse and sexual intimacy.



Activity 4 - Using a Condom Correctly

(Use Overhead 18)

TRAINER'S TIP :

Warn the participants about latex allergies: if the person is aware that they have a latex allergy, they should only observe this activity and not handle the condoms. The group can also discuss other options: non-latex male and female condoms.

Step-by-Step



1. **Warn participants about latex and then distribute a condom to each participant who does not have an allergy to latex.**
2. **Discuss key points concerning the use of a condom**
 - If you're having sex, latex condoms are the only protection against sexually transmitted diseases (STD), most critically HIV and AIDS.²² Discuss other options.
 - AIDS is fatal. To prevent aids, it is *critical* that condoms are used correctly.
 - Condoms are inexpensive and readily available at drug stores and grocery stores.
 - There are different styles of condoms for personal preferences.
 - Natural skin condoms can be used to prevent pregnancy but do not have the same protective effect against sexually transmitted diseases.²³
 - For people who can't use latex condoms, female condoms are available, but may be more complicated to use correctly.
 - This activity is designed for both men and women, to understand the proper way to use a condom and that both partners are responsible for obtaining condoms *before* having sexual intercourse.
3. **Using sample condoms that have been distributed; discuss these key points:**
 - Find the expiration date printed on each condom package. The *spermicidal* in the condom is no longer effective after the expired date. Discard condoms with expired dates.
 - Condoms should only be used once and discarded.
 - Show a condom that is ripped. Do not use a condom that is ripped or punctured.
 - Do not "test" a condom by filling with water.

4. Demonstrate how to place a condom on a penis

TRAINER'S TIP :

Prior to the demonstration, clarify to the participants that we are practicing and *pretending* that the prop is a penis. In real situations, the condom is placed on the man's penis. For more personal training, you can ask a doctor, nurse to train you on how to use a condom.

- The participants should open the condom package. The condom comes out of the package rolled up. It may be wet and slippery.

How to place a condom on a penis:

- Rest the rolled-up condom on the head of the erect penis and slowly begin to unroll it down the length of the penis.
- Leave a small pouch on the tip to collect the semen.
- Squeeze air out of the space at the end of the condom.
- Unroll the condom all of the way.²⁴

Give each participant a chance to place the condom on the penis prop.

When finished, discard the used condoms and have everyone who handled the condoms wash their hands.



Activity 5 - Social Rules for Safe Dating

(Use Overhead 19)

There are two options, (basic and advanced) to structure this activity.

Basic Step-by-Step:

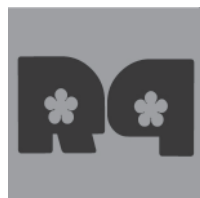
1. Using the overhead, read the social rules on how to establish boundaries while getting to know someone when dating.
2. Ask the group if they agree or disagree with the rule.
3. The group should generate additional rules for being safe on a date.
4. Record their answers on the board or on a pad of paper.

Advanced Step-by-Step:

NOTE: Each participant is going to make a card of social rules for dating that is small enough to keep in a wallet.

1. Hand out 3X5 index cards to the participants.
2. Using the overhead, read the social rules on how to establish boundaries while getting to know someone when dating.
3. The group will be asked if they agree or disagree with the rule.
4. Each participant should pick three social rules to write on their index cards that they feel are helpful.





Activity 6 - What Would You Do? Scenarios

Role-play scenarios for asking someone for a date

1. Remind the participants that in the role-playing exercise, we are acting out the role of asking someone out on a date.
2. Ask two participants for each scenario to play the role of asking someone for a date and being asked for a date. You can coach the participant on what to say in the role play.
3. After each scenario has been role-played, ask the group to identify what the person did to get attention.
4. For each scenario, have the group provide other ideas on how other participants would have interacted in that situation.

Scenario 1: The man and woman attend the same cooking class on a weekday evening. The woman should use compliments to get the man's attention and then ask him for a date.

Scenario 2: The man and woman ride the same bus to work each day. The man is going to act silly and joke around to get the woman's attention and then ask her for a date.

Scenario 3: The man and woman sit in the same area to eat lunch. The woman is reading a book and drinking a soda. The man is going to approach the woman to ask her about her book and what her favorite soda is. The man is then going to ask her to meet him for lunch next week.

Wrap-Up

Make whatever closing comments you think appropriate.

Remind participants to bring in news stories or personal events for the current events discussion next time.

Review whatever you think needs emphasis.

Handout 1: "Module Five Summary"

To Learn More About This Topic

Module Five: Sexual Expression and Safe Dating

Articles and Books

Sexuality Issues for youth with disabilities and chronic health conditions.

C. Shapland, C. (1999). An occasional policy brief of the Institute for Child Health Policy, Gainesville, FL

The Joy Of Sex, Fully Revised And Completely Updated For The 21st Century, A. Comfort (2002). Octopus Publishing Group

This book provides drawings of sexual intercourse.

Sexuality Education: Building a Foundation of Healthy Attitudes, Disability Solutions, May/June 2001, T. Couwenhoven www.disabilitysolutions.org

Gay, Lesbian, Bisexual and Transgender People with Developmental Disabilities and Mental Retardation: Stories of the Rainbow Group, J. Allen
A description of the first support group for sexual minorities with developmental disabilities.

The Joy of Gay Sex: Fully Revised and Expanded Third Edition (2003) C. Silverstein & F. Picano, HarperCollins Publishers

The Joy of Lesbian Sex, E. Sisley & B. Harris, Simon & Schuster, 1986.

Not a Child Anymore, Brook Advisory Centres, Education & Publications Unit, 153A East St., London SE17 2SD England

A twelve-series training module on sexual development.

Sexuality: Your Sons and Daughters with Intellectual Disabilities (2000) K. Melberg Schwier & D. Hingsburger, Paul H. Brookes publishing, www.pbrookes.com
This book addresses sexual development issues across the life cycle from birth to adulthood.

Programs/Curricula

STARS: Skills training for assertiveness, relationship-building and sexual awareness, 5th edition, S. Heighway & S. Kidd Webster (1998). Waisman Center, University of Wisconsin, Madison, WI.

STARS 2: Skills training for assertiveness, relationship-building and sexual awareness for children, S. Heighway & S. Kidd Webster (1993). Waisman Center, University of Wisconsin, Madison, WI.

Signs for Sexuality: A Resource Manual for Deaf and Hard of Hearing Individuals, Their Families, and Professionals, Second Edition. M. Minkin and L. Rosen-Ritt, Planned Parenthood of Seattle-King County, 2211 East Madison, Seattle, WA 98112-5397

Autism-Asperger's & Sexuality: Puberty and Beyond (2002) J. & M. Newport, Future Horizons Publishing

A personal look at sexual challenges for those diagnosed with autism spectrum disorders.

Videos

Hand Made Love: A Guide for Teaching About Male Masturbation, David Hingsburger, Diverse City Press.

A video tape and book set that provides easy to follow instructions.

Finger Tips: A Guide for Teaching about Female Masturbation, David Hingsburger, Diverse City Press.

A video tape and book set that provides easy step-by-step photographs.

Under Cover Dick: A Guide for Teaching About Condom Use through Video and Understanding, David Hingsburger, Diverse City Press

A video tape and book set that provides clear directions for condom use and discusses sexually transmitted diseases

Other resources

Nasco Catalog, www.enasco.com

Safer Sex Techniques Model: Demonstrate the proper use of condoms with a model, artificial semen and condoms.

Economy Condom Training Model: Teaching safer sex practices with a module, replicated semen and condoms.

Anatomical Chart of Reproductive System: A color chart with visual illustrations of the female reproductive system.

Parents, Families and Friends of Lesbians and Gays (PFLAG) (online), Retrieved November 16, 2004. <http://www.pflag.org/>

This website includes a variety of educational and advocacy resources.

Key Vocabulary:

Masturbating

Semen

Condom

Vagina

Clitoris

Sexual Intercourse

Sexually Transmitted
Diseases

HIV and AIDS

S.A.F.E.

Handout 1

Safety Awareness For Empowerment

Module Five Summary: Safety & Sexuality

I. Review of key concepts from previous modules that relate to sexuality:

- The level of trust can change when someone lies to you, breaks a promise or does things that are hurtful.
- It is unsafe and illegal to have a sexual relationship with a family member (other than a spouse) or a personal support helper.
- There are social rules related to intimate relationships and establishing boundaries for privacy of our bodies:
 - * Any part of your body that is covered by under clothes is considered *the most private*.
 - * People need to respect the private areas of your body by not touching you unless you say it is okay
 - * You have a right to be alone in your own personal space. For privacy in the bedroom and bathroom, the door is closed.
- You should feel that you can confide in or ask your doctor any questions about your body including questions about sexuality.
- Sometimes it's hard to tell if a person uses affection as a trick. Sometimes, it hard to tell if affection is real or fake.

II. Social Rules for Affectionate Touch

- A. Examples of affectionate touch that is acceptable in front of others or in public: Holding Hands, Arms around one another, Hugs, Embrace
- B. Examples of affectionate touch used only in private: Kissing, Caressing

III. Sexual Feelings Expressed Only in Private

A. Masturbating is:

- * a means of self-pleasure and sexual arousal.
- * a natural way to explore your own sexuality.
- * done in private with the door closed.

B. When a man touches his penis, it causes the penis to become hard and aroused. With continued touching, a white fluid called semen will rush out from the tip of the penis. This release gives the man a feeling of a sexual pleasure.

C. When a woman touches an area of her body called the clitoris, it causes her to be sexually aroused. With continued touching, warmth and pressure, the vaginal area becomes wet. The release of the vaginal muscles contracting results in sexual pleasure.

IV. Intimacy

- A. Sexual intercourse occurs when a man's penis is in the woman's vagina.
- B. When a man ejaculates (just like in masturbation), a white, milky fluid of semen containing sperm enters the woman's uterus, which could result in pregnancy.
- C. Latex condoms are the only protection against sexually transmitted diseases (STD), most critically HIV and AIDS.



Module Six

Changes in Relationships

Topic Overview—When Things Go Wrong

First, some facts about domestic violence:

- In the US, domestic violence is the leading cause of injury to women between the age 15-44 years. This is more than the injuries due to car accidents, muggings, and rapes combined.²⁵
- In the U.S., a woman is beaten every 15 seconds.²⁶
- In the U.S., one million women suffer nonfatal violence by an intimate partner each year. This translates into a rate of about 9 in 1000 women suffering violence at the hands of an intimate.²⁷
- A National Crime Victimization survey found that women were 6 times more likely than men to experience violence at the hands of an intimate partner. Intimate partners include current or former spouses, boyfriends, girlfriends, dating partners, regardless of whether they are cohabitating or not.²⁸
- Nearly half of the 50,000 rapes and sexual assaults reported to the police by women of all ages were committed by friends or acquaintances.²⁹
- A woman living with her boyfriend is twice as likely to become the victim of domestic violence as a married woman.³⁰
- Men can be victims, and women can batter. One in four gay men have experienced domestic violence. Stereotypes about gender and sexual orientation are repudiated by the fact that gay men and lesbians are victims and batterers at roughly the same rate as heterosexuals are.³¹

These statistics demonstrate the scope of domestic violence that occurs in our society – and it occurs across race, social class, disabilities, age, and sexual orientation. Domestic abuse affects everyone, including children, family, friends, people at school and work, and social relationships.

“I am tired of being told what I should or should not do as a woman in order to ‘prevent’ my own rape... There is no ambiguity and there is no gray area: it is the perpetrators who are the problem. The key, I believe, to ending sexual assault is creating a men’s culture in which being a “real man” is fundamentally inconsistent with perpetrating sexual violence... and in which the courage to speak out against rape is the ultimate sign of male strength.”³²

—Luoluo Hong, Board member of the Rape Crisis Center

From Module Five to Module Six – When things go wrong

Module Five includes discussions about the positive reasons for having relationships and how to meet people and date safely. It introduces sexuality as a normal feeling that all adults experience. Sexuality makes us feel good about ourselves and the people we choose to share our affection. There are many options for individuals to explore their sexuality.

Module Six presents the other side of relationships: when things go wrong. Participants will learn how positive, caring relationships can turn negative.

Many people with disabilities have difficulty establishing intimate relationships and when they do, the relationships are usually treasured. Inevitably, however, relationships change over time, and there are times when it's a challenge to decide what action to take next. It's confusing to be in a relationship that's loving and caring but also violent.

Unfortunately, there may be participants who have already had personal experience with domestic violence or unwanted sexual contact. Victims of domestic violence have a difficult time accepting that they are victims of a crime and need to protect themselves from future harm.

Module Six uses the strategies you are familiar with from other modules (the "Countdown to Safety" and "Tell Someone You Trust") as ways for a person to get out of a relationship no longer desired.

TRAINER'S TIP :

The information presented below (after the Module Six Objectives) is meant for the Trainer. It will help you offer clarification when participants ask questions. The definitions provided give you the correct labels for actions or behaviors that may come up in discussion. Use the information as a reference, and only as needed.

This Module is divided into two sections:

- 1) A review of information on sexuality from Module Five, along with a guided discussion about domestic violence using visual aids, stories, and scenarios. The reference information presented below may be useful during this section as questions come up.
- 2) A group game to play that reviews all of the information covered in the modules so far.

Plan on allowing at least 45-50 minutes for each section plus time for a break.

This module is also an opportunity to bring in a guest speaker or presenter. The speaker could be a law enforcement official or an expert in domestic violence – someone who could provide first-hand information about real life situations relating to domestic violence and sexual assault. **Be careful in making a decision** to bring in a guest speaker. Depending on the level of maturity of the participants, a guest speaker may be too overwhelming. It's important that we share accurate information about the negative aspects of relationships, but we don't want to discourage participants from establishing intimate relationships out of fear that something bad will happen.

Module Six Objectives:

The objectives in this module are learning objectives, succinct descriptions of what we want participants to learn:

- Objective 1: Domestic violence relationships often start out with the abuser being charming. Over time, however, relationships can change from being loving and caring to violent. The level of trust in a relationship changes when betrayed by a partner.
- Objective 2: Domestic violence is a crime. People in these relationships can't always get out of the relationship by themselves and need to seek help and protect themselves from future harm.
- Objective 3: Sexual assault is not the fault of the victim.
- Objective 4: Seek help by telling someone you trust about the abuse, and obtain professional counseling for help in getting out of relationships that are no longer desired. A safety plan and restraining order are tools to help people feel safe.

Reference Information

Components of Domestic Violence

49% of people with developmental disabilities who are victims of violence will experience 10 or more abusive incidents
Source: WI Coalition Against Sexual Assault.

Domestic violence is a pattern of aggressive and intimidating behaviors that the abuser uses to control his or her partner. Physical abuse, verbal abuse, sexual assault, and financial exploitation are forms of domestic violence.

The most common types of physical abuse are hitting, kicking and physical restraint. Signs of physical abuse include bruises and injuries. The victim of physical abuse may pass off injuries as “accidents” or try to hide them. Physical abuse also includes the use of isolation and seclusion to restrict a person’s mobility.

Verbal abuse is often overlooked as being a form of abusive behavior. Verbal abuse can cause emotional pain, psychological disorders and leave long-lasting scars. When someone has been verbally assaulted, they may experience physical responses to the abuse: feeling dizzy, becoming rigid, and tensing the stomach and muscles.³³

The intention of the abuser is to use verbal bullets to reduce the person’s self-esteem while building the abuser’s ego. Verbal abuse occurs in many forms, which requires careful listening to what a person says. The comments may be hostile, demeaning, threatening, and insulting. Victims of verbal abuse may be so used to hearing it, that they might not even recognize being abused. Verbal abuse is not limited to domestic relationships; it can occur in other relationships, as well as at work, school and in public.

In the activities for this Module, the group will identify “verbal red flags” used in an argument and discuss how words are used to hurt another person.

Sexual Assault

Regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate more than two times greater than non-disabled women.³⁴

Sexual assault is any unwanted sexual contact. It is an act of violence and power in which sex is used as a weapon.

Under the State of Wisconsin Statutes there are four degrees of sexual assault:

First Degree Sexual Assault is an offense by a person who does any of the following:

- (a) has sexual contact or sexual intercourse with another person without consent of that person, and causes pregnancy or great bodily harm to that person;
- (b) has sexual contact or sexual intercourse with another person without consent of that person by use or threat of use of a dangerous weapon or any article used or fashioned in a manner to lead the victim reasonably to believe it to be a dangerous weapon; or
- (c) is aided or abetted by one or more other persons and has sexual contact or sexual intercourse with another person without consent of that person by use or threat of force or violence.

Second Degree Sexual Assault is an offense by a person who does any of the following:

- (a) has sexual contact or sexual intercourse with another person without consent of that person by use or threat of force or violence;
- (b) has sexual contact or sexual intercourse with another person without consent of that person and causes injury, illness, disease or impairment of a sexual or reproductive organ, or mental anguish requiring psychiatric care for the victim;
- (c) has sexual contact or sexual intercourse with a person who suffers from a mental illness or *deficiency* which renders that person temporarily or permanently incapable of appraising the person's conduct, and the defendant knows of such condition;

The word
"deficiency"
pertains to
individuals with
cognitive
disabilities

- (d) has sexual contact or sexual intercourse with a person who is under the influence of an intoxicant to a degree which renders that person incapable of appraising the person's conduct, and the defendant knows of such condition;
- (e) has sexual contact or sexual intercourse with a person who the defendant knows is unconscious;
- (f) is aided or abetted by one or more other persons and has sexual contact or sexual intercourse with another person without the consent of that person.
- (g) is an employee of certain types of treatment or residential facilities or programs and has sexual contact or sexual intercourse with a person who is a patient or resident of the facility or program;
- (h) has sexual contact or sexual intercourse under certain conditions with an individual who is confined in a correctional institution if the actor is a correctional staff member; or

- (i) has sexual contact or sexual intercourse under certain conditions with an individual who is on probation, parole, or extended supervision, if the actor is a probation, parole, or extended supervision agent who supervises the individual.

Third Degree Sexual Assault is an offense by a person who has sexual intercourse, or sexual contact under certain circumstances, with a person without the consent of that person.

Fourth Degree Sexual Assault is an offense by a person who has sexual contact with a person without the consent of that person in a manner that does not constitute third degree sexual assault.

“Sexual contact” is defined as any of the following: (a) intentional touching for the purpose of sexually degrading or sexually humiliating the victim, or sexually arousing or gratifying the defendant, or if the touching contains elements of actual or attempted battery (causing bodily harm); or (b) the intentional release of certain bodily substances by the defendant upon any part of the body, clothed or unclothed, of the victim if that release of bodily substances is either for the purpose of sexually degrading or sexually humiliating the victim, or for the purpose of sexually arousing or gratifying the defendant.

“Consent” is legally defined in Wisconsin, 940.225 (4), as words or overt actions by a person who is competent to give informed consent indicating a freely given agreement to have sexual intercourse or sexual contact. The following persons are presumed incapable of consent but the presumption may be rebutted by competent evidence:

- (a) A person suffering from a mental illness or defect which impairs capacity to appraise personal conduct.
- (b) A person who is unconscious or for any other reason is physically unable to communicate unwillingness to an act.

Saying “no” defines probable cause and elements of a crime.

The laws regarding consent are often unclear when it comes to defining the “competency” of a person with a disability. In addition, the issue of compliance in domestic violence is often touchy because individuals with developmental disabilities will almost always say “yes” when being manipulated to do something. The perpetrator can state that the person with the disability gave implied consent because they didn’t say “no” nor did they try to get away. That’s why the “Countdown to Safety” exercise, used throughout this training guide, teaches the participants to be assertive and to say “no” when someone makes them feel uncomfortable. Using the word “No” clearly expresses what the person wants, even if they don’t resist the perpetrator.

The most dangerous time for domestic violence to occur is when the victim is trying to get out of the relationship. If a participant is a victim of domestic violence and seeks your help, don’t encourage the victim to do anything that is unsafe. Rather, help the victim to make a contact with a qualified therapist or support group to receive professional assistance. If the victim shares evidence of physical abuse, it is your responsibility to notify law enforcement officials.

Profile of a Rapist

Warning: Some instructors may find the following information disturbing.

Professional researchers like Dr. Anna Salter and the Wisconsin Coalition Against Domestic Violence are beginning to profile perpetrators of sexual assault and develop composites to describe their patterns of behavior. There is considerable diversity among the rapists. This section provides some basic descriptions of the types of sexual assault offenders.

Opportunistic Rapists are criminals who commit sexual assault because the opportunity arises in the midst of another crime. They commit the crime for the sense of power and are not selective about the victim. The crime itself is the thrill.³⁵

Compulsive Rapists commit violent sexual assaults to vent anger and rage. They obsessively create a distorted sexual fantasy that is eventually acted out. For them, rape is the main crime.³⁶

Sexual Sadists are sexually attracted to pain. Sadists hurt people for the sake of sexual thrill that creates a high for them. Sadism can be compared to drug addiction. For the perpetrator, violence is a stimulant that produces a rush similar to a drug-induced high.³⁷

Acquaintance Rapists are known for date rape because the victim knows the rapist and the act often occurs on a date. Date rape is also called “hidden rape.” It involves being subjected to unwanted sexual contact (intercourse, oral sex, anal sex or other sexual contact) through the use of force or threat of force. Date rapists are “regular guys” who don’t have a criminal background. They plan their seduction ahead of time. Some acquaintance rapists use a date-rape drug, Rohypnol, to impair a person’s ability to resist. Rohypnol is a sedative that has no odor or taste and can be slipped into someone’s drink without their knowledge. Date-rape drugs are used to render the person unconscious or unable to move. Some victims may not be aware that they have been raped until physical evidence is discovered later.³⁸

Gang Rapists are men who might never commit rape alone, but when they are with a group, the rape becomes a “bonding” experience of their masculinity. Often, the group’s leader is the first man to rape the woman, with the rest to follow. The rape is considered a form of dominance over the woman and an achievement.³⁹

38% of married women with disabilities have reported experiencing sexual violence by their partner.

Spousal Rape is when husbands have sexually assaulted their own wife. The rape has nothing to do with a wife’s withholding of sex because they also have consensual sexual intercourse. Researchers conclude that husband-rapists rape to reinforce their power, dominance, or control over their wife or family, or to express anger.⁴⁰

Caregiver Rape is sexual assault by someone who serves as a primary provider of basic human needs. A caregiver is a professional, paraprofessional, or volunteer providing service to an individual under a contractual or formal arrangement. The offender often has significantly greater cognitive or physical ability than the victim does. Under Wisconsin law, caregivers are considered domestic partners and can be charged with domestic violence for physical and sexual violence.⁴¹

Statutory rape is sex with a minor. A minor is a person younger than 18 years.

Pedophiles are primarily men who are sexually attracted to children of a certain age group. Most pedophiles have obsessive fantasies about children, which leads to carrying out the fantasies on real children. Another category of pedophiles includes men who molest children because they aren't able to obtain intimacy with adults. Female pedophiles are less common. They will either molest children under the age of six, primarily their own children, or teenagers, usually based on a romanticized relationship with the victim in an attempt to deflect responsibility from themselves.⁴²

Stalkers generally have had an intimate relationship with a person in the past and refuse to admit that the relationship is over. A stalker may also believe that his victim was meant to be his ideal mate, even though they have never met. He has created their relationship in his mind. The majority of stalkers are men, and the majority of targets are women.⁴³

How to Prepare and Set Up the Module

Prior to Session:

Find 2-3 stories in local newspapers containing recent examples of domestic violence and sexual assault incidents to use in the Discussion of Current Events.

Review the game materials in the "Games to Play" section to determine which version of the game is best for the group, and prepare the needed materials. You will need to assemble the game board and cut the printed questions into cards.

Be prepared to use visual aids from Module Five for review, and the "Countdown to Safety" Overhead 2 from Module One.

Materials: Overhead Projector, a Clear Empty Container, Packing Materials (or any item of similar mass), blackboard/flip chart or pad, copies of Handout 1: "Module Six Summary"

Set Up: Overhead projector

Discussion of Current Events



Group discussion of recent news stories or personal incidents.

Key Points to Review from Module Five - "Safety and Sexuality"
(use Visual Aids from Module Five)

The information presented in Module Five provides the foundation for the understanding of sexuality. Be prepared to allocate enough time for reviewing the key points:

- Masturbation is a means of sexual arousal and self-pleasure.
- Masturbation is a natural way to explore your own sexuality.
- Masturbating, sexual intercourse and other sexual activity are done in private with the door closed.
- When a man ejaculates during intercourse, a white, milky fluid containing semen enters the woman's vagina, which could result in pregnancy.

- The most typical sexual intercourse for a man and a woman is vaginal intercourse.
- Latex condoms are the only protection against sexually transmitted diseases (STD), most importantly HIV.

Introduction to Domestic Violence

Read to the group some of the statistics listed in the beginning of this section.

Verbal Abuse

(Using Visual Aids 43, 44, 45)

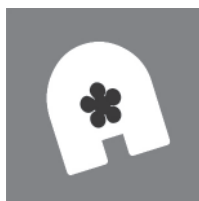


Discuss the examples of verbal abuse as follows:

Different types of verbal red flags

- Name Calling
- Put Downs-who wants to “get a leg up”
- Threats
- Trashers-blunt negative feelings
- Backhanded compliments: “I’m only kidding”





Domestic Violence

Activity 1-Three Stories

TRAINER'S TIP :

Using overheads, read each story out loud and, as a group, answer each of the questions included with the stories. Have the group provide alternative endings to each story using an ending that would be unsafe and an ending that would be safe. Vocabulary words are listed before each story . If you have participants read and you think they might not know these words, go over them before each story.

Step-by-Step

1. Read Story 1-Bad Choices Lead to Pain (describes a situation of domestic violence) and discuss questions. Source: Standard -Times, SouthCoast Today, www.s-t.com/projects/DomVio/domviohome.HTML
2. Read Story 2-Denise (describes physical and sexual abuse) and discuss questions. Source: Gay Men's Domestic Violence Project, www.gmdv.org
3. Read Story 3-Lydia (describes acquaintance rape) and discuss questions. Source: I Never Called It Rape
4. Discuss these key points:
 - Domestic violence is when one person in the relationship tries to control the other person through physical, sexual or verbal abuse.
 - Sexual assault is not the fault of the victim.
 - No one has the right to force another person to have sex.
 - Never become involved sexually with someone under age 18.
 - Domestic Violence is a crime. Saying "No" is legally important in later prosecution of the predator.

Story One-Bad Choices Lead to Pain

Vocabulary:

Chaos
Abuser
Restraining order
Violence
Arrest
Charges



Nine days before Christmas, the phone rings at the Police Department.

Officer Rita Gibson answers the phone and hears shouting, sobs, and swearing from a man demanding that the police keep their noses out of his life.

“I’m not a bum. I’m not a bum,” the man shouts, nearly sobbing with rage. “I don’t beat her. I only hit her three times. It’s not like I put black and blues on her every day like these other crazies.”

Officer Gibson can hear the yelling in the background between the man and his wife. Dave is 32, his wife is 30. They have been together 13 years, married for four. This is the fifth time police have been called.

What we hear next is Officer Gibson’s end of the call – each new paragraph indicating when she pauses to listen to either the abuser or his wife on the other end of the line.

“No Dave, this is not happening because of O.J. Simpson,” says Officer Gibson.

There is a long pause while Dave yells. His voice is loud enough to be heard through the receiver, but it is hard to understand his words.

“Yes, it’s a big deal, Dave,” says Officer Gibson.

“Did you break down the door to the apartment last night?” she asks.

Dave hands the phone to his wife, hoping that she will tell the police officer that he didn’t really break down the door.

“So then why did you call 911?” “Nobody dials 911 accidentally.”

“You say you only dialed 911 to threaten him, but that’s not what we use 911 for here.”

“Yes, I understand that, but after he kicked the door in, you told your son to go into the bedroom and call 911.”

Officer Gibson has the report on what happened last night.

“Didn’t he say to you last night that if he goes to jail for this, you are going to be dead?”

Officer Gibson listens to her response.

“I realize it was just an argument,” she says. “But the police have been to your house four times in the last three months.”

“What’s that? He says he’s only violated the restraining order three times?”

“Okay, you say you were off the wall yourself — that he’s not a bad person. But you told your son to call 911.”

She tells Officer Gibson to stop the restraining order.

“You have a 14-year-old boy at home in a very violent situation.”

“Yes, it IS violent. He has kicked down your door and says he’s going to kill you. That’s a violent situation. We’re very worried about you and your son.”

“I understand you want to try to work it out, but in the meantime, you have a 14-year-old boy in the house who’s listening to all this.”

“He IS involved,” she says. You had your son call 911.”

“You can’t tell me that your son sleeps through your fights after what I’ve heard today,” says Officer Gibson. “I can hear Dave yelling at you in the background right now.”

“No, we are not going to drop the charges. We’re going to protect you and protect your son.”

A pause. Dave gets back on the phone crying and yelling. Officer Gibson lifts the phone away from her ear.

“Dave, are you going to listen to me? Will you listen? Will you listen?”

“Dave, listen to me.”

“I see – the cops are the problem.”

“Maybe you didn’t hit her this time Dave, but abuse is not just black and blue eyes. I can arrest you if you say ‘You’re going to be dead if I go to jail.’”

Officer Gibson sends a police car over to the apartment. When the police get to the woman’s apartment, Dave has already left. The police issue an order for him to appear in court.

The police talk to the woman. The police tell her how the law can get help for her and her son.

“You have to protect yourself – if not for yourself, then for your son.” “If you have problems again call 911.”

The police worry about getting help for the family, especially if the son grows up to be just like his dad.

Questions:

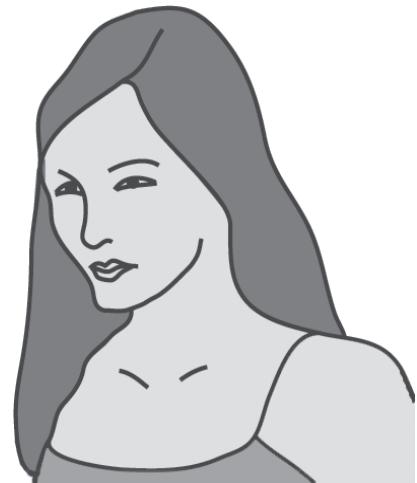
1. When hearing this story, did your body give you any warning signals as a response to what you heard?
2. Domestic violence is when a person in a relationship tries to control the other. What were some examples of Dave trying to control the relationship with his wife?
3. Did Dave cause any physical harm?
4. Did Dave make any threats?
5. Did Dave try to intimidate his wife?
6. Why would the police be concerned about getting help for the family?
7. What would be an alternate ending to the story using an ending that would be unsafe?
8. What would be an alternate ending to the story using an ending that would be safe?

Story Two-Denise

Vocabulary:

Physical Trauma
Domestic Violence
Control
Intimidation

Denise was 22 when she first met Alex. Alex was a very fun and caring man. Living in Florida, they spent most days at the beach. They had a lot of fun and grew very close. Alex liked to show Denise how to cook new foods and Denise got him to like country music.



After four months of dating, Alex and Denise had plans to go to a party. Alex came home late and he was very mean. Denise said that it was too late to go to the party and Alex grew angry. Alex slapped Denise and pushed her over a chair. Alex said that he was sorry, made dinner, and helped Denise into bed.

Then next morning Denise awoke from pain in her chest. She went to the clinic, and the doctor said that she had three cracked ribs. Denise did not tell Alex about her ribs. She felt that Alex would never hurt her again.

Over the next few months, they spent a lot of time together. Alex said that he loved her. He only got angry when he was about to visit his family. He would slap Denise, pin her down, or push her. The violence would last a few minutes and then Alex would say he was sorry. Alex said that he had a hard time dealing with his family.

On New Year's Day, Denise and Alex moved into an apartment. Denise hoped for a new beginning. But things only got worse.

Denise and Alex bought a car. Alex would pick Denise up from work at 4 p.m. But there were times when he was one to four hours late. Everyone who worked with Denise could see that Alex made her wait. **"I felt hurt, but I pretended it wasn't happening."** One night they argued about the car. Alex pushed Denise down the stairs, breaking her jaw in two places. Denise had to spend two days in the hospital and her jaw was wired shut for 6 weeks. Denise was so afraid of getting Alex mad that she lied to the nurse when asked how she got injured.

When Denise got out of the hospital, sex was the last thing on her mind. But, if she refused, Alex would act insulted and become forceful. **"We would get into bed with him raring to go and me just wanting a warm place to hide. The less interested I was in having sex, the more mad and forceful he became."** One night, after Denise told Alex that she wanted to be left alone, Alex pinned her down and repeatedly punched her, tearing at her insides. Denise spent another two weeks in the hospital to heal.

Even after her time in the hospital, Alex continued to attack Denise. Alex tore open Denise's newly healed wounds. **"My insides hurt so much that I could only eat one meal a day and I weighed 108 pounds. I was so tired, having just enough energy to get through work and come home to sleep."** Her insides never healed and she had to return to the hospital for some surgery. During all of her hospital stay, Alex only visited Denise in the hospital four times.

But when Denise came home from the hospital she was greeted with flowers and all her favorite foods. For several weeks Alex tried to pay attention to Denise's needs, running errands, doing the shopping, and cooking meals. Alex said that he wanted another chance.

Denise's wounds did not heal and she was in need of further surgery. She was fired from her job for taking too much time off work. Denise didn't have any money and needed Alex to pay all of the bills. Alex got to make all the decisions on how the money was spent, what they ate, and where they went.

Unable to find another job, Denise decided to move back with her parents. **"I thought of it as a chance to take a break from the strain of everyday life and pull myself together."** She left with only the clothes on her back, leaving everything she owned with Alex.

Denise and Alex spoke a couple of times over the phone, but then they quit talking. Denise began a new life, free from her batterer. She found a job and got more medical help for the injuries from her abuse. She spent three weeks in the hospital and four more months in physical therapy.

Today she lives with pain and stiffness in her jaw from the break and has to take daily medications for her stomach. **“Prior to Alex, I had never been exposed to domestic violence through either experience or education. I am sure I was aware of it abstractly through the media, but I never made the connection that I could be a victim. By not recognizing the abuse as domestic violence, I never thought to reach out for help.”** While she considers herself lucky to have removed herself from the relationship, the physical trauma of it will stay with her forever.

Questions:

1. When hearing this story, did your body give you any warning signals as a response to what you heard?
2. What were some of the ways Alex controlled the relationship?
3. What were examples of physical abuse caused by Alex?
4. Did Alex make any threats?
5. Why do you think Denise waited so long before leaving Alex?
6. What would be an alternate ending to the story using an ending that would be unsafe?
7. What would be an alternate ending to the story using an ending that would be safe?

Story Three-A Date with Lydia

Vocabulary:

Acquaintance Rape
Collusion
Consent
Sexual Assault
AIDS
Sexually Transmitted Diseases



Lydia was a college student when she attended a potluck dinner with a group of students. Lydia liked one of the men that she met there, so when he invited her to dinner, she accepted. On their date, they talked about their lives before attending school. The man talked about a friend who was an assistant coach of his former football team and how much he missed him. At the spur of the moment, he came up with the idea, **“Why don’t we drive out tonight to surprise him? We can be there in an hour.”** Lydia thought that it would be okay as long as they didn’t stay too long, she had a class in the morning.

They drove out to see the assistant coach who was happy to see them. He offered them something to drink and made some popcorn. The assistant coach then said that he needed to run to the store, but that he would be back in thirty minutes. He told Lydia and her date to stay in the apartment and he would be back shortly. Lydia and her date were left alone in the friend's apartment.

Within minutes of his friend leaving the apartment, the date started kissing her and pulling at her clothes. Lydia said **"no"** and her date stopped. A few minutes later, he starts kissing her again and this time, he was more forceful at pulling at her clothes.

That was the last thing Lydia remembers about that night. She woke up the next morning outside sleeping on a bench on campus. Her head hurt and her muscles were sore. She felt dizzy and disoriented. Lydia noticed that her sweater was on inside out.

Over the next few weeks, Lydia began to put the pieces together of what must have happened to her on the date. Lydia realized that the visit to his friend's apartment wasn't a spur-of-the moment idea, but it was well planned in advance. The assistant coach must have put a drug into her drink before he gave it to her and then conveniently left. Lydia was too embarrassed to go to the doctor, but she still worries about being sexually assaulted that night. If she was sexually assaulted, she doesn't know if she was exposed to AIDS or sexually transmitted diseases.

Questions:

1. When hearing this story, did your body give you any warning signals as a response to what you heard?
2. How did Lydia's date "trick" her into going to meet his friend?
3. Do you think the date planned the visit with his friend ahead of time?
4. Did Lydia consent to having sex? What did she say?
5. What would be an alternate ending to the story using an ending that would be unsafe?
6. What would be an alternate ending to the story using an ending that would be safe?



Activity 2 - (Advanced)

Bring in local newspapers articles containing stories on domestic violence and sexual assault incidents that the participants can relate to.

- Discuss the content of the article and how it relates to personal safety.
- Discuss strategies that could be used to be safe in similar situations.



Activity 3 - What Would You Do? Scenarios

TRAINER'S TIP :

1. Using the "Countdown to Safety," (Overhead 2 from Module One) review the steps for getting away from an uncomfortable situation. The goal is to reach our "safe zone."
2. Remember what it feels like to be in your "safe zone."
3. Remind the group that we are going to pretend to be in an uncomfortable situation.
4. After each scenario, present the empty container and packing material to the person, asking "How much do you trust that person?" and have the person fill the container with packing materials to show their response.
5. Each participant should have a chance to role-play at least once.

Step-by-Step

- Scenario 1 Let's say that your job coach gives you a ride to work every morning. Before you get out of the car, the job coach gives you a long, close hug that feels like it lasts a minute. Your co-workers are watching from the window and start teasing you about having sex with your job coach.
- Scenario 2 Let's say that your teacher gives you a ride to work this morning. Before you get out of the car, he gives you a hug and a kiss. You realize that your teacher put his tongue in your mouth. The teacher comments on how much he cares about you and states that you are special to him.
- Scenario 3 Let's say that you have broken your leg and you need a personal care attendant to assist you with bathing and dressing. While in the bathtub, the attendant touches your genitals and makes a dirty joke. At first, you think it's funny, but then you feel uncertain about what just happened.

(This is a good time to take a break.)



Activity 4 - Game

TRAINER'S TIP :

It's time to test the participants' knowledge with questions from the content of the material covered in modules. Examine the two options below. It's up to you to decide which version of the game will be the most appropriate for your group. The first option is a team game and the second option is a board game, designed for smaller groups.

Game Option 1-Safety Awareness For Empowerment Team Game

This game is a take off of Who Wants to be a Millionaire™, except that it's played in teams. The group is broken into teams of 3-4 participants per team. Make sure the teams are balanced in terms of skill level. You may also want to include helpers as part of the team.

The object of the game is to earn points by correctly answering questions that vary from easy to hard. The level of difficulty is identified by the color of the cards:

Easy	Blue cards are worth 5 points,
Medium	Green cards are worth 10 points
Hard	Pink cards are worth 15 points.

Set up: Prizes-There should be enough prizes for each member of the winning team. Prizes should be simple: candy, fruit, pens, paper.

Game cards-color coded with questions and answers.

Step-by-Step for Option 1

1. After organizing the teams announce that the teams will compete for prizes.
2. Give the teams one minute to decide on a name for their team. Record the team names on a board or pad, which will be used to keep score.
3. Announce that the game will be played for about 45 minutes. At the end of that time there will be a bonus round. The team with the most points at the end of the game is the winner.
4. The instructor is the judge of the correct answers and point values. Only the instructor can change the rules of the game.
4. Ask one member from each team to choose a card from the colors: blue, green and pink. (All participants will get a turn.)
6. Read the question to the group. Team members work together to identify the correct answer. The member who picked the card is the one who speaks for the team and provides the agreed-on answer to the question.
7. Record the number of points the team earns on the tally. Incorrect answers do not earn points.

8. Continue in turn by having a member of each team pick a card and repeat steps 5 and 6. Make sure that every member of each team has had a turn choosing a card and answering the question.
9. The bonus round: Check the team scores to determine how close the teams are. During the bonus round, you can make the cards worth whatever is needed to give each team a chance to win the game. For example, if one team has 75 points and the other team has 50 points, the instructor may choose to make the bonus round worth 30 points to give the second team a chance to win the entire game.
10. For the bonus round, each team should pick a team member to answer the question. Team members can still work together to answer the question.
11. Choose questions from the same color category in the bonus round and try to keep the questions balanced in terms of difficulty. The team with the most points at the end of the bonus round wins the game. If the game ends in a tie, the instructor can decide to do another bonus round or give prizes to the tied team.

Game Option 2-Safety Awareness for Empowerment Board Game

For smaller groups of 3-4 participants, the game can be played as a board game. You can decide whether to have the participants play as individuals, or in pairs if participants need more assistance to play the game. You should balance the players based on skill level. Allow about 45 minutes to play the game.

The object of the game is to move the tokens along the game board until one player reaches the finish line. The participants will earn squares by correctly answering questions that vary from easy to hard as identified by the color of the cards:

Easy

Medium

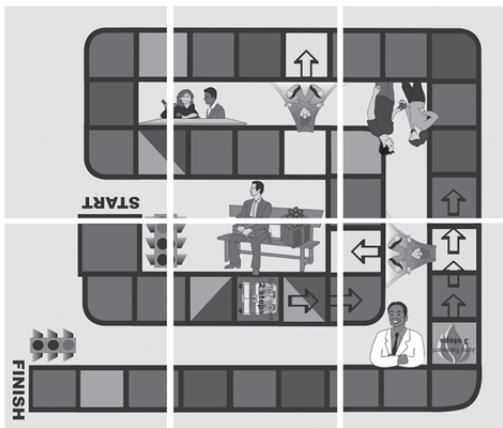
Hard

Blue cards are worth 1 square,

Green cards are worth 2 squares

Pink cards are worth 3 squares.

Set Up: Prizes (as noted in option 1)



Game Board - Six 8 1/2 X 11 sheets need to be assembled into one board.

Player Tokens: use checker chips, color block erasers, or tokens from another game board like Monopoly

Game cards-color coded with questions and answers found in Appendix.

Step-by-Step for Option 2

1. Announce that the participants are going to play for a prize given to the first person who reaches the finish line.
2. Each participant should place their token on the game board at the start square.
3. Each participant will have a turn in choosing a question from one of the three categories of cards.
4. Read the question for the player. If the player answers the question correctly, he or she can move their token forward by the designated number of squares. If the player needs help (a “life-line”), they can ask for assistance from anyone they choose, except the instructor.
5. If they answer the question correctly with the assistance of the “life-line,” they can move forward one square. If the response is incorrect, the player may not move their token forward.
6. Continue the game until there is a winner.

Wrap-Up

Make whatever closing comments you think appropriate. Review whatever you think needs emphasis.

Remind participants to bring in news stories or personal events for the current events discussion next time.

Handout 1: “Module Six Summary”

To Learn More About This Topic

Module Six: When Relationships Change From Love to Violence

Books

National Domestic Violence Hotline: 1-800-799-SAFE or 1-800-787-3224TTD

Just Say Know! Understanding and Reducing the Risk of Sexual Victimization of People with Developmental Disabilities (1995) D. Hingsburger, Diverse City Press.

Just Say Know! offers inspiration and practical guidance for families and clinicians on the difficult subject of sexual abuse and the vulnerability of people with developmental disabilities.

The Verbally Abusive Relationship (1996), P. Evans, Adams Media Corporation, Avon Books publisher

The Secret of Overcoming Verbal Abuse (2000) A. Ellis & G. Powers, Wilshire Books Co, Hollywood CA

Wisconsin Sexual Assault Survivor Advocacy: A Training Manual for Staff and Volunteer Advocates, Wisconsin Coalition Against Sexual Assault, (608) 257-2150 www.wcasa.org
This manual is designed to be used by trainers in developing advocacy training.

Safety Plan for Victims of Domestic Abuse, Wisconsin Coalition Against Domestic Violence, Wisconsin Coalition Against Domestic Violence, (608) 255-0539 www.wcadv.org
The mission of WCADV is to eliminate domestic violence by changing societal attitudes, practices and policies. The group has developed program materials, and safety planning for people with disabilities.

Sexual Abuse of Adults with Developmental Disabilities: Legal Issues and Proposals for Change, R. Froemming (1991). Wisconsin Coalition for Advocacy. (608) 267-0214

Legal Protection from Abuse and Neglect by Mental Health Service Providers, Wisconsin Coalition for Advocacy, (608) 267-0214.

Internet resources

Advocate Web (online) Retrieved November 16, 2004 www.advocateweb.org

This website offers extensive free resources for victims, survivors, and their families, friends, victim advocates, and professionals

Other Resources

WisBar, Wisconsin Court of Appeals

PO Box 7158, Madison, WI 53707-7158

State of Wisconsin v. Smith, Case No.: 96-2961-CR

A caregiver was charged with sexual assault of a man with a cognitive disability. The caregiver knew that sexual contact with him was wrong but claimed that the individual was able to consent. The court determined that “the legislature intends to protect those who are vulnerable to manipulation by others who would take advantage of them in a sexual way while at the same time not proscribing all sexual conduct with those who have a mental illness or defect.”

Key Vocabulary:

Domestic Violence

Date Rape

Sexual Assault

Restraining Order

S.A.F.E.

Handout 1

Safety Awareness For Empowerment

Module Six Summary: Changes in Relationships

I. Review of Module Five-Sexual Expression and Safe Dating

A. Solitary Sex

1. Solitary sex is a natural means of self-pleasure that is done in private.
2. Both men and women can touch areas of the body that cause sexual arousal and a physical release called an orgasm.

B. Intimacy

1. Sexual intercourse is an intimate relationship that should occur only in private.
2. Sexual intercourse occurs when a man's penis is in the woman's vagina. When a man ejaculates (just like in masturbation), a white, milky fluid of semen containing sperm enters the woman's uterus. This could result in pregnancy.

C. Safe Dating

1. When getting to know a person, meet in a public place and wait until you feel that you can trust the person before showing them where you live.
2. Ask another couple to double date or ask someone you trust to act as a chaperone.

II. Domestic Violence

- Domestic violence is when one person in the relationship tries to control the other person through physical, sexual or verbal abuse.
- Sexual assault is not the fault of the victim;
- No one has the right to force another person to have sex;
- Never become involved sexually with someone under age 18;
- Domestic Violence is a crime. Saying "No" is legally important in later prosecution of the predator.

III. Verbal abuse is when words are used to hurt another person:

1. Name-calling, putdowns
2. Insults
3. Intimidation

IV. Sexual assault is any unwanted sexual contact, or any act of violence and power which uses sex as a weapon.

V. Acquaintance Rape is also called Date Rape

- A. The victim knows the rapist, and the act often occurs on a date. It involves being subjected to unwanted sexual contact (intercourse, oral sex, anal sex, or other sexual contact) through the use of force or threat of force.
- B. Typically occurs along with drinking alcohol or a date-rape drug.

Module Seven

First Aid

Topic Overview – Administering First Aid and Responding to Emergencies

This module has two parts: first is a hands-on training on basic first aid, and then information and scenarios on emergencies and how to respond.

There is so much information to teach first aid that it could easily be a series of classes by itself. However, this module is designed to cover only the basic steps of administering first aid for the care of common minor injuries. For the segment on the emergency use of 911, the Reference Information below will give you some background.

This is an excellent opportunity to bring in a guest instructor who is a nurse, paramedic or first aid instructor. While the reference information below offers the solid basics, you should encourage your guest presenter to expand on the basic outline and alter the training to best fit his or her presentation style.

TRAINER'S TIP :

Prior to the module, give the guest instructor some information about the participants, information that will help in structuring the activities. Identify participants who may have more difficulty in participating or those who may be disruptive during the module. A good instructor should be flexible in working with all of the participants and know how to manage a group.

The guest presenter and you should work together on both segments of this module.

You'll also need to arrange for the room prior to the day of the module presentation. Be sure the room has adequate table space so that the participants and helpers have enough room to work with first aid supplies. In this hands-on module, everyone – including helpers – is encouraged to participate.

Module Seven Objectives:

- Objective 1: For participants to be aware of where the first aid kit is kept in their home and the type of supplies in a first aid kit.
- Objective 2: To teach the participants how to safely self-administer basic first aid.
- Objective 3: To teach participants to dial 911, to state that they need help, and not to hang up the telephone.

Reference Information

Self-Administering First Aid

The practice of administering basic first aid has changed dramatically over the years, primarily due to advances in medical technology and greater access to emergency medical care. The best source of current information for first aid training is the American Red Cross.

What is an Emergency?

The answer to this question may be obvious or may require expert judgment. Therefore, the best strategy is, “If in doubt, call 911.” So, if a participant is not sure whether it’s an emergency, it’s always best to call 911 and let trained emergency medical personnel make the decisions.

There are situations that should be considered “life-threatening” where 911 should always be contacted without doubt: severe bleeding, unconsciousness, no breathing or difficulty in breathing, no pulse.

Some participants may be able to establish a more advanced strategy by distinguishing the differences in emergency and non-emergency calls.

In some situations, the participant may need an alternative list of people to call when they need help but the situation is neither life-threatening nor requires immediate care. In non-emergency situations, the priority of who to call should be broken down between family, support helpers, doctors, and police.

Calling 911

In 1994, the Federal Communications Commission issued a notice that all telephone service had to provide the 911 code for the public to access emergency services. People now expect that wherever they are, they can get help by calling 911.

Most communities have access to emergency services within minutes. The American Red Cross First-Aid classes teach the three C’s: check the scene and the victim, call 911, care for the conditions you find.⁴⁴ In the scope of this training, you can reduce the concept to one step – take action by calling 911 to get help.

When using a standard telephone (land-line), the 911 dispatcher is able to identify the exact location where the call is being placed. The dispatcher assesses the situation through a series of questions and will provide instructions until emergency services have arrived. Even if the person is unable to talk to the 911 dispatcher, emergency services will be sent to the location of the call. The caller should be prepared to provide their name, a location and the status of the victim.

It is important that once the information has been relayed, the participant never hangs up the telephone until instructed by the 911 dispatcher to do so.

When calling from a pay phone, 911 can be dialed without requiring the caller to put money into the pay phone. 911 dispatchers are able to trace the location of pay phones and other public telephones.

Participants should know how to dial 911 from home, work, school, and in public. At home, written instructions should be placed next to the telephone along with a script on what to say. Some telephones are equipped with a speed-dial function that can be programmed for 911 by pushing a single key. At work, some business telephones require the caller to dial 9 before getting an outside line or require the caller to select an outside line by pushing a button somewhere on the keypad. Participants should understand these features for phones at their places of employment.

Calling 911 from a cell phone

With advancing technology and consumer demand for wireless cell phones, the cost of using a cell phone has become affordable for many individuals with disabilities. The cell phone becomes an immediate life-line for getting help.

Cell phones may also help to deter crime in potentially unsafe situations. For example, Jodi takes the bus home from work. By five o'clock, it is already dark outside and Jodi has to walk under an underpass to get home. When Jodi gets off of the bus, she uses her cell phone to call her support staff and talks with them until she has safely entered her apartment. The expense of a five-minute telephone call may have deterred an attacker from approaching Jodi while she is talking to someone who is aware of her location.

Recent statistics show that 65% of calls to 911 are now from wireless phones. Cell phones can also be programmed with an "Emergency Key 9" function; the caller presses a long-9 which automatically dials 911.

In most areas, if you call 911 from a wireless phone, the emergency dispatcher cannot establish where the call is coming from. Therefore, the participant will need to state a location.⁴⁵

How to Prepare and Set Up the Module

Prior to Session:

Secure the room and tables you need. Be sure you have a bio of your guest presenter to share with the group.

Materials: a sample first aid kit, sterile gauze pads, antiseptic ointment, band aids, first-aid tape, masking tape, red marker, 1 liter soda bottle, cork, wash cloths (one for each participant), non-latex gloves (a pair for each participant), a candle and matches, Handout 1: "Emergency Information," Handout 2-Module Seven Summary

Warning! Latex Allergies

There may be some participants who have a latex allergy. Some may already know they have this allergy, but others will not. The best solution is to use non-latex supplies such as

non-latex gloves for all of the participants. Both the first aid supplies and the non-latex gloves can be found at a drug store or large discount store. You can also special order these supplies through a local pharmacist.

Warning! Adhesive Allergies

There may also be some participants who are allergic to the glues and adhesives on band-aids or first aid tape. This allergy is not as common as a latex allergy. For those with known adhesive allergies, it is best to adapt these hands-on exercises by having the participant apply the band-aids or first aid tape on a part of the body that is covered by their clothes. For example, the participant could apply the band aid for their arm in a place that is covered by their shirt. Another alternative may be to have the participant apply the band-aid onto a helper who is not sensitive to adhesives.

For participants who have an allergy to adhesives, there are first aid products available, such as spray-on band-aids to cover the skin. This type of alternative product may be considered when deciding what types of supplies the participant should keep in his or her first aid kit at home.

TRAINER'S TIP :

The activities in this module are formatted in a series of See One, Do One steps in which the instructor or guest instructor demonstrates a skill, followed by the participants repeating the task.

Introductions

Introduce the guest instructor. Ask the participants and helpers to introduce themselves to the guest instructor. Sometimes it's helpful to the guest for the participants to wear nametags or to have placards in front of them.

Discussion of Current Events

Group discussion of recent news stories or personal incidents.

Part One: Self-Administered First Aid

TRAINER'S TIP :

This module focuses on teaching participants to be more self-reliant by caring for their own common, minor injuries. For some participants, this may actually be the first time they have ever done basic first aid because they have always been dependent on someone else doing it for them.

This is also an opportunity to brainstorm with the participants on how basic first aid procedures can be individualized by adapting the supplies or the process to accommodate for the disability.



Activity 1 - The First Aid Kit

1. Show the group a basic first aid kit
 - Q. What is this?
 - A. A first aid kit
 - Q. What is kept in a first aid kit?
 - A. band aids, gauze, tape, first aid cream, scissors
 - Q. Where do you keep your first aid kit at home?
 - A. In the bathroom, the medicine cabinet, in a kitchen cupboard
2. Discuss the purpose of each item in a first aid kit.
3. Anytime you use the kit, the items must be restocked.
4. The supplies found in the first aid kit should only be used for first aid. For example, if you want to cut an article out of a magazine and you don't know where you left your scissors, it's really tempting to grab the scissors out of the first aid kit. However, when it comes time to administer first aid, if the scissors are no longer present, it will interfere with your ability to complete the care.



Activity 2 - Self-Administered First Aid for a Minor Cut and Scrapes

Step-by-Step:

1. Using a red marker, draw a small cut onto a piece of masking tape. Place the piece of masking tape on the participant's arm. Repeat this for each participant. *Caution: Some participants may be allergic to the glue on the masking tape and band aids. If there is a known allergy, place the masking tape on a shirt sleeve instead of directly on the skin. This acts as the "wound" to be treated.

2. Pass out sterile gauze pads.

Q. Why do you use a sterile gauze pad to clean a wound?

A. No germs

3. Clean the cut using antibiotic soap, the gauze pad, or a clean cloth.

4. Put pressure on the wound.

5. Open a band aid and place it over the wound.

Pass out band aids for each participant to put on their own wound.

Discuss different sizes of band aids.

Pick out the correct size for the wound.

6. Have participants practice applying a band aid on their own masking tape wounds. Try to get each participant to do as much of this on their own with minimal verbal cues and assistance.

7. When finished, remove the band aid and masking tape. Discard in the trash.



Activity 3 - Self-Administered First Aid Care for Major Wounds

Step-by-Step:

1. Using a red marker, draw a large wound onto a piece of masking tape. Place a piece of masking tape on different parts of the body. Try to have at least one participant with an ankle or leg wound.
2. Pass out multiple sterile gauze pads.

3. Cover the wound with gauze pad and apply direct pressure.
4. Apply pressure and elevate the wound above the level of the heart. For participants with an ankle or leg wound, demonstrate how to elevate the limb by having the participant lie on the floor and placing the foot on a chair.

Discuss how to elevate the wound by using the examples of the wounds on the participants.

5. If the wound continues to bleed, don't remove gauze pad; instead, place another gauze pad over wound and continue applying pressure.
6. Apply pressure to the bleeding site using flat fingers to put pressure on the wound. Check on how much pressure each participant is using.
7. If bleeding still won't stop, call for help.



Activity 4 - Nosebleeds

Nosebleeds can be scary but are usually caused by minor broken blood vessels just inside the nose.⁴⁷

Step-by-Step:

1. Pass out gauze pads and one wash cloth for each participant.
2. Sit with head leaning forward. Discuss why you shouldn't tip your head backwards. If you tip your head backwards, the blood drains to the back of the throat and does not clot as quickly.
3. Use the gauze to pinch the nostrils shut using thumb and forefinger with the midsection of the nose being gently squeezed. Breathe through your mouth.
4. Use the wash cloth as a cold compress applied on the back of the neck. This will slow the flow of blood.
5. Rest for a few moments after the bleeding stops.
6. Discussion: When does a nosebleed become serious?⁴⁷
 - When there is a blow to the head. Action: Get emergency care.
 - When the nosebleed last longer than 15 minutes. Action: Call the doctor.
 - When the nosebleed starts after taking a new medication. Action: Call the doctor.



Activity 5 - Choking on a Piece of Food

A. Demonstrate the Abdominal Thrust Procedure

1. The universal distress signal for choking is to clutch the throat with the hands.
2. If the person can speak, cough or breathe, do not interfere. Encourage the person to continue to cough. Do not slap the person on the back. The food could dislodge and move further down the wind pipe.
3. Stand behind the victim with your one leg positioned up against the victim and the other leg slightly behind in order to support the victim's weight. Make sure you are in a safe position before doing the abdominal thrust.
4. To do an abdominal thrust, reach around the person's waist. Position one clenched fist in the middle of the abdomen. Reach around the victim and grasp fist with other hand. Pull the clenched fist directly backward and upward in one thrust.

B. Self-Administering Abdominal Thrust Procedure

TRAINER'S TIP :

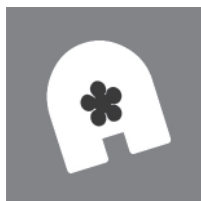
The idea of this activity is to demonstrate and practice where to apply pressure for the thrust and the force needed to move the air in the wind pipe. Use the plastic bottle to represent the wind pipe and the cork to represent the lodged food. Demonstrate how the force of air underneath the cork pushes the lodged food up and out of the wind pipe allowing the person to breath.

Set Up Props: a chair, an empty one-liter plastic soda bottle, and a cork.

Step-by-Step:

1. Place the cork in the bottle opening, just tight enough to allow the cork to pop out when squeezed.
2. Position the chair away from the group so when the cork pops out, it will not hit anyone in the room. Taking turns, have each participant stand behind the chair, place the bottle on his or her abdomen and lean over the chair so the bottle is between the participant and the top of the chair's back. Have the participant push against the bottle until the cork pops out.

This is a popular activity. Some participants like to see how far they can project the cork.



Activity 6 - Burns

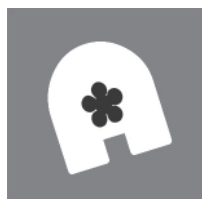
- A. Generate two lists of items that can cause burns indoors and outdoors. Record the answers on the board or on a pad of paper.

Items that cause burns: Indoors Outdoors

- B. Demonstrate Care for Burns

Step-by-Step:

1. The instructor should role-play the scenario of having hot coffee dumped on their hand.
2. Demonstrate how the heat causes the skin to burn.
3. To stop the burning, remove it from the heat. Move your hand away from the hot coffee.
4. Place your hand in cool running water for 10-15 minutes. If possible, demonstrate by using actual running water.
5. Cover with a cool cloth. Demonstrate by covering hand with a cool cloth. Be sure to correct prior misconceptions of applying ice or butter on the burn.



Activity 7 - Universal Precautions in Using Gloves:

Step-by-Step:

1. Distribute a pair of non-latex gloves to each participant.
2. Pinch the wrist end of a glove with the thumb and forefinger.
3. Pull the glove half way off so it is partially inside out.
4. Do the same with the other hand pulling all the way off to the finger tips.
5. Use finger tip hand to pull the other glove the rest of the way off. Both gloves should be inside out.
6. Discard gloves with them turned inside out.
7. Discuss how to use gloves and then practice how to take the gloves off.
 - Universal precautions require us to treat all blood or other body fluids as if they are contaminated.
 - Gloves are used to prevent you from coming into contact with germs and diseases from another person's blood or bodily fluids.
 - Check gloves for tears or punctures. If damaged, don't use the gloves.

- When taking contaminated gloves off, don't touch the outside of the gloves with any bare skin.
- Dispose of contaminated gloves in a proper container so that no one else will come in contact with them.
- Hands should also be washed immediately after removal of gloves.

(This is usually a good time to take a break.)

Part Two: Dealing with Emergencies

TRAINER'S TIP:

You should determine if participants can distinguish between emergency and non-emergency medical needs. Sometimes there are medical needs that do not require an ambulance or EMT. Encourage participants to make use of their list of people who can help them to make decisions in non-emergency medical situations.

A. Life-Threatening Emergencies

911 should always be called when:

1. There is severe bleeding
2. Unconsciousness
3. No breathing or difficulty in breathing
4. No pulse

B. Calling 911

Discuss key concepts

- The American Red Cross First-Aid classes teach the 3 C's when checking someone in distress: check the scene and the victim, call 911, care for victim.
- The best action to take in an emergency is to get help by calling 911. Even if you can't speak, emergency services will be sent to the location of the call.
- The 911 dispatcher can assess the situation and provide instructions until emergency services have arrived. The 911 dispatcher will make the decision of whether the injury is urgent and life-threatening or urgent but not life-threatening. Never hang up unless instructed to do so.
- The 911 dispatcher is able to identify the exact location from where the call is being placed at home, work, pay phones and public telephones. Emergency calls on pay phones do not require the caller to deposit coins.
- You should be aware of how to dial 911 from home, work, school, and in the public. Some phones have speed dial or an "Emergency Key 9" function key on cell phones.



Activity 8 - Emergency Dispatch Scenarios

Step-by-Step:

1. The first aid instructor should be the 911 dispatcher.
2. The other instructor should coach the participant while role-playing the call on how to respond to the 911 dispatcher's questions.
3. Use the scenarios below to role-play calling the emergency dispatcher.
4. Select a participant to be the injured victim.
5. Select a participant to report the emergency.
6. Use different participants for each scenario.

The emergency calling steps for a standard telephone and a cell phone are as follows:

Using a land-line telephone to call 911:

1. Pick up the receiver on the telephone.
2. Listen for a dial tone.
3. Dial 911.
4. State what is wrong, "I need help."
5. Stay on the phone. Don't hang up.

Using a cell phone to call 911:

1. Dial 911 on the keypad.
2. Push "send" key.
3. State what is wrong, "I need help."
4. State the location.
5. Stay on the phone. Don't hang up.

Scenario 1: Bike Accident

The victim is sitting on the ground on the side of the road holding his ankle.

Scenario 2: Possible Heart Attack

Your friend is complaining of shortness of breath and clutches his chest..

Scenario 3: Head Injury

A child is lying unconscious on the playground after falling off the playground equipment and hitting his head.

Scenario 4: Choking and Blocking Airway

An elderly woman is eating lunch in a restaurant. She begins to cough; her face turns red, and she cannot get any air.

Additional Scenarios:

Ask the group to generate other emergency scenarios that they want to role play with the first-aid instructor.

**Activity 9- Emergency Contact Information*****Step-by-Step:***

Distribute the worksheet for emergency contact information.

Telephone book

Since every community has different telephone numbers for emergency contacts, use the telephone book to find the telephone numbers for:

Ambulance

Fire

Police

Police Non-Emergency

Poison Control

Wrap Up

Distribute handout for Module Seven.

Recommend classes for first aid through the American Red Cross. This module is only a small portion of first aid training and does not certify the participants.

Thank the guest instructor!

To Learn More About This Topic

Module Seven: First Aid

Resources

These items can be found in specialty product catalogs for people with hearing, speech and memory impairments. Check the Internet for distributors in your area.

Examples Adaptive Telephone Devices:

- Amplified Phones with Speakerphones—a telephone with large buttons that amplifies speech by boosting high frequencies. Other telephones have outgoing voice amplification so people with low volumes voice can control the loudness that the listener hears.
- Emergency Response and Amplified Telephone—Press the remote control from anywhere in the house and the telephone automatically calls your six pre-programmed emergency contacts until it reaches a live person. A Pre-recorded message alters the contacts of the emergency.
- Photo Phone—Insert photos into 9 memory frames and program the numbers into the phone's memory.
- Portable TTY's—a pocket size TTY that connects to a cellular phone.

Examples of Home Warning Devices:

- Smoke Detector and Signal Unit with Vibrator or Strobe—A wireless, single-function smoke detector system transmits a signal to either a vibration or strobe to warn or wake you up.
- Wireless signaling systems—Transmits a signal for telephones, smoke detectors, doorbells and other movements around the house.

Emergency Cell Phones—a low cost emergency use only cell phone with a one-time cost and no expiration. www.emergencycellphones.com

“Latex Allergy: Everyone’s Concern,” Journal of the Michigan Dental Association, Dr. Lawrence D, Duffield, DDS, 1998 www.latexallergylinks.org/MDA

Key Vocabulary:

First Aid

Life Threatening

Emergency

Minor Injury

Non-Life Threatening

Emergency

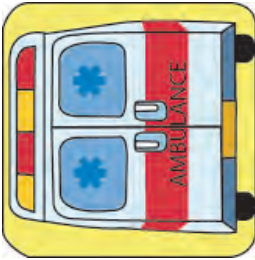
Major Wound

911

Emergency Dispatcher

Emergency Contact Information

Ambulance:



Fire:



**Police:
Non-Emergency:**



Poison Control: 1-800-815-8855



S.A.F.E.

Handout 2

Safety Awareness For Empowerment

Module Seven: Summary First Aid

I. The First Aid Kit

There may be times when you will need a first aid kit to treat minor injuries. You should know where the first aid kit is located in your home. The supplies in the first aid kit should only be used for first aid and restocked after anything has been used.

II. First Aid for Minor Cuts and Scrapes



- A. Clean the cut using antibiotic soap, the gauze pad, or a clean cloth.
- B. Put pressure on the wound.
- C. Open a band aid and place it over the wound.

III. First Aid for Major Wounds

- A. Cover the wound with gauze pad.
- B. Apply pressure and elevate the wound above the level of the heart.
- C. If the wound continues to bleed, don't remove gauze pad; instead place another gauze pad over wound and continue applying pressure.
- D. Apply pressure to the bleeding site using flat fingers to put pressure on wound.
- E. If bleeding still won't stop, call for help.

IV. Nose bleeds

- A. Sit with head leaning forward. If you tip your head backwards, the blood drains to the back of the throat and does not clot as quickly.
- B. Use the gauze to pinch the nostrils shut, using thumb and forefinger with the midsection of the nose being gently squeezed. Breathe through your mouth.
- C. Use the wash cloth as a cold compress applied on the back of the neck.

This will slow the flow of blood.

V. Choking



- A. The universal distress signal for choking is to clutch the throat with the hands.
- B. If the person can speak, cough or breathe, do not interfere. Encourage the person to continue to cough. Do not slap the person on the back. The food could dislodge and move further down the wind pipe.

VI. Calling 911

- A. The best action to take in an emergency is to get help by calling 911. Even if you can't speak, emergency services will be sent to the location of the call.
- B. The 911 dispatcher will provide instructions until emergency services arrive.
- C. Give the exact location from where the call is being placed
- D. Never hang up unless instructed to do so.

Module Eight

Self-Defense

Topic Overview – Teaching Self-Defense

This module outlines the principles of self-defense, what to look for when choosing a self-defense instructor and ways to adapt self-defense techniques for varying learning styles and types of disabilities. It is highly recommended that an experienced self-defense trainer teach this module.

Self-defense training for people with disabilities is empowering. It teaches individuals how to take action in protecting themselves from potential harm. Self-defense training shifts the balance of power between the attacker and potential victim. It teaches awareness and assertiveness, along with verbal and physical techniques that enable the person to escape physical attacks. Self-defense training increases the person's options to slow down, de-escalate, or interrupt an attack.

Finding the Right Self-Defense Trainer:

When you look for the right trainer to teach this module, you can use these key perspectives in self-defense to help you assess whether their philosophy corresponds with the concepts taught in this training guide. You can also use the material in the Reference Information section below to help with evaluating a guest trainer.

Complimentary Philosophy	Counter Philosophy
Be aware of your surroundings and self-reliance.	Vulnerable individuals should avoid certain situations.
Nobody has the right to hurt you.	You were asking for it.
Do what's necessary to get away.	Stand ready to fight.
Keep the techniques basic.	Emphasis on physical proficiency.
Offers a parallel structure to the techniques.	Emphasis on complexity of physical techniques.
Willingness to come up with new ideas to accommodate for different types of disabilities.	Teaches a standard curriculum.

TRAINER'S TIP :

A good self-defense trainer should be flexible in working with all of the participants and know how to manage a group. Prepare the guest trainer by providing information on the individual styles that will help to organize and structure the activities. Identify those participants who may have more difficulty and need more individualized instruction.

Module Eight Objectives:

- Objective 1: To teach a set of basic self defense techniques that are built on the philosophy that your life is important and worth fighting for.
- Objective 2: To teach the participants to be aware of their surroundings and to present themselves as being confident.
- Objective 3: To trust in yourself. If something feels wrong, it probably is.
- Objective 4: To facilitate the process of planning ahead for how you might react if confronted by an attacker.

Principles of Self-Defense:

1. Your safety is important. Your life is worth fighting for.
2. Listen to your inner voice
3. If a strategy doesn't work, try another. Keep trying. Never give up.

Adapting Self-Defense Techniques

When teaching self-defense techniques to individuals with disabilities, the trainer should focus on strengths and adapt the training to each person's individual learning style.

Examples	
Types of Special Needs	Modifications and Adaptations
Individuals with Visual Impairments	Focus on awareness of the attacker's voice and the physical surroundings. Offer techniques for verbal assertiveness and strong body language.
Individuals with Hearing Impairments	Focus on watching the body language and non-verbal cues of an attacker. Use visual demonstrations and modeling.
Individuals Sensory Impairments	Focus on quick maneuvering to escape. Use demonstrations in the air to model the movements.
Individuals with a Physical Disability	Take advantage of adaptive equipment used by the person, e.g. wheelchair, walker, prosthesis that can be used as a self-defense tool.
Individuals with a Cognitive Disability	Focus on what skills may already be in the person's daily repertoire and teach a few basic techniques that can be repeated in more than one situation.

How to Prepare and Set Up the Module

Prior to the Session:

Self-defense training requires a room that has adequate floor space for the participants and helpers to move around. The space should be free from objects that could get damaged or objects that could potentially harm. This hands-on session encourages everyone to participate, including the helpers.

This module follows a slightly different format. It includes descriptions of self-defense techniques along with visual examples of each physical position. Since this session is primarily a hands-on training, you won't need visual aids or overheads.

TRAINER'S TIP:

Individuals who have experienced a past traumatic episode may be fearful of role-playing in an attack situation. During the training, the guest trainer should pay close attention to the person's body language and watch for signs of the participants feeling uncomfortable. If a person should recoil, flinch or pull away, the trainer may alter the teaching approach by reversing roles and let the person be in the role of the attacker instead of the victim.

Be aware that this training may trigger painful memories and flashbacks. A flashback is when the person is re-living the traumatic event. The training could also trigger a memory for the first time of a traumatic event. In such situations, the trainer should help to identify a qualified professional, like a counselor, therapist or clinician to talk about the experience. Check to ensure that someone who can be trusted will be available when the person gets home to care for his or her emotional well-being.

Discussion of Current Events

Group discussion of recent news stories or personal incidents.

Introductions

- A. Introduce the guest trainer.
- B. Ask the participants and helpers to introduce themselves to the guest trainer. It would be helpful to the guest trainer to have the participants wear nametags.
- C. Remind the group that the guest trainer is going to be showing us self-defense techniques, which we will practice during this training. The group will be put in pairs for the role-playing exercise. Tell the group we are only pretending that a person is the attacker and are practicing how to respond in real situations. It is important to remember that while practicing these techniques, we do not intend for anyone to get hurt.

Review and demonstrate the "Countdown to Safety"

"When someone makes you feel uncomfortable:"

- | | |
|---------|-------------------------|
| Step 1- | Say "No." |
| Step 2- | Push Away. |
| Step 3- | Get Away. |
| Step 4- | Tell Someone You Trust. |



Activity 1 - Be Ready

Everyone can benefit from learning more about self-defense and there is always something new to learn:

A. Be Confident

1. Have the group stand in a circle.
2. Demonstrate how a person looks when they do not show self-confidence: hold head down, and shoulders slumped forward.
3. Demonstrate someone who shows self-confidence: stand tall, head up.
4. Practice “making yourself look big.”



B. Defensive Body Language

1. Demonstrate how a person looks when walking and not paying attention to what’s going on around them.
2. Demonstrate how a person looks when they are aware of their surroundings.
3. Practice walking or moving around looking confident.



C. Defensive Stance

1. Demonstrate standing in a defensive stance:
 - a. feet spread apart and one foot slightly behind the other,
 - b. protect your face—hold hands up with palms facing out at shoulder height and slightly apart, elbows bent.
2. In a wheelchair, the user has better maneuverability if the wheelchair is positioned at the angle instead of straight on.
3. Practice standing feet spread apart and one foot slightly behind the other.
4. Demonstrate incorrect hand positions: hands far apart.
5. Practice correct hand position. Protect your face. Hands at shoulder height with palms facing out.



D. Yell “Stay Away, “No”

1. Demonstrate an assertive yell.
2. Practice a defense stance while yelling one of these phrases:
 - “Stay Away.”
 - “Leave Me Alone.”
 - “I don’t have time for this.”
 - “No.”
3. For participants who are unable to speak or who talk softly, practice alternative methods of communication: sign language, facial expressions and gestures.



Create a distraction—just long enough to get away

Distractions are intended to confuse or disorient the attacker and provide the victim with valuable time to get away. Getting away is the goal.

- A. Discuss key areas of the attacker's body that are weak and vulnerable.
- B. Demonstrate and practice how each one of these vulnerable areas on the body can be used during an attack:
 - 1. A finger flick to the eyes.
 - a. Hold hand in front of the attacker.
 - b. Flick fingers in front of the attacker's eyes to cause the attacker to flinch.



- 2. A pinch of the soft-spot under the arm.



- 3. A stomp of the upper part of the foot.



4. A low kick to the shin.



5. Use footrests or frame of wheelchair to run into shins or feet.



6. Cup both hands and clap the attackers ears.
*Caution: This is the most extreme distraction. Do not practice on your partner. You could injure their eardrums.



Self- Defense Techniques

Block hits with upper and lower hand blocks.

Blocking with hands is used to protect the head and torso by deflecting the strike.

- A. Demonstrate and then practice an upper body strike by bringing your hand and arm up and across your body and swing the attacker's hand out of the way.
- B. Demonstrate and then practice a lower body strike by bringing your hand and arm down and across your body and swing the attacker's hand out of the way.



Use a Palm Stop

A palm stop is meant to stop all forward aggression.

- A. Target the upper torso using an open hand so that you make impact with the heel of the palm. Use a straight, stiff arm. Avoid targeting the center of the chest, head or face.

Step 1- Use defensive stance with hands up and palms of hands facing out.

Step 2- Direct the palm stop straight to the attacker's shoulder.

Step 3- Push the attacker's shoulder with palm of hand to rotate the attacker's body and throw it off balance.

- B. Demonstrate an incorrect position for the palm stop.
- C. Demonstrate and then practice the correct position for the palm stop.

Start in a defensive stance, push the attacker's shoulder and knock them off balance.



Use a Forearm Stop

The forearm stop is similar to a palm stop. The purpose is also to stop forward aggression. It can be a more effective technique for smaller individuals and at a close range.

- A. This technique uses the whole length of the forearm to push the attacker's torso.
 - Step 1- Use a defensive stance with hands up and palms facing out.
 - Step 2- Use back of flat hand and the forearm to push forward. Use the whole length of the forearm against the attacker's torso.
 - Step 3- Follow through with a fluid motion, which is intended to knock the wind out of the attacker and throw him off balance.
- B. Demonstrate the correction position of the forearm stop. Then practice using the forearm stop in a defensive stance. Then practice pushing against the attacker's torso.



How to Release from a Grab

A release is used to escape from a hold at the arm.

- A. To break out of a grasp, look for the “weak link” which is the gap between the fingers and the thumb.
 - Step 1- Look for the “weak link” between the thumb and fingers of the attacker.
 - Step 2- Using your free hand, reach over the attacker's arm and grip your other hand.
 - Step 3- Using both hands together, turn your body and pull your arms up against the attacker's weak link and in toward your own shoulder.
- B. Demonstrate, then practice the steps in a one-handed wrist grab.
- C. Demonstrate, then practice the steps in a two-handed wrist grab.



Advanced Self-Defense moves (Optional)

- A. Grab the shirt.
- B. Hold both wrists.
- C. One and two-handed choke hold.

Activity 2-What Should You Do Scenarios

Combine the techniques taught in this module with the “Countdown to Safety.” The goal is to get to a safe place.

- Scenario 1: Let’s say that you’re in the break-room at work. You and another co-worker are alone in the break room because everyone else is attending a meeting. You get up to throw away your trash. When you turn around, this co-worker is standing in front of you with his arm leaning against the wall. The co-worker has you cornered. He says how much he likes you and wants to kiss you. He touches your hair and then your face. How are you going to get away from this co-worker?
- Scenario 2: Let’s say that you’re hanging up your coat and getting ready for cooking class. There is one student in the class who has been verbally harassing you whenever the instructor is not around. This time, the student blocks your path when you try to get to your materials. How are you going to deal with the student blocking your path?
- Scenario 3: Let’s say that you’re out on a double-date with your friends. The four of you are going to see a concert. Your friend’s date chooses to sit next to you during the concert. When the concert starts, the room is dark, except for the stage. After a few minutes, you feel your friend’s date putting his hand in your lap. At first, you try to adjust yourself in the chair, hoping that he would have to remove his hand. But he brings his hand to your lap again. How are you going to deal with your friend’s date putting his hand in your lap?

Wrap up

Thank the guest trainer and hand out Module Eight Summary. Make whatever closing comments you think appropriate and introduce graduation.

Do whatever graduation ceremony you think appropriate and hand out certificates of completion.

To Learn More About this Topic

Module Eight: Self Defense

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Guidelines for Choosing a Self-Defense Course developed by the National Coalition Against Sexual Assault (online). Retrieved November 16, 2004.

<http://bpscom/ncasaguidelines.html>

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Steve Allison brings an energy and excitement to his students. He is a 4th degree black belt and certified instructor who has been studying martial arts for over 11 years. Mr. Allison's specialty is self-defense training for groups and individuals. He also has a good deal of personal experience working with people with various types of special needs. Mr. Allison teaches Taekwondo, a Korean martial art, which trains people both mentally and physically and excels in age appropriate and ability appropriate instruction.

Mr. Allison's school, ATA Madison West, is one of a group of such schools in and around Madison, Wisconsin since 1992. The instructors in this group have been recognized within their national organization for pioneering programs for people with special needs. Mr. Allison's focus has always been on the complete personal development of each student.

CDT Family Protection Training Centers with Tom Patire

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1-888-237-7287

www.topatire.com

www.cdttraining.com

The National Coalition Against Sexual Assault Self-Defense AD-HOC Committee on Self-defense course evaluation tips

<http://bpscom/ncasaguidelines.html>

The SAS Self-Defense Handbook, John "Lofty" Wiseman, Headline book Publishers, 1997

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S.A.F.E. Safety Awareness For Empowerment

Handout 1

Module Eight Summary: Self-Defense

I. Be Ready

Stand with confidence—be tall, head up.

II. Defensive Body Language

A. Be aware of your surroundings.

B. Make yourself look big.

III. Defensive Body Stance

A. Feet apart.

B. Protect your face — hold hands up with palms out at shoulder height, slightly apart, elbows bent.

C. Yell “Stay Away,” “No.”

IV. Create a distraction, just long enough to get away

A. Flick fingers in attackers face.

B. Pinch soft-spot under the arm.

C. Foot stomp.

D. Low kick to the shin.

E. Yell a command “Stay Back.”

V. Use a palm stop to stop forward aggression

Step 1- Use defensive stance with hands up, palms facing out.

Step 2- Direct the palm stop with a straight arm onto the shoulder.

Step 3- Push should with hand.



VI. Block hits with upper and lower hand blocks

VII. Release from a hold

An attacker grabs your arm:

Step 1-Look for the weakest part of the grip.

Step 2-Using free hand, reach over attacker's arm and grip your other hand.

Step 3- Using both hands together, turn your body, pull your arms up and back.

Thank you for your participation!

Please remember that this training series is a good start to being safe. But it's also important that you continue to review and practice you safety skills with your support team. If you feel unsafe or uncertain, or if someone tells you to keep a secret, it's important to tell someone you trust.

ENDNOTES

ENDNOTES

End Notes

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Games To Play

In several modules of the training guide, there are games described as activities. Games are a fun way to share information and to determine a participant's comprehension. Some of these games use a structured team approach that allows members to assist each other in determining the right answer. The trainer/instructor selects members of teams to balance the level of skills on each team. The rules of the games are loosely structured with the instructor being the final judge. Prior to playing the games, the instructor may need to highlight key **social rules** of working as a team:

1. Turn-taking

Every member of the team gets a turn. If there are other people present at the session (i.e. parents, support staff), they can act as helpers for members that need assistance to participate in the game.

2. Collaboration

The games promote collaboration with the team so that no one individual needs to feel singled out in getting the right or wrong answer.

3. Trade off Being Leader

When the team needs to pick a leader, they will need to be reminded to trade off so that no one individual is always picked. When the instructor picks a leader, he or she should alternate who is picked so that no one individual is favored.

4. Wait for the other Person to Respond

None of the games have rules that require timed responses. Participants should be allowed to take time needed to respond. In a group game, the instructor may find that there is always one participant who likes to blurt out an answer before other participants have had a chance to respond. Other participants may get impatient in waiting for a member to give their answer. The instructor needs to remind the group that playing fair means that everyone is given time to respond.

5. Handle only Your own Game Pieces

Whenever there are tokens and pieces of the game, members are instructed to handle only their games pieces. There are some participants who like to control the game by moving the tokens or handling pieces of the game. It will be up to the instructor to assign specific responsibilities when playing the game and judging if the members are playing fairly.

6. Follow the Rules of the Game

The games are loosely based on other games that may be familiar to the participants (i.e. Bingo, Who Wants to be a Millionaire™, Pictionary™). Each game contains rules but it will be up to the instructor to alter or adapt the rules so they are appropriate for the group.

1. Guess the Feelings Bingo (Module One)

This game is similar to bingo, but in this case the player has to get three facial expressions in a row on the playing card to win. Each participant is given a playing card and six markers. Each playing card contains six facial expressions of males; however, the pictures on each card are in a different order. Some pictures may have more than one correct answer. The instructor will randomly pick cards that contain “feeling” words: Silly, Funny, Frustrated, Bored, Worried, Mad.

Directions: Announce that this is a game (prizes are optional). “These are pictures of men. When I say, “Find the picture that shows an emotion to match the facial expression, place a card as a marker on your choice. The first person to get three markers in a row wins the game.” At random, ask participants to mark the facial expressions to match the emotions. After each facial expression has been identified, discuss why they chose the picture as their answer.

Use six cards containing the words for these emotions:

- Sad
- Funny
- Suspicious
- Surprised
- Happy
- Mad

2. Safety Awareness For Empowerment Team Game (Module Six)

This game is a take off of *Who Wants to be a Millionaire™*, except that it is played in teams. The group is broken into teams of 3-4 participants per team. The instructor should make sure that the teams are balanced in terms of skill level. The instructor may also want to include helpers as part of the team.

The object of the game is to earn points by correctly answering questions that vary from easy to hard; the difficulty level is identified by the color of the cards:

Easy	Blue cards are worth 5 points.
Medium	Green cards are worth 10 points.
Hard	Pink cards are worth 15 points.

Set up: Prizes—There should be enough prizes for each member of the winning team. Prizes should be simple: candy, fruit, pens, paper.

Game cards-color coded with questions and answers.

Instructions:

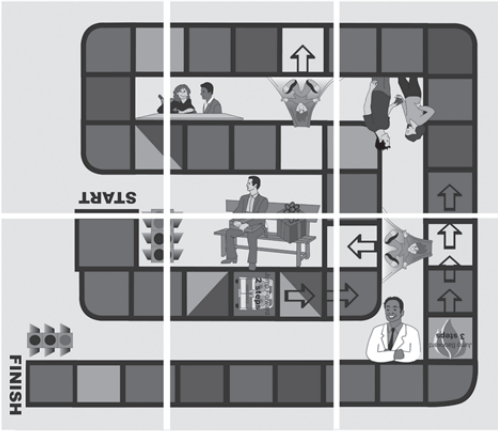
1. After organizing the teams, announce that the teams will compete for prizes.
2. Give the teams one minute to decide on a name for their team. Record the team names on a board or pad, which will be used to keep score.
2. Announce that the game will be played for about 45 minutes. At the end of that time there will be a bonus round. The team with the most points at the end of the game is the winner.
3. The instructor is the judge of the correct answers and point values. Only the instructor can \
5. The instructor will read the question to the group. Team members work together to identify the correct answer. The member who picked the card is the one who needs to provide the answer to the question.
6. Record the number of points the team earns on the tally. Incorrect answers do not earn points.
7. Continue in turn by having a member of each team pick a card and repeat steps 5 and 6. Make sure that every member of each team has had a turn choosing a card and answering the question.
8. The bonus round: The instructor should check the team scores to determine how close the teams are. During the bonus round, the instructor can make the cards worth any number of points that will give each team a chance to win the game. For example, if one team has 75 points and the other team has 50 points, the instructor may choose to make the bonus round worth 30 points to give the second team a chance to win the entire game.
9. For the bonus round, each team should pick a team member to answer the question. Team members can still work together to answer the question.
10. The instructor should choose questions from the same color category in the bonus round and try to keep the questions balanced in terms of difficulty. The team with the most points at the end of the bonus round wins the game. If the game ends in a tie, the instructor can decide to do another bonus round or give prizes to the tied teams.

3. Safety Awareness for Empowerment Board Game (Module Six)

For smaller groups of 3-4 participants, the safety awareness game can be played as a board game. The instructor can decide whether to have the participants play as individuals or in pairs if participants need more assistance to play the game. It's up to the instructor to balance the players based on skill level. Allow about 45 minutes to play the game. The object of the game is to move the tokens along the game board until one player reaches the finish line. The participants will earn squares by correctly answering questions that vary from easy to hard as identified by the color of the cards:

Easy	Blue cards are worth 1 square,
Medium	Green cards are worth 2 squares
Hard	Pink cards are worth 3 squares.

Set Up:



Prizes.

Game Board - Six 8 1/2 X 11 sheets need to be assembled together to make one large board.

Player Tokens-use checker chips, color block erasers, or tokens from another game board like Monopoly.

Game cards-color coded with questions and answers.

Instructions:

1. Announce that the participants are going to play for a prize given to the first person that reaches the finish line.
2. Each participant should place their token on the game board at the start square.
3. Each participant will have a turn in choosing a question from one of the three categories of cards.
4. The instructor reads the question for the player. If the player answers the question correctly, he or she can move their token forward by the designated number of squares. If the player needs help (a "life-line"), they can ask for assistance from anyone they choose, except the instructor. If they answer the question correctly with the assistance of the "life-line" they can move forward one square. If the response is incorrect, the player may not move their token forward. Continue the game until there is a winner.

4. The Right to be Safe Pictionary™ (Extra)

This game is similar to Pictionary™. A team member needs to draw a picture and the team needs to guess the picture. At the end of each module, there is a list of key vocabulary used in that session. These words have been enlarged and can be printed or mounted on heavy paper, tag board or card stock. The instructor can also generate their own list of words.

Set up: Dry-erase board, pad of paper or chalkboard markers

Instructions:

1. After organizing the teams, announce that the teams will compete for prizes.
2. Give the teams one minute to decide on a name for their team. Record the team names on a board or pad, which will be used to keep score.
2. Announce that the game will be played for about 45 minutes. At the end of that time there will be a bonus round. The team with the most points at the end of the game is the winner.
3. The instructor is the judge of the correct answers and point values. Only the instructor can change the rules of the game.
4. Each team member will have a turn by choosing a card. If needed, the instructor will help the participant read the word on the card.
5. The participant will draw a picture that represents their word, and team members work together to identify the correct answer.
6. The team earns 1 point for each correct answer. Incorrect answers do not earn points.
7. Continue in turn by having a member of each team pick a card and repeat steps 5 and 6. Make sure that every member of each team has had a turn choosing a card and drawing a picture.

Game Questions

Category Level: **Blue**

Q. True or False:

It's okay to say Hi to a friend you pass on the street.

Answer - True

Q. True or False:

It's okay to tell a stranger where you live.

Answer - False

Q. True or False:

It's okay to say "no" to someone who makes you feel uncomfortable.

Answer - True

Q. True or False:

It's okay to show a child a *Playboy* magazine.

Answer - False

Q. True or False:

It's okay to hang up on telemarketers.

Answer - True

Q. True or False:

It's okay to let the TV repair man come into the house when you are alone.

Answer - False

Q. True or False:

It's okay to show a stranger what's in your backpack.

Answer - False

Q. True or False:

It's okay to call home, if you are frightened by someone.

Answer - True

Q. True or False:

It's okay to kiss and hug your boyfriend/girlfriend when you are alone, in private.

Answer - True

Q. Safe or Unsafe:

Having lunch with friends in a restaurant.

Answer - Safe

Q. Safe or Unsafe:

Giving money to someone in exchange for sex.

Answer - Unsafe. This is a form of prostitution, which is illegal and a potential health risk.

Q. Safe or Unsafe:

It is a good idea to carry important telephone numbers of people you trust in your wallet.

Answer - Safe. If you feel unsafe or uncertain, it is best to contact someone you trust.

Q. Safe or Unsafe:

To carry a pocket knife when boarding a plane.

Answer - Unsafe. The pocket knife could be considered a weapon.

Q. Multiple Choice:

You see a man put his hand in his pants and touch his penis. He:

- A. May have a bladder or urinary tract infection.
- B. Is just adjusting his pants.
- C. Is masturbating.

Answer - The correct answer is C. The only time it is appropriate to masturbate is in private.

Q. Safe or Unsafe:

A new neighbor invites you into their house.

Answer - Unsafe. You have not known the person long enough to establish trust.

Q. Safe or Unsafe:

A man exposes his penis and then asks you to keep it a secret.

Answer - Unsafe. This is called indecent exposure which is a form of sexual assault.

Q. Multiple Choice:

The best defense from an attacker is to:

- A. Yell “No” and run away.
- B. Stand ready to fight.
- C. Close your eyes and hope that he goes away.

Answer - The correct answer is A. Using the countdown to safety, you should try to get out of an unsafe situation.

Q. Multiple Choice:

A car approaches you with the window rolled down. A sweet-looking lady asks you for directions. What do you do?

- A. Turn and walk the other direction.
Do not approach the car.
- B. Help her out, she’s a nice lady.
- C. Help her, but from a distance.

Answer - The correct answer is A. You don’t know if the sweet-looking lady is part of a lure to get you into the car of a predator.

Category Level: **Green**

Q. True or False:

It's okay to bring a *Playboy* magazine to work to read during your lunch break.

Answer - False

Q. Trust or Not Trust:

If a person lies to you by saying "Cigarettes are not really bad for your health as long as you only smoke a few each day." Should you trust or not trust that person

Answer - Not Trust

Q. Trust or Not Trust:

A friend takes your lunch and eats it without asking. Should you trust that person.

Answer - Not Trust. You may need to exercise more caution with your personal possessions when she is around.

Q. Trust or Not Trust:

Your aunt comes to visit whenever you are in the hospital and shows that she is concerned for your health.

Answer - Trust. Your aunt is demonstrating that she cares about your well-being.

Q. True or False:

It's okay for a doctor to examine the private areas of your body.

Answer - True

Q. A man approaches you, looking upset. He has an empty leash and a poster showing a cute puppy missing. He says he's desperate to find his puppy; he'll even pay you if you find it. What do you do?

- A. Help him; after all, he has a leash and a poster.
- B. Run the other direction and tell someone that you trust.
- C. Tell him you'll keep an eye out, then walk away.

Answer - The correct answer is C. You don't know if this is a case of a predator using a small animal as a lure. If he continues to pursue you, then run away and tell someone you trust.

Q. True or False:

If you see a gun sitting on a table, you should check it to see if there are bullets in it.

Answer - False. Don't touch the gun. Get help from someone who is trained in handling guns.

Q. True or False:

A condom is a protective barrier that prevents the transmission of HIV/AIDS during sexual intercourse.

Answer - True

Q. Multiple Choice

You observe a person in a car behaving suspiciously around children. What is the most important information you can remember about this car, in case the police need it later?

- A. The license plate number.
- B. The kind of hat the driver was wearing.
- C. The color of the car.

Answer - The correct answer is A. Every license plate has a different number which is registered to a specific person.

Q. Multiple Choice

When you are home alone, you should:

- A. Lock the doors.
- B. Close the curtains at night.
- C. Screen incoming phone calls.
- D. All of the above.

Answer - The correct answer is D.

Q. True or False:

It's okay to take a ride from someone you don't know.

Answer - False.

Q. True or False:

If a supervisor asks you out on a date, you should say "yes" no matter what.

Answer - False. This could be a situation of sexual harassment.

Q. Multiple Choice

If a package with no label is found on your doorstep, you should:

- A. Open it up because it may be a present from your family.
- B. Inspect the package and ask others about it before you open it.
- C. Give it to your next door neighbor.

Answer - The correct answer is B. An unanticipated, unlabeled package is suspicious. Check with others before opening it.

Q. Multiple Choice

If a co-worker hands you two pills, you should:

- A. Take the medicine, it will make me feel better.
- B. Hold onto them and take them at break time.
- C. Throw them away and never take any pills unless prescribed by your doctor.

Answer - The correct answer is C. These pills may be safe for the co-worker but unsafe for you if you don't know what they are and how they may affect you.

Q. True or False:

While waiting for your bus, it is safer to hide in the bushes instead of standing next to the bus stop.

Answer - False. When waiting for rides, you want to make yourself visible to others.

Q. Multiple Choice

You're at work and a co-worker makes a comment about getting a gun and shooting the boss. You should:

- A. Forget about it. It's just talk.
- B. Try to convince your co-worker to get help, but keep the secret.
- C. Tell someone that you trust and she or he will follow up with that person.

Answer - The correct answer is C. For everybody's safety, you should take threats seriously and seek help.

Q. Multiple Choice

You see co-workers picking on and bullying another co-worker. You should:

- A. Forget about it. It happens all of the time.
- B. Report the problem to your supervisor.
- C. Walk away if you see bullying occurring, and not be part of the problem.

Answer - The correct answer is B. Nobody should have to be a target of harassment.

Category Level: **Pink**

Q. True or False:

It's okay to give my lunch money to someone that I just met because the person said we were friends.

Answer - False. It's not a good idea to give away your money without first talking to someone that you trust.

Q. Multiple Choice

Today's date is five months after the expiration date on a package of cream cheese, you should:

- A. Go ahead and eat it. It looks fine.
- B. Toss it in the trash.
- C. Keep it in the refrigerator for someone else to take care of.

Answer - The correct answer is B. It's not safe to eat products, especially dairy and meats, past the expiration date.

Q. Multiple Choice

Someone who seeks out children for a sexual purpose is called:

- A. A prostitute.
- B. A pedophile.
- C. A physician.

Answer - The correct answer is B.

Q. Multiple Choice

Chat-rooms on the Internet are being used by predators to meet teens by telling them that:

- A. They too, are under age 18.
- B. They live in their neighborhood.
- C. They just want to be a friend over the Internet.
- D. All of the above.

Answer - The correct answer is D. The predator will use believable lies to lure teens into a place where he is in control.

Q. Multiple Choice

If a predator tries to lure a teen into sexual acts by telling them that it is okay because they are very mature for their age, the teen should:

- A. Ignore the adult and pretend it didn't happen.
- B. Leave and tell someone they trust.
- C. Go along with the adult as long as it is a relative or friend of the family.

Answer - The correct answer is B. It is illegal for an adult to have sex with a person under age 18. The predator will try to rationalize the sexual activity by saying they are an exception to the law.

Q. Multiple Choice

Stacey and Jane are approached by a photographer in the mall who wants to take their picture for an advertisement in *People* magazine. The photographer asks the girls to walk with him to his car to sign the release forms. The two girls should:

- A. Walk away and call for mall security.
- B. Ask to look at his identification before going to the car.
- C. Follow him to the car to sign the release.

Answer - The correct answer is A. The photographer is using the release forms as a lure to get them into his car.

Q. Multiple Choice

A person drives up to you in a fancy sports car and asks you for directions to the post office. The person looks confused and doesn't know where to go. The person says, "Hey, how about showing me where the post office is and I'll give you a ride in my new car. I'll even let you pick out CD's for us to listen to along the way." You should:

- A. Say "No, I can't help you" and walk away.
- B. Say "Just a minute, I have to call my parents."
- C. Get in the car and check out the CD's.

Answer -The correct answer is A. The predator is using the car and CD's as a lure.

Q. Multiple Choice

Which one of these are examples of domestic violence?

- A. Name-calling, putdowns.
- B. Sexual or physical abuse.
- C. Threats of physical harm.
- D. Intimidation.
- E. All of the above.

Answer- The correct answer is E. These are behaviors used by one person in a relationship to control the other.

Q. Multiple Choice

You are on a date with someone you have known for one month. Your date wants to have sexual intercourse with you. You should:

- A. Set your own personal boundaries for how comfortable you are with sexual contact.
- B. Say "No" to actions that make you feel uncomfortable.
- C. Be prepared in advance by purchasing condoms that protect yourself from HIV/Aids and sexually transmitted diseases.
- D. All of the above.

Answer - The correct answer is D. In an intimate relationship, it is important for you and your date to respect personal boundaries and choices.

Q. Multiple Choice

In an emergency, the most important thing I can do is:

- A. Drop to the ground and roll;
- B. Call 911.
- C. Yell “No! Stop!”
- D. Leave the area right away.

Answer - The correct answer is B. The 911 dispatcher will tell you what to do until help arrives.

Q. Multiple Choice

Self-defense training teaches us to:

- A. Create a distraction to get away.
- B. Stand and fight.
- C. Use passive resistance until the perpetrator goes away.

Answer - The correct answer is A. The goal of self-defense is to get out of the situation as quickly as possible.

Q. Which One

Who is more likely to die from choking while eating: a baby or an older person?

Answer - The older person. Infants are usually more closely supervised, while many older people live by themselves.

Q. Multiple Choice

You're out for a bike ride when someone tries to pull you into his or her car.

You should:

- A. Hold onto your bike and yell for help.
- B. Drop your bike and run!
- C. Go along and hope he or she won't hurt you.

Answer - The correct answer is A. It will be more difficult for the abductor to carry both you and the bike to the car.

Q. Multiple Choice

You're walking home from work and a car pulls up beside you, keeping up with you. You can tell they're following you.

You should:

- A. Keep walking but ignore them.
- B. Turn around and run in the opposite direction.
- C. Run in the direction you were going.

Answer - The correct answer is B. If the car is really following you, it will take them time to turn their car around, giving you a chance to escape.

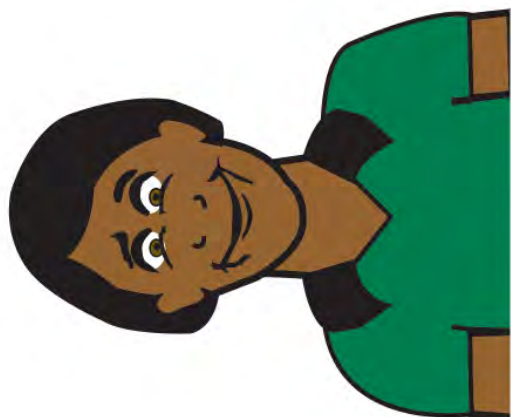
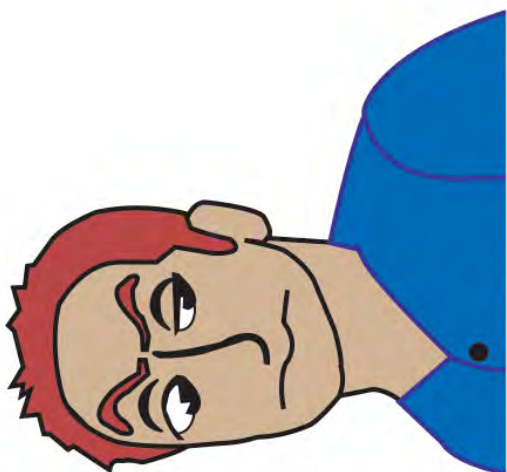
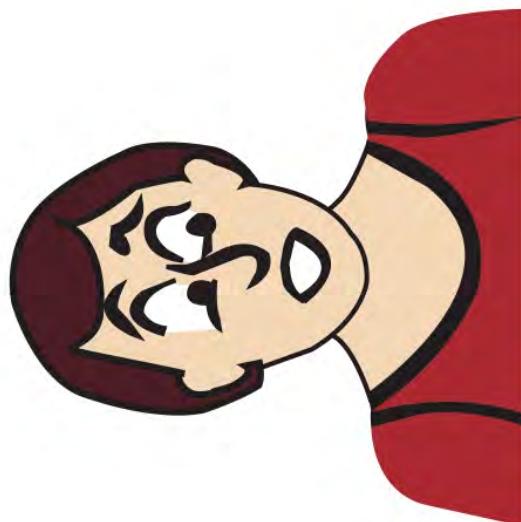
Q. Multiple Choice

If your nose starts to bleed, you should:

- A. Call 911.
- B. Pinch your nostrils and tip your head forward.
- C. Pinch your nostrils and tip your head backward.

Answer - The correct answer is B. Pinching your nose and holding your head forward allows blood to clot faster.

Guess the Feeling Game Card One



Guess the Feeling Game Card Two



Guess the Feeling Game Card Three



Dear Participant,

Thank you for your interest in the training series, S.A.F.E., Safety Awareness For Empowerment. This is an eight-week training that teaches people with disabilities how to be safe at home, at work and in public. This training series covers safety issues like:

- What should I do if I am with someone who makes me feel unsafe?
- What should I say to someone who lies to me?
- Where can I get help if someone hurts me?
- How can I feel safe going on a date with someone who I just met last week?

The sessions are interactive, using visual aids, group discussions and role-playing. There will also be some special guest presenters to make the sessions fun and interesting. At the end of each session, you will be provided with a summary of the information covered in the session. Please share this information with your family and support staff to help you practice using what you have learned.

Date and Time of Training Series:

Location:

Contact Information:

Family members and support staff are welcome to sit in on the sessions.

Please feel free to contact me if you have any questions.

Sincerely,

S.A.F.E. Trainer

Permission to Participate in the Training Series:
S.A.F.E. Safety Awareness For Empowerment

I hereby give consent for

(Name of participant)

to participate in the training series, Safety Awareness For Empowerment. I understand that this training focuses on teaching individuals to be aware of their own personal safety and empowering them to take action to protect their well-being. A major component of this training pertains to personal relationships, which includes intimacy and sexuality. I am aware of the content being taught and that input from family and support staff is welcome.

I give my consent for a photograph to be taken of the participant at the first session. This photograph will be used as part of an exercise in Module Two in identifying relationships. I understand that the photograph will be used only for that purpose.

I do not give consent for a photograph to be taken, but will bring a photograph to use in Module Two.

Signature of Participant

Date

Signature of Parent/Guardian

Date

The signature of a parent or guardian is necessary if the participant is under age eighteen, or for those over eighteen years of age who have legal guardians.

SIGNS OF ADULT ABUSE, WHO MUST REPORT AND TO WHOM MUST THEY REPORT?

Unlike many other state elder abuse laws, Wisconsin's Elder Abuse Reporting law, sec. 46.90, Statutes, does not list any "mandatory reporters". In other words, certain individuals, e.g., physicians, social s'workers, etc., are not required to report all evidence of abuse that they observe. Other Wisconsin laws, however, mandate certain professionals to report certain specific injuries to some officials. The charge below lists these injuries, along with the professions who are mandated to report, whom these individuals must report to, and any relevant exceptions. *This information is based on a comprehensive outline prepared by Attorney Tess Meuer, Wisconsin Coalition Against Domestic Violence. It was originally published in the Fall 2000 edition of the Elder Law Center's Guardianship Support Center Newsletter and has been updated by Eva Shiffrin, Wisconsin Coalition Against Sexual Assault, Inc., Spring 2004.*

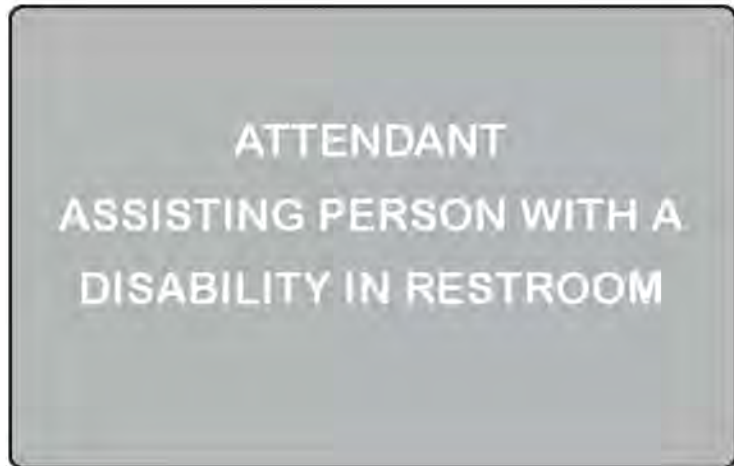
WHAT HAPPENED?	WHO MUST REPORT?	TO WHAT OR WHOM?	EXCEPTIONS/ SPECIAL REQUIREMENTS	PENALTIES
<ul style="list-style-type: none"> • Gunshot wound (less than 30 days old) or • Other wounds believed to have occurred as a result of a crime or <p>Burns</p> <ul style="list-style-type: none"> • 1st or 2nd degree burns over at least 5% of the body, or • Swelling of the larynx or burns to the upper respiratory tract caused by superheated air, if believed to occur as a result of a crime. 	<ul style="list-style-type: none"> • All people licensed/certified/registered by Board of Nursing¹ • Physicians • Physicians Assistants • Occupational * Physical Therapists/Therapy Assistants • Podiatrists • Dietitians • Athletic Trainers • Respiratory Care Practitioners • All people licensed/certified/registered by Psychology Examining Board 	Must report patient's name and the type of wound or burn injury involved as soon as reasonably possible to the local police department or county sheriff's office for the area where the treatment is rendered.	<ol style="list-style-type: none"> 1. If accompanied by a law enforcement officer 2. If the crime has already been reported 	A fine not to exceed \$500 for intentional failure to report
Sexual contact by therapists A therapist for this statute is a Dr., psychologist, social worker, therapist, counselor (incl. AODA), nurse, clergyperson or other person, licensed or not, who performs or purports to perform psychotherapy.	<ul style="list-style-type: none"> • Therapists are required to report other therapists but only with the consent of the client. Such report can be made without naming the client. 	Department of Regulation and Licensing if the therapist is licensed by the Department of Regulation and Licensing. If not, report to the District Attorney for the county where the contact occurred.	Report needs to be made within 30 days of the consent by the client. Consent must be in writing and must specify if name use is allowed.	A therapist who has sexual contact or intercourse with a patient is subject to a Class F felony. A person who fails to report as required is subject to a Class A misdemeanor.

¹ Because of the issues of patient confidentiality, the State Medical Society has developed a policy for physicians regarding victims of domestic violence.

WHAT HAPPENED?	WHO MUST REPORT?	TO WHAT OR WHOM?	EXCEPTIONS/ SPECIAL REQUIREMENTS	PENALTIES
Death in certain institutions related to use of physical restraints or psychotropic medications or suicide.	<ul style="list-style-type: none"> Community based residential facilities Nursing homes Treatment facilities 	Department of Health and Family Services – Division of Supportive Living.	Report needs to be made within 24 hours.	Penalties could vary, but could include a citation, a fine, de-licensing or de-certification.
Reasonable foreseeable dangerous behavior	<ul style="list-style-type: none"> Psychotherapists Perhaps other mental health professionals 	Person the patient has threatened to harm or the family of the patient or law enforcement officials.	See <u>Schuster v. Altenberg</u> , 144 Wis. 2d 223	Subject to tort liability
A crime was committed and the victim was exposed to bodily harm	<ul style="list-style-type: none"> Any person witnessing 	Law enforcement officials where crime occurred.	<ol style="list-style-type: none"> If it places the reporter in danger. If it interferes with a duty owed to others. 	A fine not to exceed \$500 or imprisonment not to exceed 30 days or both
Reason to believe a crime is being committed or has been committed	<ul style="list-style-type: none"> Any unlicensed security person Any person licensed as a private investigator or granted a private security permit 	Law enforcement officials where crime is occurring or has occurred.	<p>Report immediately, unless</p> <ol style="list-style-type: none"> It places the reporter in danger. It interferes with duties owed to others. Assistance is being summoned or provided by others. 	<p>A fine not to exceed \$500 or imprisonment not to exceed 30 days or both</p> <p>If relevant, de-licensing.</p>

WHAT HAPPENED?	WHO MUST REPORT?	TO WHAT OR WHOM?	EXCEPTIONS/ SPECIAL REQUIREMENTS	PENALTIES
<p>Caregiver misconduct including abuse, neglect, and/or misappropriation of client property</p> <p>1. Abuse/neglect is defined as any of the following:</p> <p>A. An act(s) or omission(s) including but not limited to restraint, isolation or confinement, contrary to policy and procedure, not part of a treatment plan done intentionally to cause harm that does any of the following:</p> <ol style="list-style-type: none"> 1) Causes or could reasonably expect to cause pain, injury or death to the client 2) Disregards client's rights under chapter 50 or 51, or caregiver's obligations to the client 3) Causes or could reasonably expect to cause emotional or mental damage including harm to psychological intellectual functioning (exhibited by anxiety, depression, withdrawal regression, outward aggressive behavior, agitation, fear of harm, death or a combination) <p>B. Sexual intercourse or sexual contact by caregiver involving a client</p>	<p>The following entities must report abuse by caregivers employed by the entity.</p> <ul style="list-style-type: none"> • Ambulance Service Providers • Certified adult family homes; • Community-based residential facilities; • Community mental health, alcoholism and other drug abuse programs; • Community support programs for people with severe and persistent mental illness; • Emergency mental health service programs; • Facilities for people with developmental disabilities; • Home health agencies; • Hospices; • Hospitals • Licensed adult family homes; • Mental health day treatment for children; • Nursing homes; • Personal care worker agency which is also licensed as a home health agency; • Residential Care Apartment Complexes; • Rural medical centers; or • Supportive homecare service agency that is also licensed as a home healthcare agency. 	<p>Report client abuse, neglect or misappropriate to the Department of Health and Family Services within seven days</p> <p>Report misconduct within seven days (five working days for federally certified nursing homes) to:</p> <p>Caregiver Regulation and Investigation Section Bureau of Quality Assurance P. O. Box 2969 Madison, WI 53701-2969 Telephone: 608-243-2019 FAX: 608-243-2020</p> <p>Report employee misconduct to the Department of Regulation and Licensing if the caregiver is licensed, certified or regulated by that department.</p>	<p>1. Acts of inefficiency, unsatisfactory conduct or failure in good performance due to inability, incapacity, inadvertently, ordinary negligence in an isolated instances or good faith errors.</p> <p>Each licensed provider is covered by a separate section of the Wisconsin Administrative Code. Please check the section of the code for each particular discipline.</p>	<p>Penalties for an Institution: A fine not to exceed \$1,000 and any of the following:</p> <ol style="list-style-type: none"> 1. Submission of a plan of correction 2. Implementation of a plan of correction, 3. Regulatory limitations or conditions 4. Suspension or revocation of licensure, certification for a period of no more than five years or notification to a local newspaper <p>Some of these acts of misconduct also constitute crimes and could be prosecuted as such. These include but are not limited to:</p> <ul style="list-style-type: none"> • Wis. Stat. Sec. <u>940.19</u> Battery • Wis. Stat. Sec. <u>940.225</u> Sexual assault • Wis. Stat. Sec. <u>940.285</u> Abuse of vulnerable adults • Wis. Stat. Sec. <u>940.295</u> Abuse and neglect of patients and residents

WHAT HAPPENED?	WHO MUST REPORT?	TO WHAT OR WHOM?	EXCEPTIONS/ SPECIAL REQUIREMENTS	PENALTIES
<p>C. Forcible administration of medications or psychosurgery, electroconvulsive therapy, or experimental research without lawful authority</p> <p>D. Repeated conduct with intent to harass, intimidate, humiliate, threaten or frighten</p> <p>2. Misappropriation of property is defined as:</p> <p>A. Any taking, using or transferring of property without consent</p> <p>B. Fraudulent obtaining by false representation or false promises of property</p> <p>C. Using Custodial position or business possession of money or financial instruments to transfer or use by other than the owner</p> <p>D. Use the identity of the client or their credit without authorization to obtain anything of value.</p>				



An Ethical Code of Conduct for Care Givers, Attendants and Personal Support Helpers

To make sure a person with a disability doesn't feel a loss of control over privacy, professionals who assist with personal care should make use of the following guidelines. If care givers use the guidelines, they will help the person with a disability become more aware and assertive in establishing his or her own personal boundaries.

- Be respectful of the individual's personal body space;
- Ask the person's permission before touching their body. Respect the person's right to say "no";
- Spend time establishing a relationship. Allow time to feel comfortable around each other before assisting with personal care;
- Be discreet in your approach so as not to embarrass the person;
- Tell the person what you are going to do before you do it; and
- Physical contact should be as unobtrusive as possible.
- Cover private areas of the person's body whenever possible to maintain the highest degree of privacy.
- Depending on the environment, a female personal support helper may assist someone in the men's bathroom and a male personal support helper may assist someone in the women's bathroom. As a general rule, the caregiver/personal support helper should knock and wait for others to exit the restroom before entering and post a sign on the restroom door indicating that an attendant is in the restroom.

About the Author

As a former Executive Director of a supported employment agency and a special education high school teacher, Dedra Hafner is able to bridge the gaps that can occur during the transition from high school to adulthood. Dedra has a strong commitment to the inclusion of individuals with significant disabilities into all aspects of the community. She offers first-hand experience in teaching strategies and adaptations. Dedra has successfully developed more than two hundred supported employment positions with businesses in Madison, Wisconsin.

Dedra Hafner is the owner of Innovations Now, LLC , a consulting firm that conducts job development for individuals in supported employment, provides professional trainings, and teaches a course called “Safety in the Community,” from which this training guide originated. Dedra has presented at national and state-wide conferences for The Association for Persons with Severe Handicaps and The Association for Persons in Supported Employment. She holds a master’s degree in Special Education from the University of Wisconsin-Madison.

Overheads

Module One - Safe, Unsafe, and Uncertain

Module One Overhead 1 Match Facial Expressions of the Feelings
Module One Overhead 2 Using The Countdown to Safety

Module Two - A Circle of Relationships: Who to Trust

Module Two Overhead 3 People in My Life
Module Two Overhead 4 My Personal Safe Zone With Labels on Each Circle
Module Two Overhead 5 When Someone Makes Me Feel Uncomfortable

Module Three - The Right to Privacy

No Overhead

Module Four - Guard Against Tricks, Lies and Scams

Module Four Overhead 6 Learn to be Guarded
Module Four Overhead 7 My Safety Plan Page 1 and 2

Module Five - Safety & Sexuality

Module Five Overhead 8 Examples of Affectionate Touch in Front of Others
Module Five Overhead 9 Examples of Affectionate Touch in Private
Module Five Overhead 10 Solitary Sex-Male
Module Five Overhead 11 Solitary Sex-Female
Module Five Overhead 12 Sexual Intercourse
Module Five Overhead 13 Sexual Intercourse-Internal View

Module Five Overhead 14 Sexual Intercourse in Different Positions
Module Five Overhead 15 Two Women Kissing
Module Five Overhead 16 Homosexual Female Relationships

Module Five Overhead 17 Homosexual Male Relationships
Module Five Overhead 18 Using Condoms Correctly
Module Five Overhead 19 Social Rules for Safe Dating

Module Six - Changes In Relationships

Module Six Overhead 20 Story One-Bad Choices Lead to Pain
Module Six Overhead 21 Story Two- Denise
Module Six Overhead 22 Story Three - A Date with Lydia

Module Seven - First Aid

No Overhead

Module Eight - Self- Defense

No Overhead

Match the Expression to the Face



Happy

Frustrated

Satisfied

Serious



When Someone Makes You Feel Uncomfortable...

Do the **Countdown to Safety!**

1. Say "No"



2 . Push Away
(Create a Distraction)

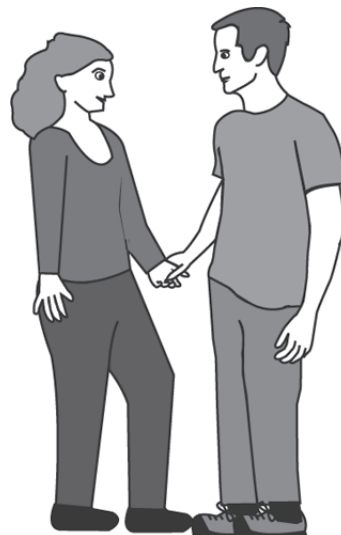
PUSH



3. Get Away



4 . Tell Someone You Trust



People in My Life

Family



Friends



Personal Helpers

(people who are paid to be with you)



Community Helpers

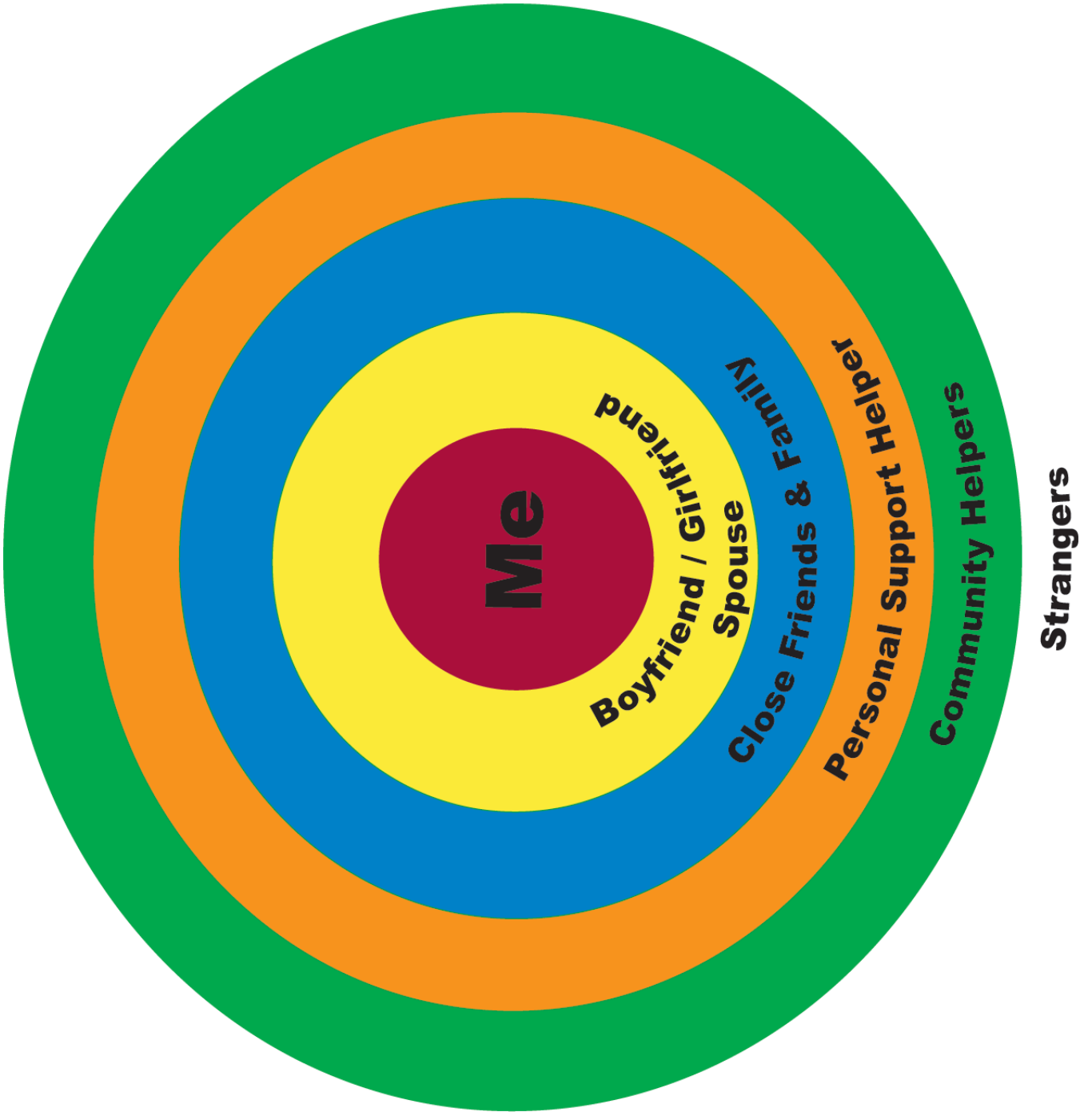
(Uniform, Name Tag or ID)



Strangers

(You don't know their names)

My Personal Safe Zone



When Someone Makes You Feel Uncomfortable...

Tell Someone You Trust!

Examples:

Write down the names of five people you trust:

Counselor

Case Manager

Teacher

Family

Co-Worker

Support Staff

Doctor

Friend



1.



2.



3.



4.

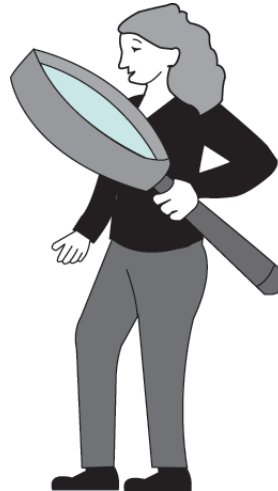
5.

Learn to be Guarded

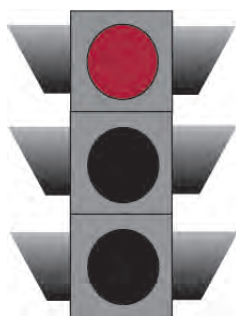
- Step 1-Ask Yourself,**
a) Is this real or fake?
b) Is this a trick?



- Step 2-Look for Clues,**
a) listen carefully
b) ask questions
c) seek assistance from others



- Step 3-What should you do?**



**Say
"No!"**



**Use
Caution**





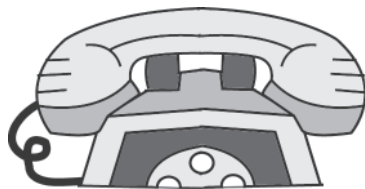
My Safety Plan At Home...

When I am at home by myself, I should:

Before I answer the door, I should:



When I answer the phone, I should:



In an emergency, I should call:

In Public...



When someone unfamiliar offers me a ride, I should:



When someone offers me a free gift, I should:



When someone asks me for money, I should:



When someone wants my phone number and address, I should:



The most important thing I can do in an emergency is:

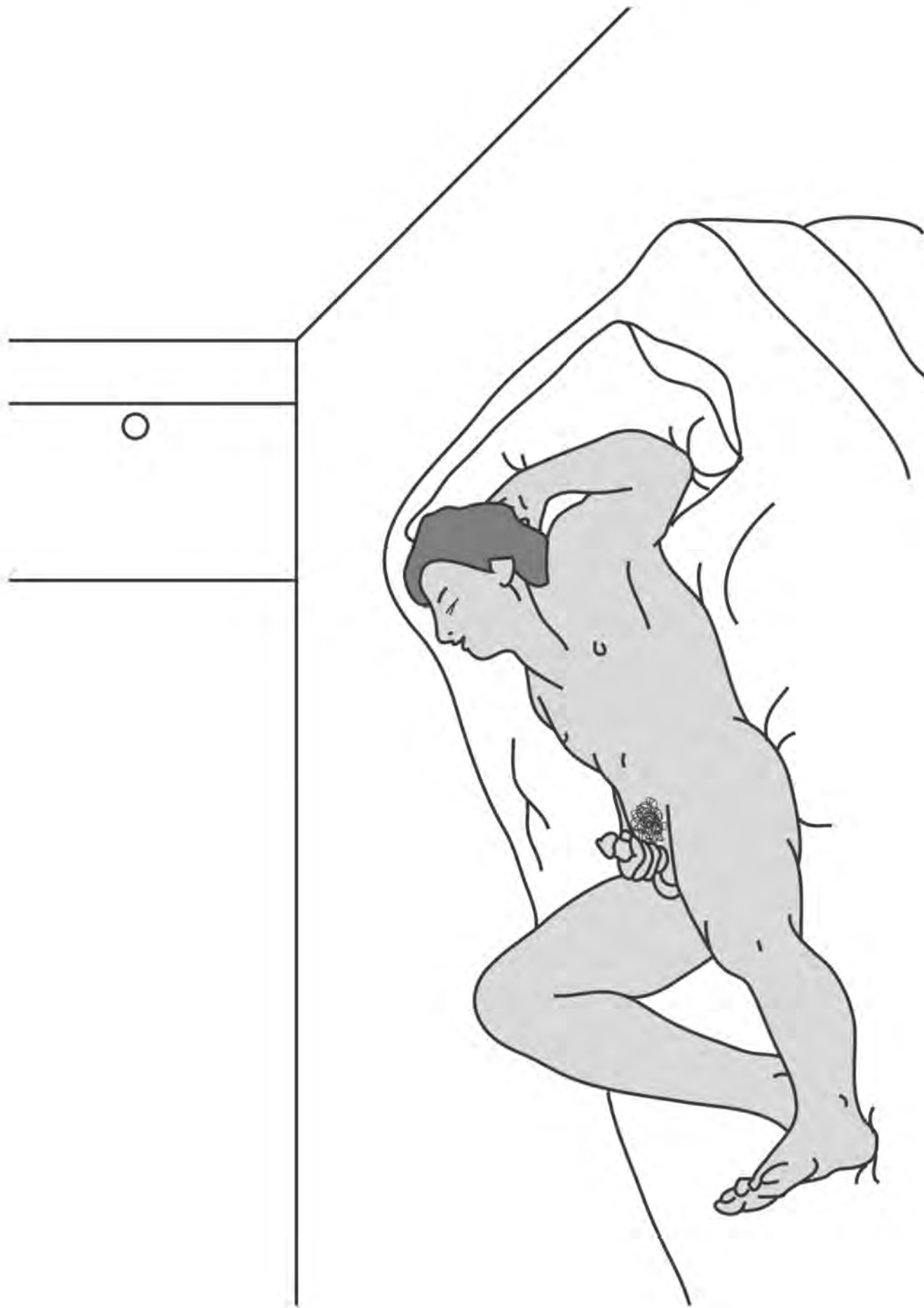
Examples of Affectionate Touch in Front of Others

Ex. of Affectionate Touch
in Front of Others



Examples of Affectionate Touch in Private

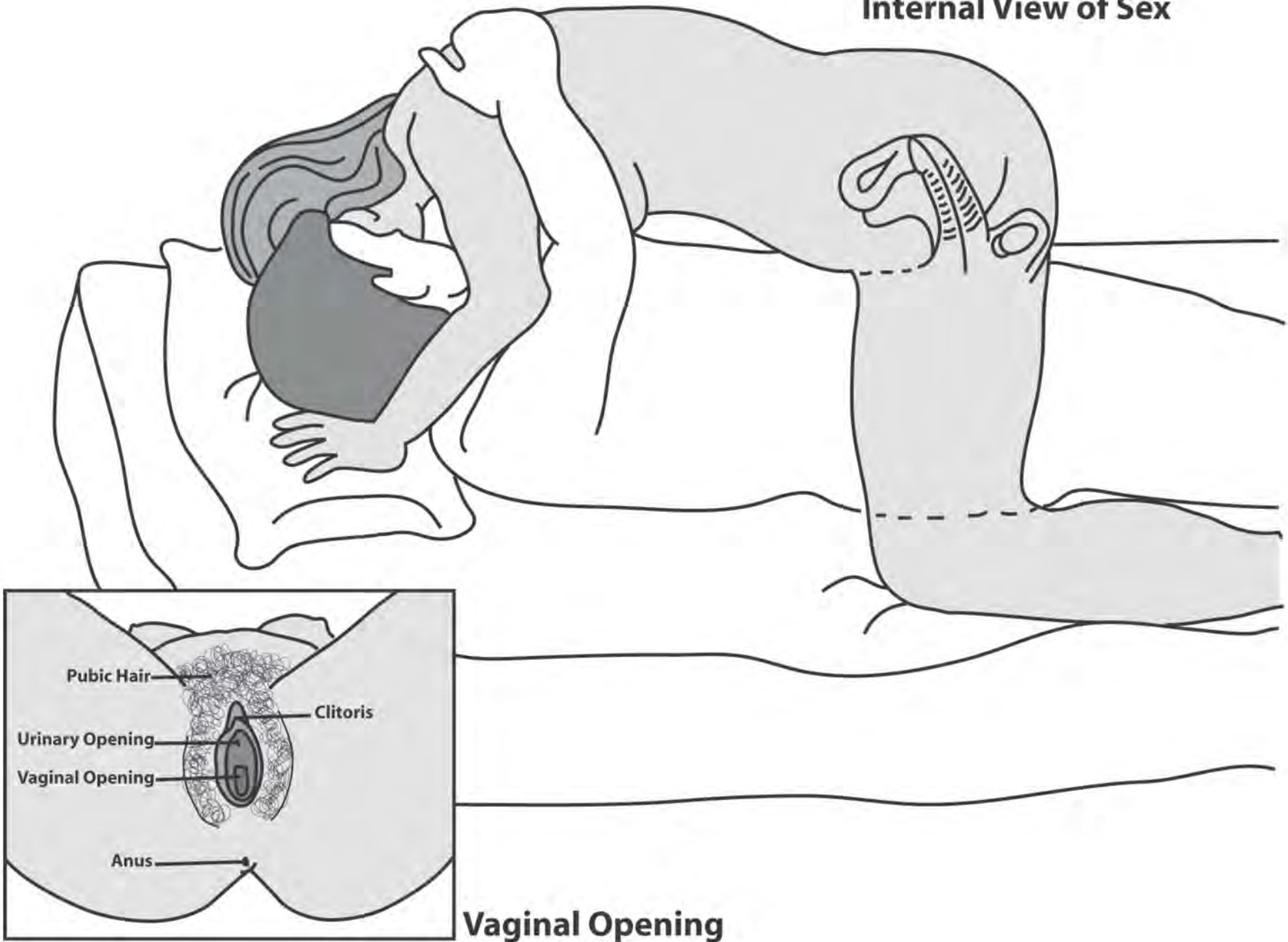


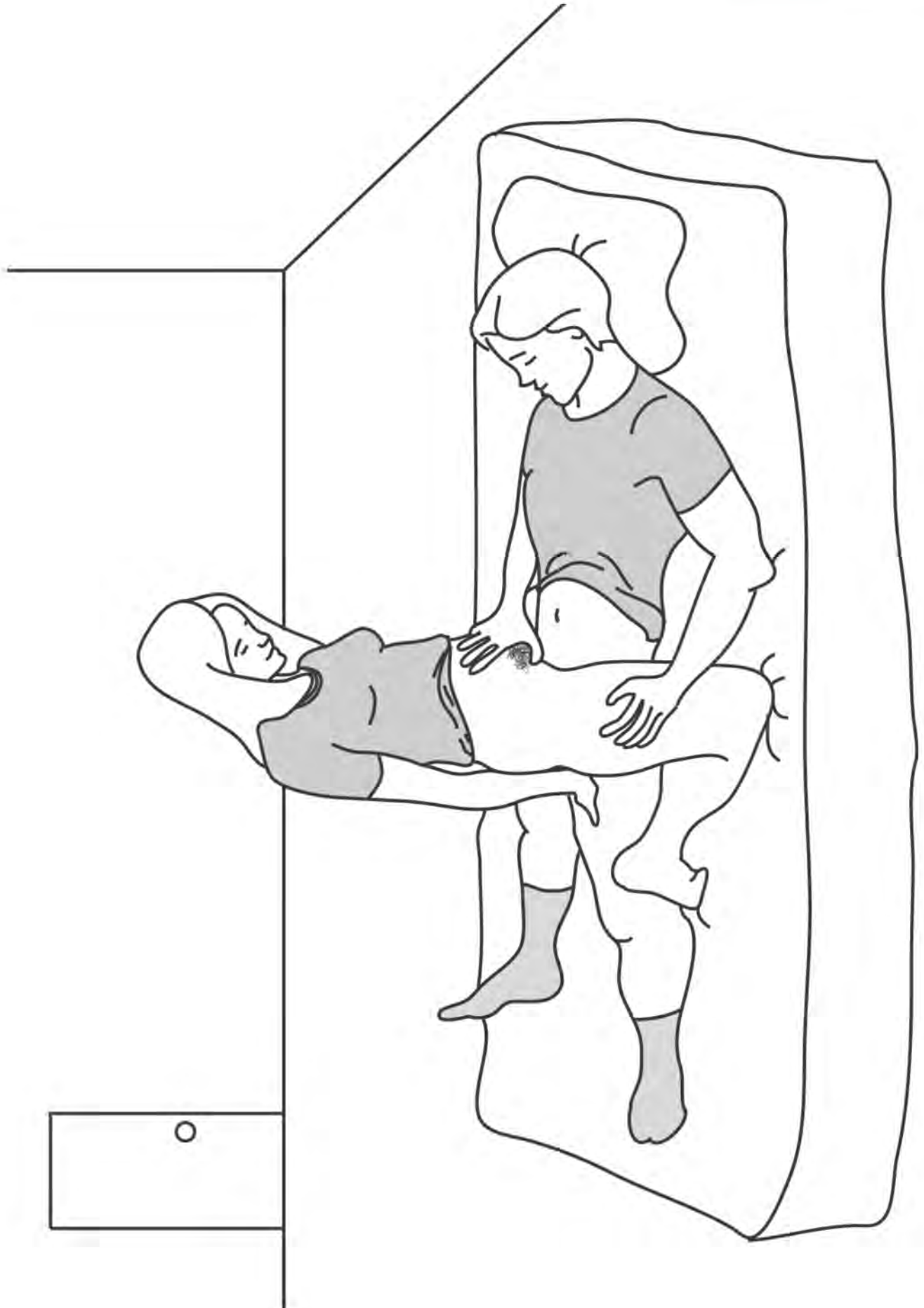






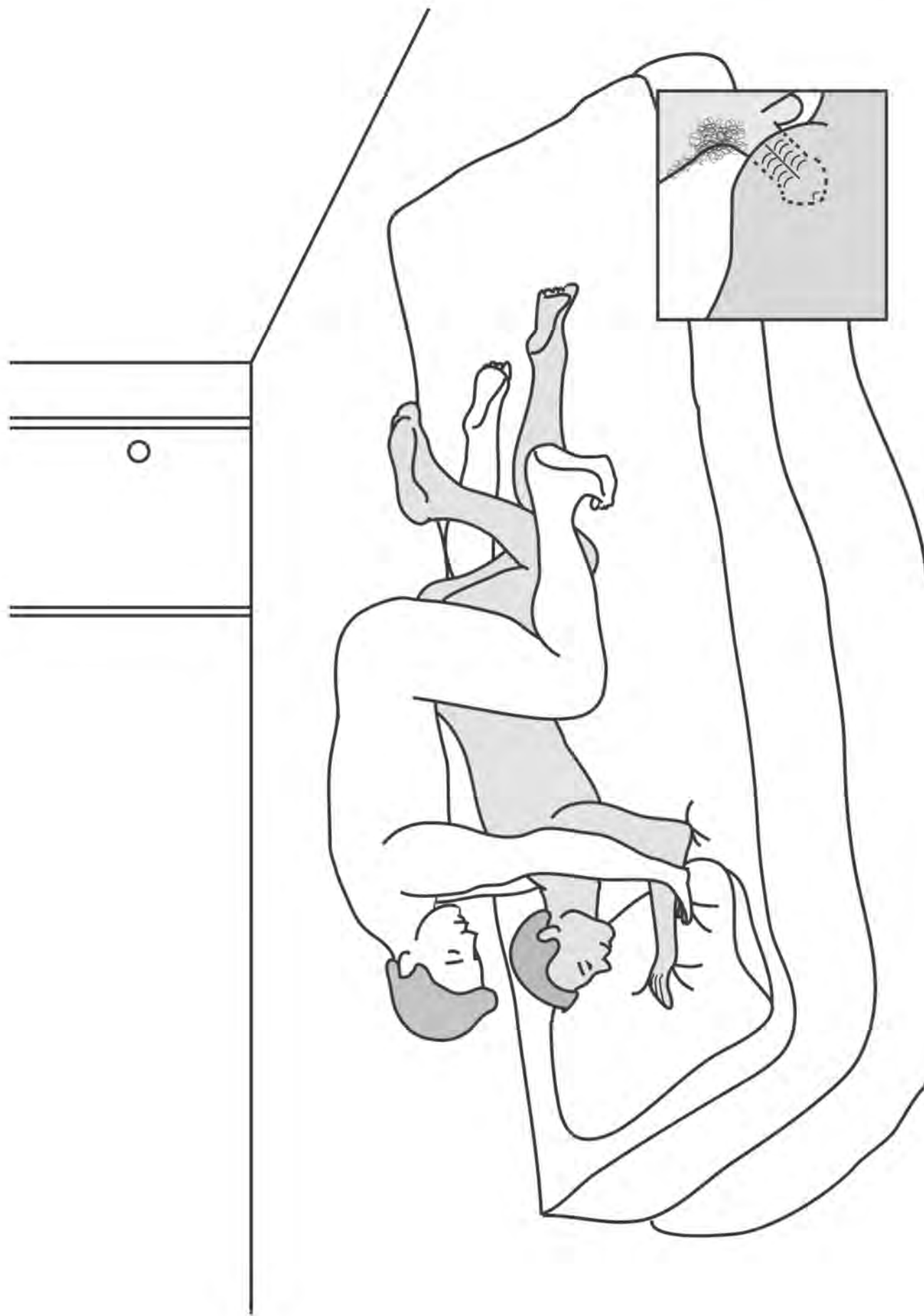
Internal View of Sex

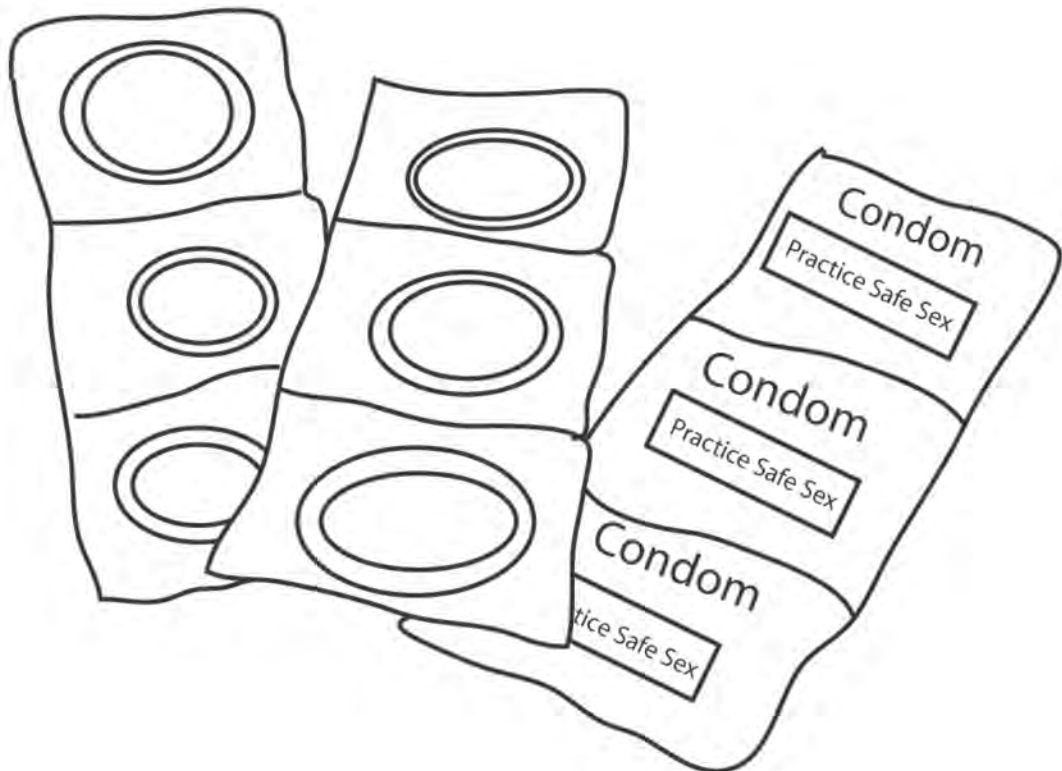












Social Rules for Safe Dating

On the first date, meet in a public place.

Find another couple to double date.

Develop trust before showing a date where you live.

Talk to people who know the person.

Respect when your date says "No".

Ask someone you trust to be a chaperone.

Set personal boundaries for sexual contact.
Say "No" to actions that make you feel uncomfortable.



Story One–Bad Choices Lead to Pain

Vocabulary:

Chaos
Abuser
Restraining order
Violence
Arrest
Charges



Nine days before Christmas, the phone rings at the Police Department.

Officer Rita Gibson answers the phone and hears shouting, sobs, and swearing from a man demanding that the police keep their noses out of his life.

“I’m not a bum. I’m not a bum,” the man shouts, nearly sobbing with rage. “I don’t beat her. I only hit her three times. It’s not like I put black and blues on her every day like these other crazies.”

Officer Gibson can hear the yelling in the background between the man and his wife. Dave is 32, his wife is 30. They have been together 13 years, married for four. This is the fifth time police have been called.

What we hear next is Officer Gibson’s end of the call – each new paragraph indicating when she pauses to listen to either the abuser or his wife on the other end of the line.

“No Dave, this is not happening because of O.J. Simpson,” says Officer Gibson.

There is a long pause while Dave yells. His voice is loud enough to be heard through the receiver, but it is hard to understand his words.

“Yes, it’s a big deal, Dave,” says Officer Gibson.

“Did you break down the door to the apartment last night?” she asks.

Dave hands the phone to his wife, hoping that she will tell the police officer that he didn’t really break down the door.

“So then why did you call 911?” “Nobody dials 911 accidentally.”

“You say you only dialed 911 to threaten him, but that’s not what we use 911 for here.”

“Yes, I understand that, but after he kicked the door in, you told your son to go into the bedroom and call 911.”

Officer Gibson has the report on what happened last night.

“Didn’t he say to you last night that if he goes to jail for this, you are going to be dead?”

Officer Gibson listens to her response.

“I realize it was just an argument,” she says. “But the police have been to your house four times in the last three months.”

“What’s that? He says he’s only violated the restraining order three times?”

“Okay, you say you were off the wall yourself — that he’s not a bad person. But you told your son to call 911.”

She tells Officer Gibson to stop the restraining order.

“You have a 14-year-old boy at home in a very violent situation.”

“Yes, it IS violent. He has kicked down your door and says he’s going to kill you. That’s a violent situation. We’re very worried about you and your son.”

“I understand you want to try to work it out, but in the meantime, you have a 14-year-old boy in the house who’s listening to all this.”

“He IS involved,” she says. You had your son call 911.”

“You can’t tell me that your son sleeps through your fights after what I’ve heard today,” says Officer Gibson. “I can hear Dave yelling at you in the background right now.”

“No, we are not going to drop the charges. We’re going to protect you and protect your son.”

A pause. Dave gets back on the phone crying and yelling. Officer Gibson lifts the phone away from her ear.

“Dave, are you going to listen to me? Will you listen? Will you listen?”

“Dave, listen to me.”

“I see – the cops are the problem.”

“Maybe you didn’t hit her this time Dave, but abuse is not just black and blue eyes. I can arrest you if you say ‘You’re going to be dead if I go to jail.’”

Officer Gibson sends a police car over to the apartment. When the police get to the woman's apartment, Dave has already left. The police issue an order for him to appear in court.

The police talk to the woman. The police tell her how the law can get help for her and her son.

“You have to protect yourself – if not for yourself, then for your son.” “If you have problems again call 911.”

The police worry about getting help for the family, especially if the son grows up to be just like his dad.

Questions:

1. When hearing this story, did your body give you any warning signals as a response to what you heard?
2. Domestic violence is when a person in a relationship tries to control the other. What were some examples of Dave trying to control the relationship with his wife?
3. Did Dave cause any physical harm?
4. Did Dave make any threats?
5. Did Dave try to intimidate his wife?
6. Why would the police be concerned about getting help for the family?
7. What would be an alternate ending to the story using an ending that would be unsafe?
8. What would be an alternate ending to the story using an ending that would be safe?

Story Two–Denise

Vocabulary:

Physical Trauma
Domestic Violence
Control
Intimidation



Denise was 22 when she first met Alex. Alex was a very fun and caring man. Living in Florida, they spent most days at the beach. They had a lot of fun and grew very close. Alex liked to show Denise how to cook new foods and Denise got him to like country music.

After four months of dating, Alex and Denise had plans to go to a party. Alex came home late and he was very mean. Denise said that it was too late to go to the party and Alex grew angry. Alex slapped Denise and pushed her over a chair. Alex said that he was sorry, made dinner, and helped Denise into bed.

Then next morning Denise awoke from pain in her chest. She went to the clinic, and the doctor said that she had three cracked ribs. Denise did not tell Alex about her ribs. She felt that Alex would never hurt her again.

Over the next few months, they spent a lot of time together. Alex said that he loved her. He only got angry when he was about to visit his family. He would slap Denise, pin her down, or push her. The violence would last a few minutes and then Alex would say he was sorry. Alex said that he had a hard time dealing with his family.

On New Year's Day, Denise and Alex moved into an apartment. Denise hoped for a new beginning. But things only got worse.

Denise and Alex bought a car. Alex would pick Denise up from work at 4pm. But there were times when he was one to four hours late. Everyone who worked with Denise could see that Alex made her wait. **"I felt hurt, but I pretended it wasn't happening."** One night they argued about the car. Alex pushed Denise down the stairs, breaking her jaw in two places. Denise had to spend two days in the hospital and her jaw was wired shut for 6 weeks. Denise was so afraid of getting Alex mad that she lied to the nurse when asked how she got injured.

When Denise got out of the hospital, sex was the last thing on her mind. But, if she refused, Alex would act insulted and become forceful. **"We would get into bed with him raring to go and me just wanting a warm place to hide. The less interested I was in having sex, the more mad and forceful he became."** One night, after Denise told Alex that she wanted to be left alone, Alex pinned her down and repeatedly punched her, tearing at her insides. Denise spent another two weeks in the hospital to heal.

Even after her time in the hospital, Alex continued to attack Denise. Alex tore open Denise' newly healed wounds. **"My insides hurt so much that I could only eat one meal a day and I weighed 108 pounds. I was so tired, having just enough energy to get through work and come home to sleep."** Her insides never healed and she had to return to the hospital for some surgery. During all of her hospital stay, Alex only visited Denise in the hospital four times.

But when Denise came home from the hospital she was greeted with flowers and all her favorite foods. For several weeks Alex tried to pay attention to Denise' needs, running errands, doing the shopping, and cooking meals. Alex said that he wanted another chance.

Denise's wounds did not heal and she was in need of further surgery. She was fired from her job for taking too much time off work. Denise didn't have any money and needed Alex to pay all of the bills. Alex got to make all the decisions on how the money was spent, what they ate, and where they went.

Unable to find another job, Denise decided to move back with her parents. **"I thought of it as a chance to take a break from the strain of everyday life and pull myself together."** She left with only the clothes on her back, leaving everything she owned with Alex.

Denise and Alex spoke a couple of times over the phone, but then they quit talking. Denise began a new life, free from her batterer. She found a job and got more medical help for the injuries from her abuse. She spent three weeks in the hospital and four more months in physical therapy.

Today she lives with pain and stiffness in her jaw from the break and has to take daily medications for her stomach. **"Prior to Alex, I had never been exposed to domestic violence through either experience or education. I am sure I was aware of it abstractly through the media, but I never made the connection that I could be a victim. By not recognizing the abuse as domestic violence, I never thought to reach out for help."** While she considers herself lucky to have removed herself from the relationship, the physical trauma of it will stay with her forever.

Questions:

1. When hearing this story, did your body give you any warning signals as a response to what you heard?
2. What were some of the ways Alex controlled the relationship?
3. What were examples of physical abuse caused by Alex?
4. Did Alex make any threats?
5. Why do you think Denise waited so long before leaving Alex?
6. What would be an alternate ending to the story using an ending that would be unsafe?
7. What would be an alternate ending to the story using an ending that would be safe?

Story Three—A Date with Lydia

Vocabulary:

Acquaintance Rape

Collusion

Consent

Sexual Assault

AIDS

Sexually Transmitted Diseases



Lydia was a college student when she attended a potluck dinner with a group of students. Lydia liked one of the men that she met there, so when he invited her to dinner, she accepted. On their date, they talked about their lives before attending school. The man talked about a friend who was an assistant coach of his former football team and how much he missed him. At the spur of the moment, he came up with the idea, **“Why don’t we drive out tonight to surprise him? We can be there in an hour.”** Lydia thought that it would be okay as long as they didn’t stay too long, she had a class in the morning.

They drove out to see the assistant coach who was happy to see them. He offered them something to drink and made some popcorn. The assistant coach then said that he needed to run to the store, but that he would be back in thirty minutes. He told Lydia and her date to stay in the apartment and he would be back shortly. Lydia and her date were left alone in the friend’s apartment.

Within minutes of his friend leaving the apartment, the date started kissing her and pulling at her clothes. Lydia said **“no”** and her date stopped. A few minutes later, he starts kissing her again and this time, he was more forceful at pulling at her clothes.

That was the last thing Lydia remembers about that night. She woke up the next morning outside sleeping on a bench on campus. Her head hurt and her muscles were sore. She felt dizzy and disoriented. Lydia noticed that her sweater was on inside out.

Over the next few weeks, Lydia began to put the pieces together of what must have happened to her on the date. Lydia realized that the visit to his friend’s apartment wasn’t a spur-of-the moment idea, but it was well planned in advance. The assistant coach must have put a drug into her drink before he gave it to her and then conveniently left. Lydia was too embarrassed to go to the doctor, but she still worries about being sexually assaulted that night. If she was sexually assaulted, she doesn’t know if she was exposed to AIDS or sexually transmitted diseases.

Questions:

1. When hearing this story, did your body give you any warning signals as a response to what you heard?
2. How did Lydia's date "trick" her into going to meet his friend?
3. Do you think the date planned the visit with his friend ahead of time?
4. Did Lydia consent to having sex? What did she say?
5. What would be an alternate ending to the story using an ending that would be unsafe?
6. What would be an alternate ending to the story using an ending that would be safe?

Visual Aids

Module One-Felling Safe, Unsafe, and Uncertain

Module One	Visual Aid 1	Petting a Dog
Module One	Visual Aid 2	Petting a Cat
Module One	Visual Aid 3	Father Holding a Baby
Module One	Visual Aid 4	Mother Holding a Baby
Module One	Visual Aid 5	Mother, Father,& Baby
Module One	Visual Aid 6	Couple Embracing
Module One	Visual Aid 7	Couple Kissing
Module One	Visual Aid 8	Teens Fighting
Module One	Visual Aid 9	Couple Arguing
Module One	Visual Aid 10	Groping
Module One	Visual Aid 11	Horseback Riding
Module One	Visual Aid 12	Flying a Plane
Module One	Visual Aid 13	Rock Climbing

Module Two-A circle of Relationships: Who to trust

Module Two	Visual Aid 14	Showing Concern for Your Health
Module Two	Visual Aid 15	Doing you a Favor When Asked
Module Two	Visual Aid 16	Showing Concern for Emotional Well-Being
Module Two	Visual Aid 17	Taking Advantage of You
Module Two	Visual Aid 18	Breaking Promises
Module Two	Visual Aid 19	Lies to You
Module Two	Visual Aid 20	Asking You to Keep a Secret

Module Three-The Right to Privacy

Module Three	Visual Aid 21	Restaurants
Module Three	Visual Aid 22	Privacy for Women in the Bathroom
Module Three	Visual Aid 23	Privacy for Men in the Bathroom
Module Three	Visual Aid 24	Shopping Malls
Module Three	Visual Aid 25	Privacy in Retail Store Changing Rooms
Module Three	Visual Aid 26	Health Club/YMCA
Module Three	Visual Aid 27	Privacy at Home in Bedroom
Module Three	Visual Aid 28	Privacy at Home in Bathroom
Module Three	Visual Aid 29	Private Telephone Conversations
Module Three	Visual Aid 30	Life Changes for Females
Module Three	Visual Aid 31	Life Changes for Males
Module Three	Visual Aid 32	The Most Private Areas for Men
Module Three	Visual Aid 33	The Most Private Areas for Women
Module Three	Visual Aid 34	Health Care Professionals
Module Three	Visual Aid 35	Attendants/Personal Support Helper
Module Three	Visual Aid 36	Showing Affection in Private

Module Four-Guard Against Tricks, Lies and Scams

- Module Four Visual Aid 37 Looks Alone Can't Determine if a Person is a Threat
- Module Four Visual Aid 38 Man Walking a Dog
- Module Four Visual Aid 39 Offering a Free Gift
- Module Four Visual Aid 40 The Little League Coach
- Module Four Visual Aid 41 Using a False Identity on the Internet

Module Five-Safety & Sexuality

- Module Five Visual Aid 42 Getting Their Attention

Module Six-Changes in Relationships

- Module Six Visual Aid 43 Verbal Abuse-Name Calling
- Module Six Visual Aid 44 Verbal Abuse-Thrashers
- Module Six Visual Aid 45 Verbal Abuse-Threats

Module Sevens-First Aid

No Visual Aids

Module Eight-Self Defense

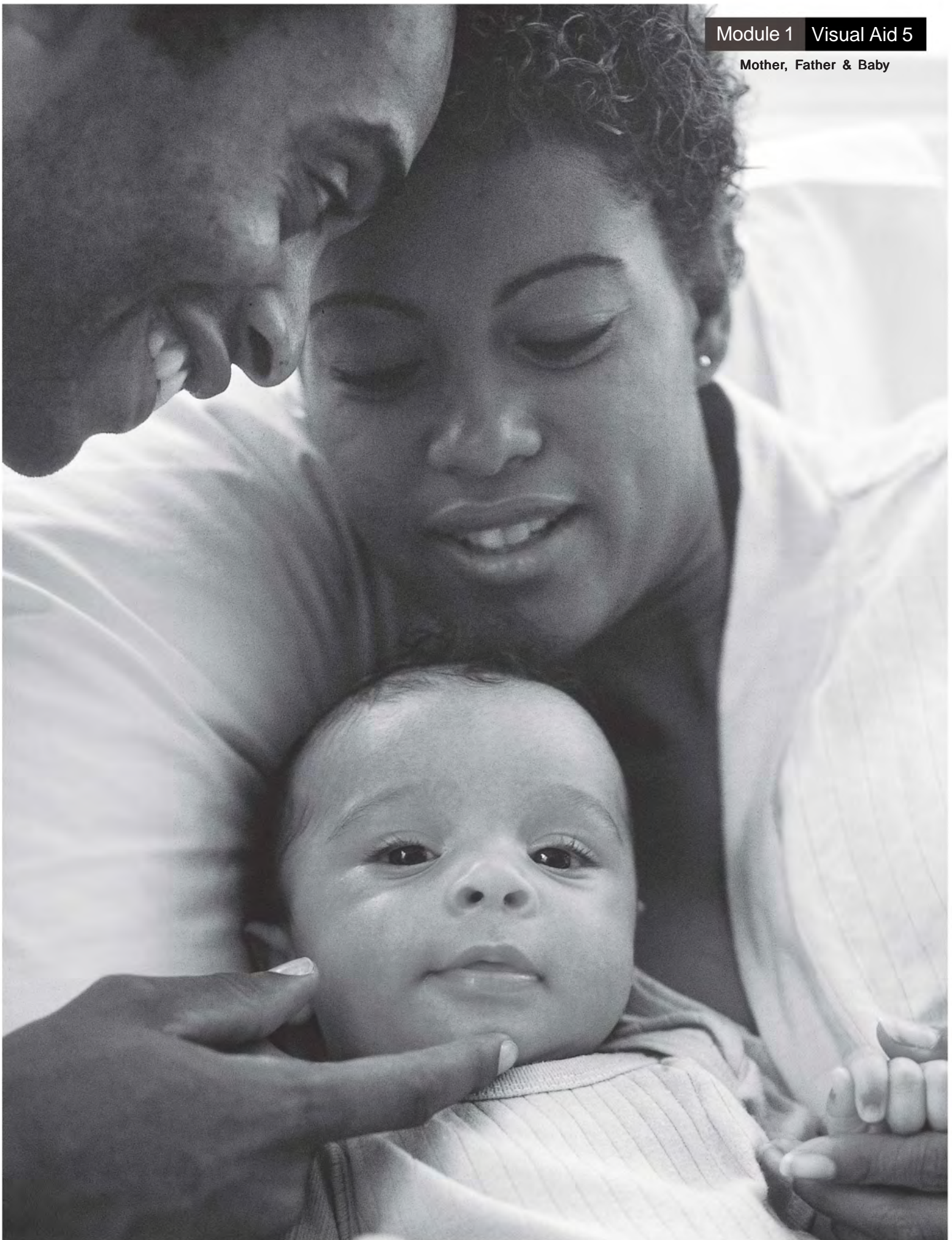
No Visual Aids













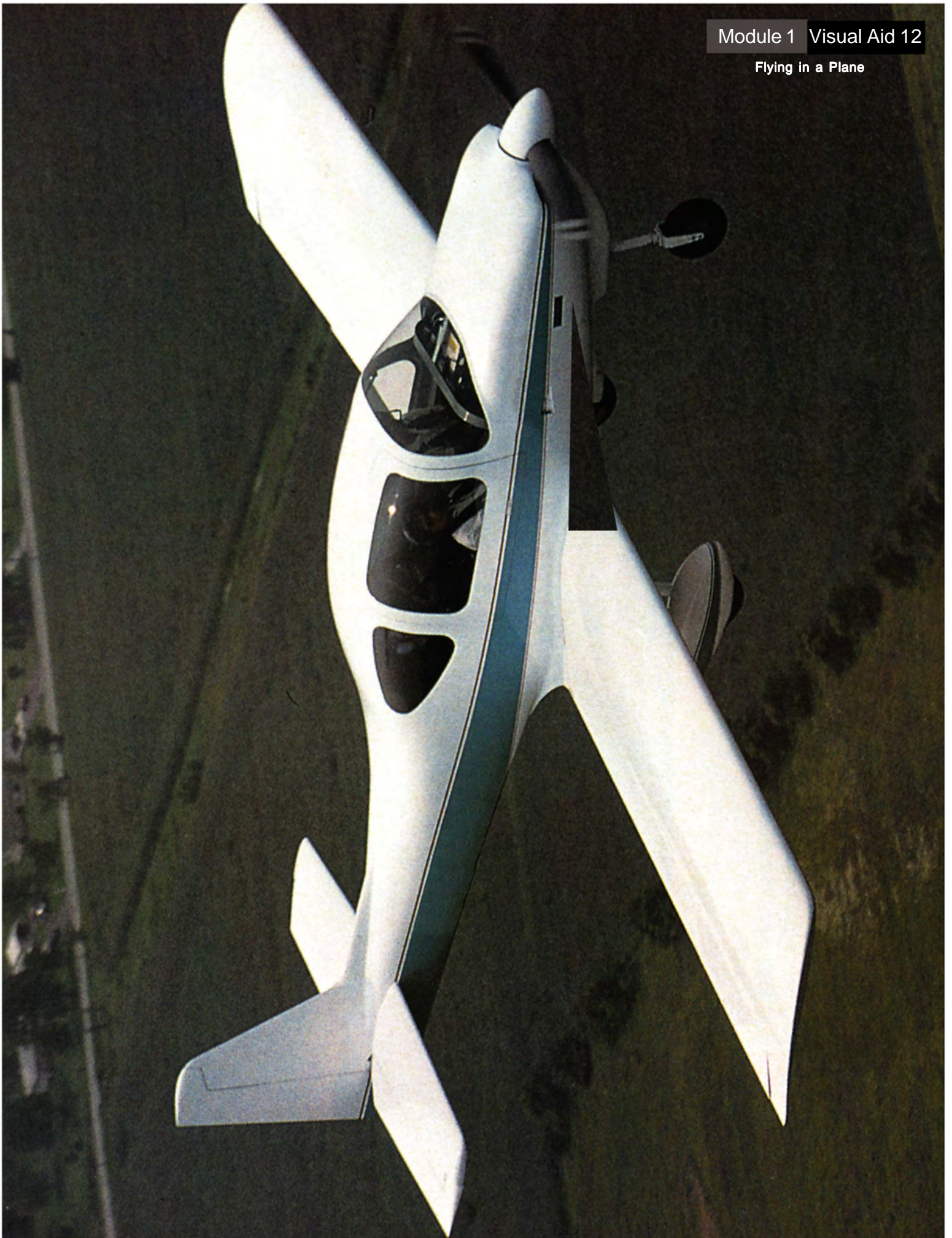
















Module Two

Scenario 1 Showing concern for your health

Narration: *“James is very ill and has been in the hospital for more than a week, Jane, the nurse asks how he is feeling, administrators medication and makes sure that she cares about James’ health and wants to help him get better.”*

Q. What did Jane do that made James decide to trust her?

A. James learned to trust Jane because she was making reliable decisions about his care.

Q. How much trust do you think James should have in Jane making decisions about his personal care?



Module Two

Scenario 2 Doing you a favor when asked

Narration: *“Sue was in such a rush when leaving for school this morning that she left her lunch sitting on the kitchen table. Sue’s next door neighbor has a key to the house. Sue calls her neighbor and asks if he can bring the lunch to her at school. Sue has done favors for her neighbor before and her neighbor is willing to return the favor.”*

Q. Based on the neighbor’s willingness to return a favor, is it reasonable for Sue to trust him?

A. Sue knew that it was safe to trust her neighbor to go into the house because he only entered the house when necessary.

Q. How much trust should she give her neighbor to go into her house?



Module Two

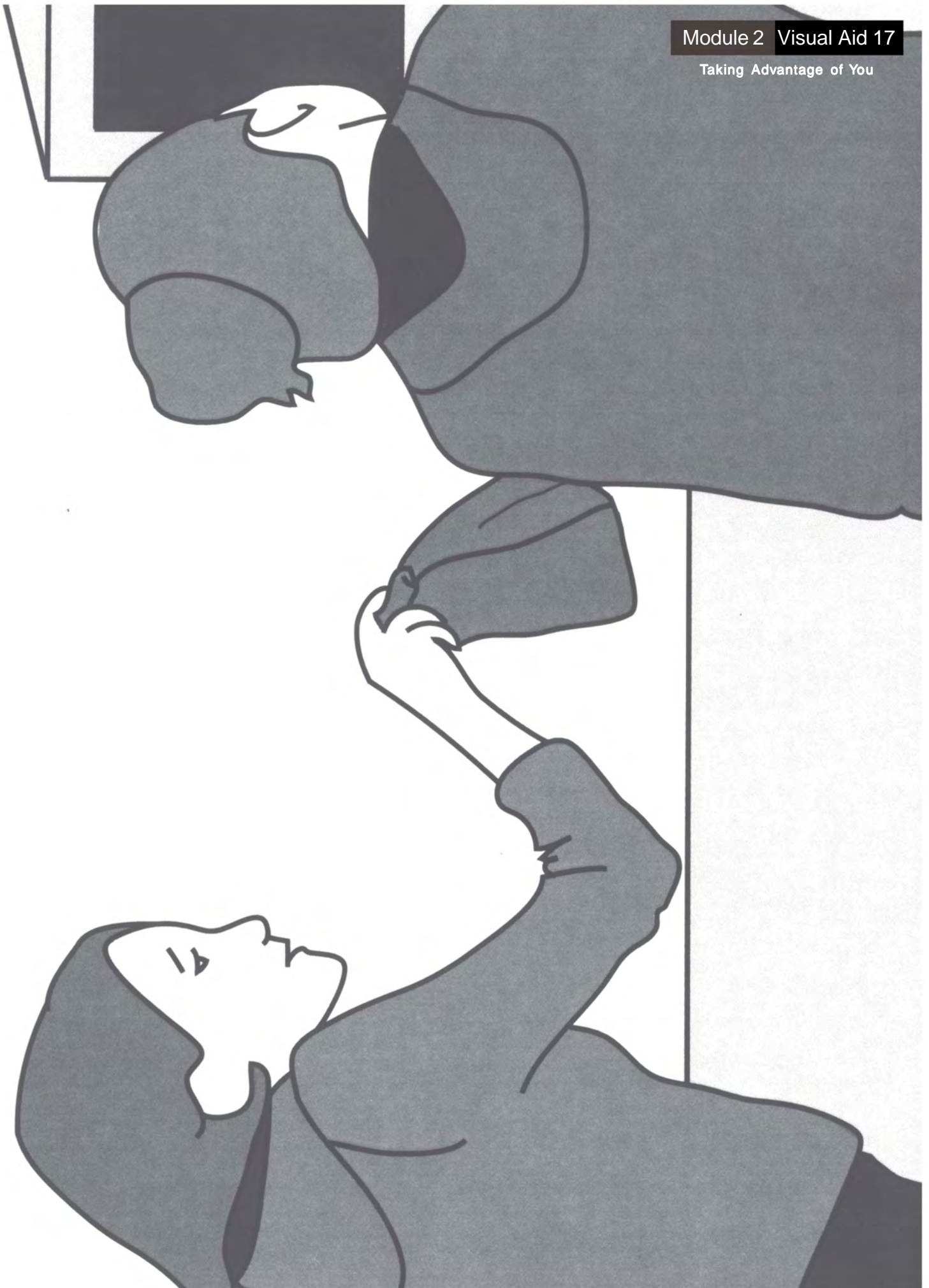
Scenario 3 Showing concern for emotional well-being

Narration: *"Lately, Jenny has been having a tough time of things. Jenny recently lost her job, her bicycle was stolen and her boyfriend broke up with her. Mary is her best friend. Knowing that Jenny was feeling down, Mary brought her flowers and they spent the afternoon together in the park. After Mary's visit, Jenny was feeling better."*

Q. Based on Mary's actions, is it reasonable for Jenny to trust her?

Q. How much information about her personal feelings should she express to Mary?

A. Jenny knew that she had confided in Mary in the past and that Mary was discreet in keeping Jenny's comments private.



Module Two

Scenario 1 Taking advantage of you

Narration: *“A friend takes Mary’s lunch and eats it without asking. Mary asks her friend if she knows what happened to her lunch. Her friend said she ate it because she thought that Mary wouldn’t mind.”*

Q. Should Mary trust this person as a friend?

A. Mary needs to exercise more caution with her personal possessions when she is around this friend.

A. It is also okay to say something to your friend about it.



Module Two

Scenario 2 Breaking promises

Narration: *“A friend borrows \$20 from Steve for a CD. The friend tells Steve that he gets paid on Friday and will pay the \$20 back. On Friday, the friend does not pay Steve back. Steve waits another two weeks and the friend still hasn’t paid him back”*

Q. Has Steve learned anything about his friend?

A. His friend doesn’t keep a promise.

Q. How likely is it for Steve to trust his friend to pay him back?

Q. Should Steve lend him any more money in the future?

Q. Should Steve ask for his money back?

Q. What should Steve say to the friend if he asks to borrow more?



Module Two

Scenario 3 Lies to you

Narration: “*Let’s say, your girlfriend calls you to break a date, saying that she felt ill, and later you find out that she broke your date to go out with another guy.*”

Q. How much should you trust your girlfriend to tell you the truth?



Module Two

Scenario 4 Asking you to keep a secret

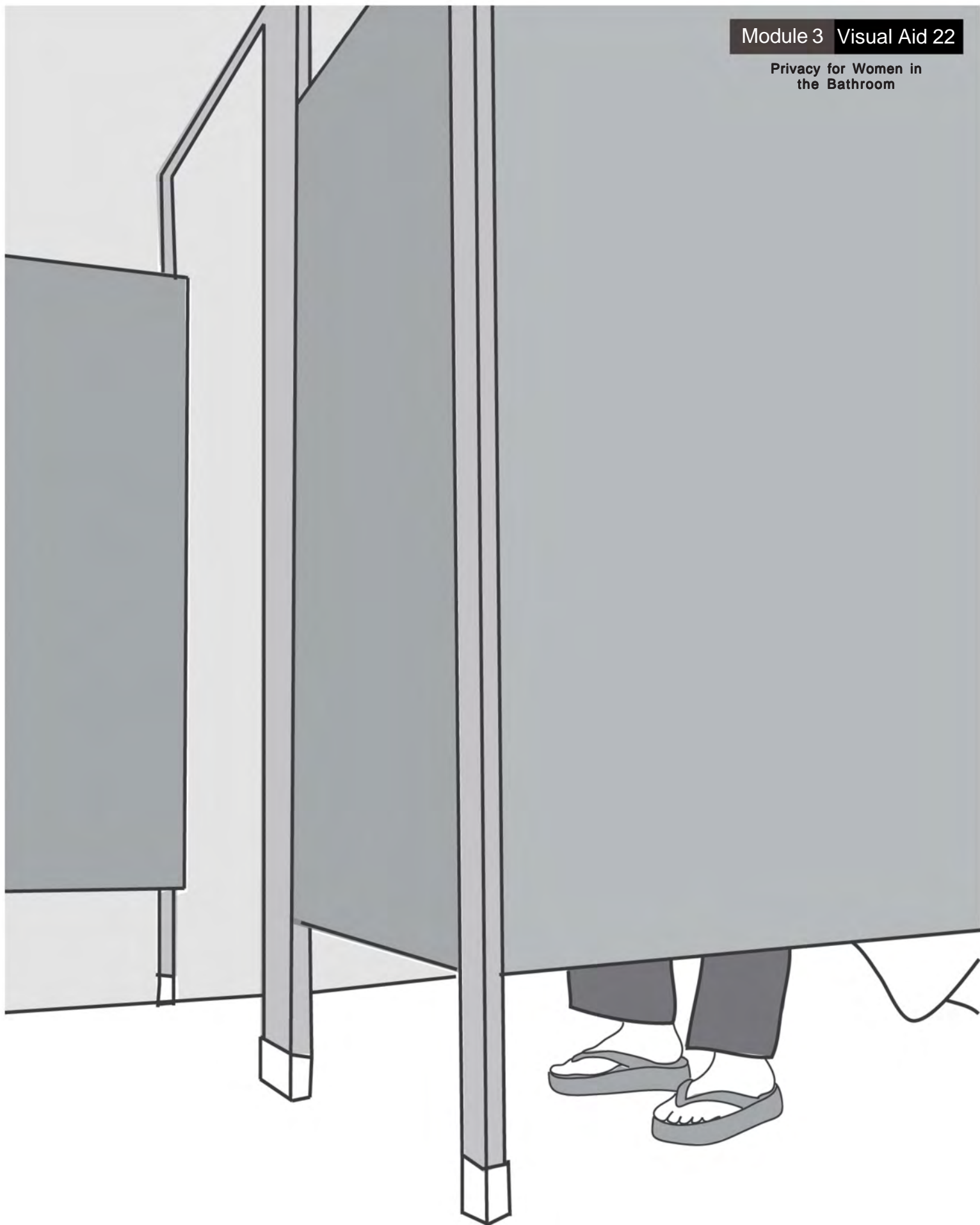
Narration: *“Angie confided in her best friend, Sarah, that she went out on a date. The couple was sitting in the car and then she must have passed out because she doesn’t remember what happened next. She woke up in front of her house and her clothes were messed up. Angie was really embarrassed and asked Sarah to keep a it a secret.”*

Q. Is it fair that Angie asks her best friend to keep a secret?

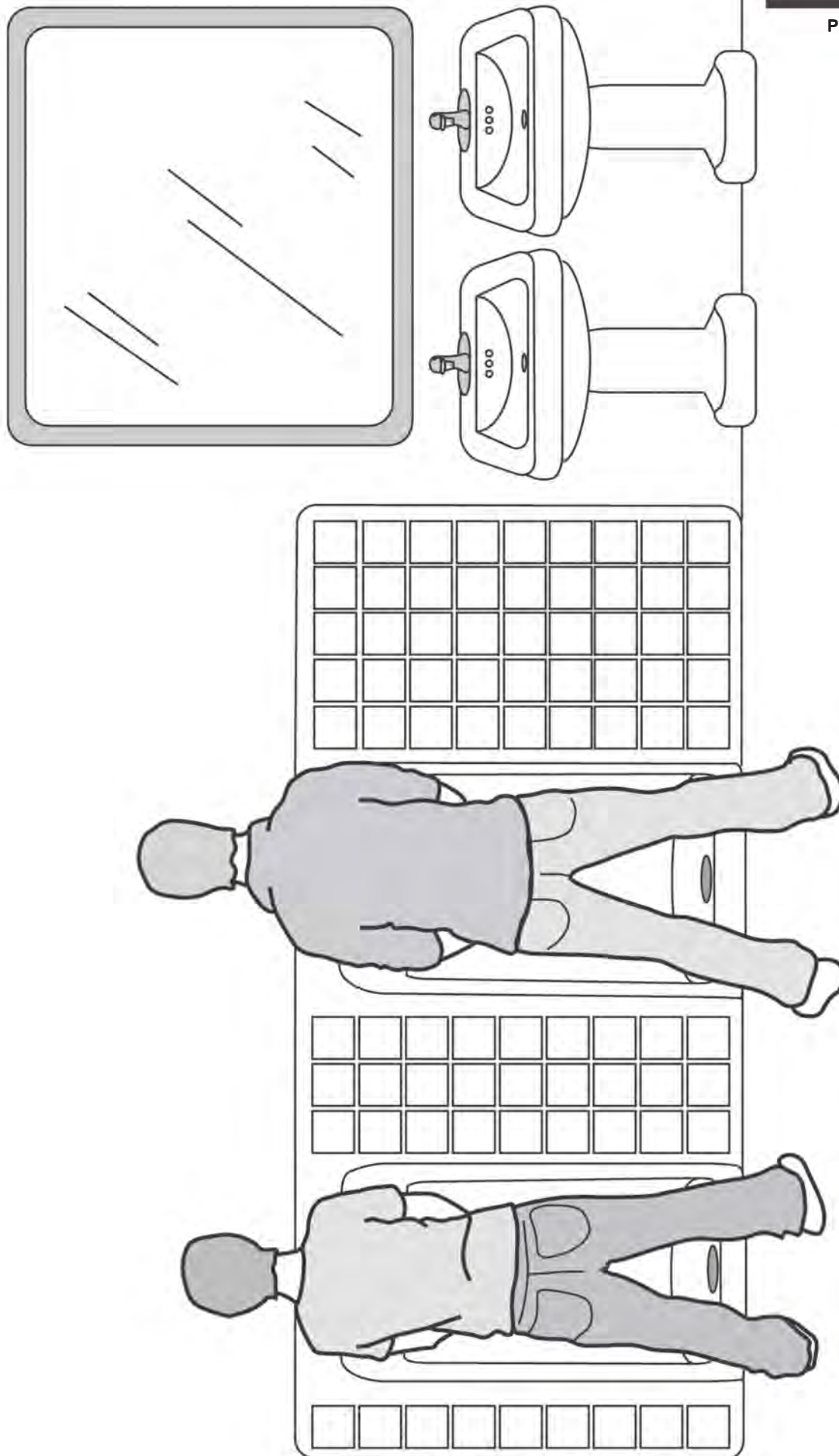
A. It places a burden on Sarah to decide whether or not to conceal the truth about someone who may be potentially harmful.

Q. Does keeping a secret make you feel “special” or does it cause you to worry about covering up the truth?





Privacy for Men in
the Bathroom

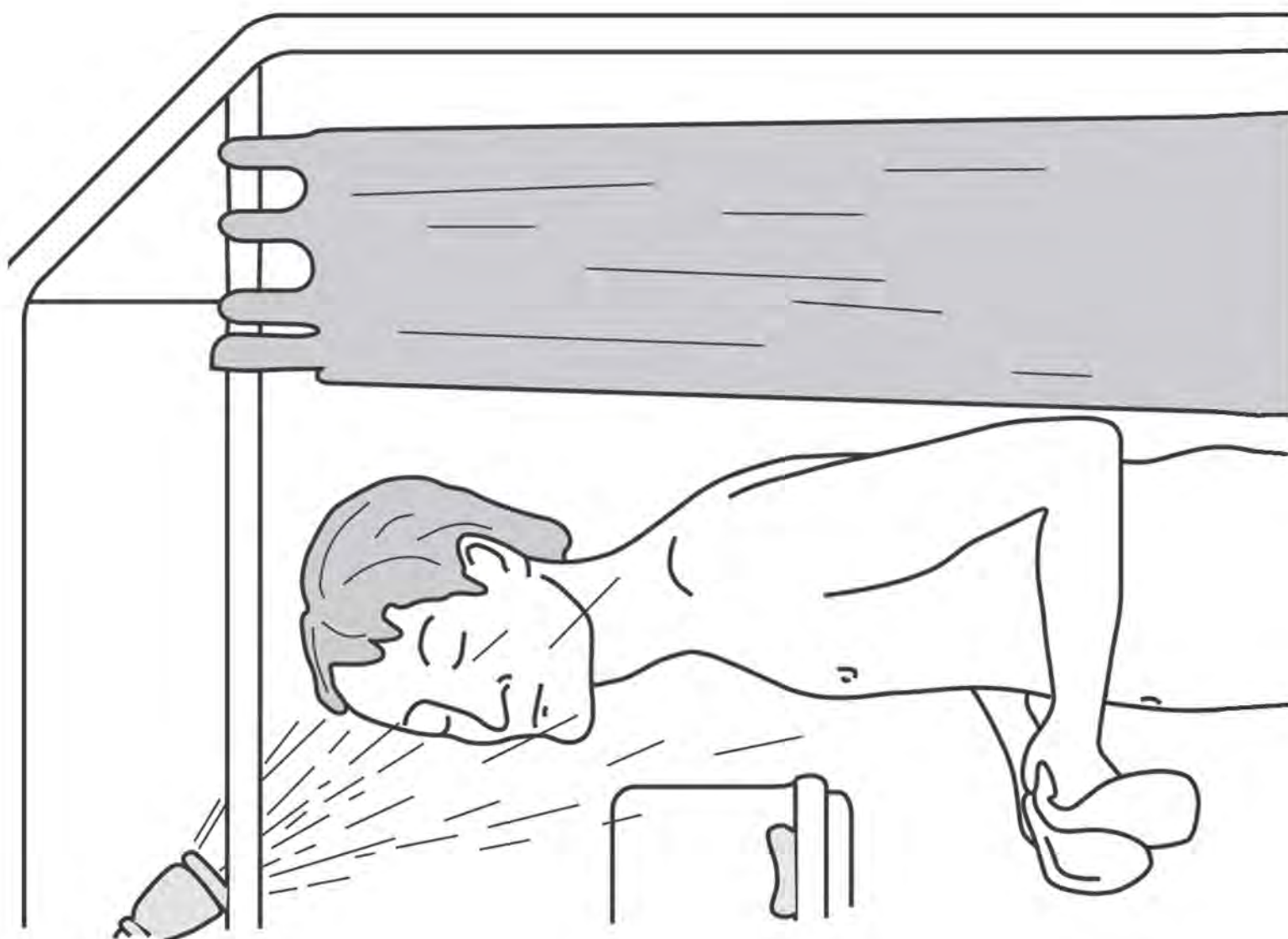
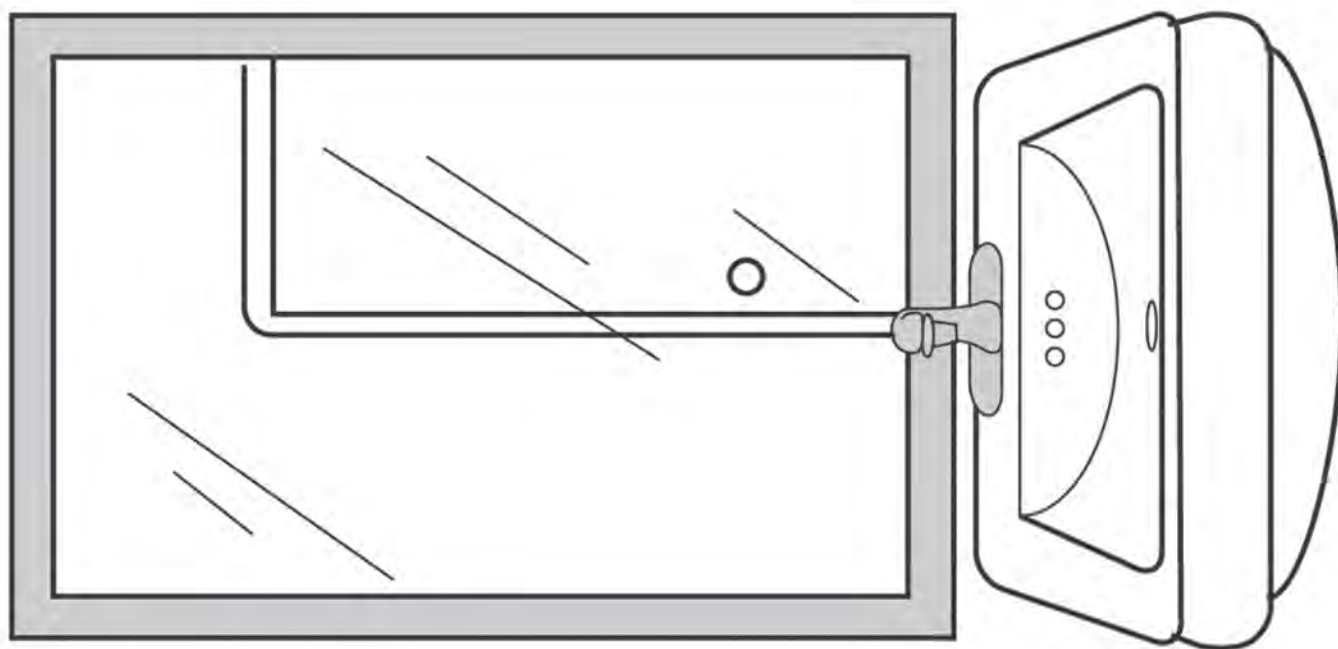






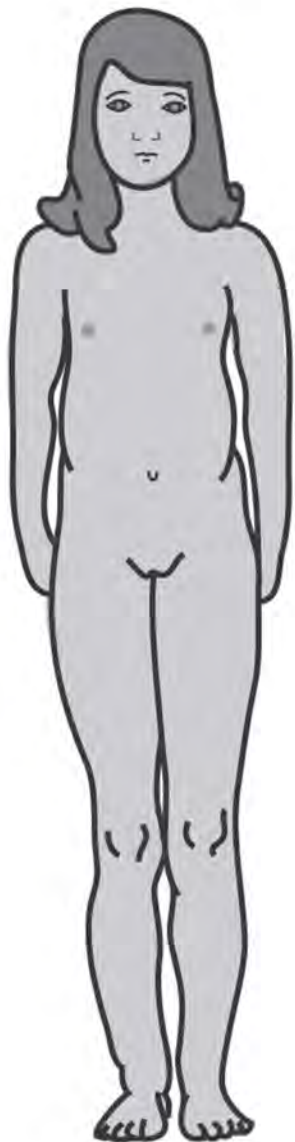








Youth

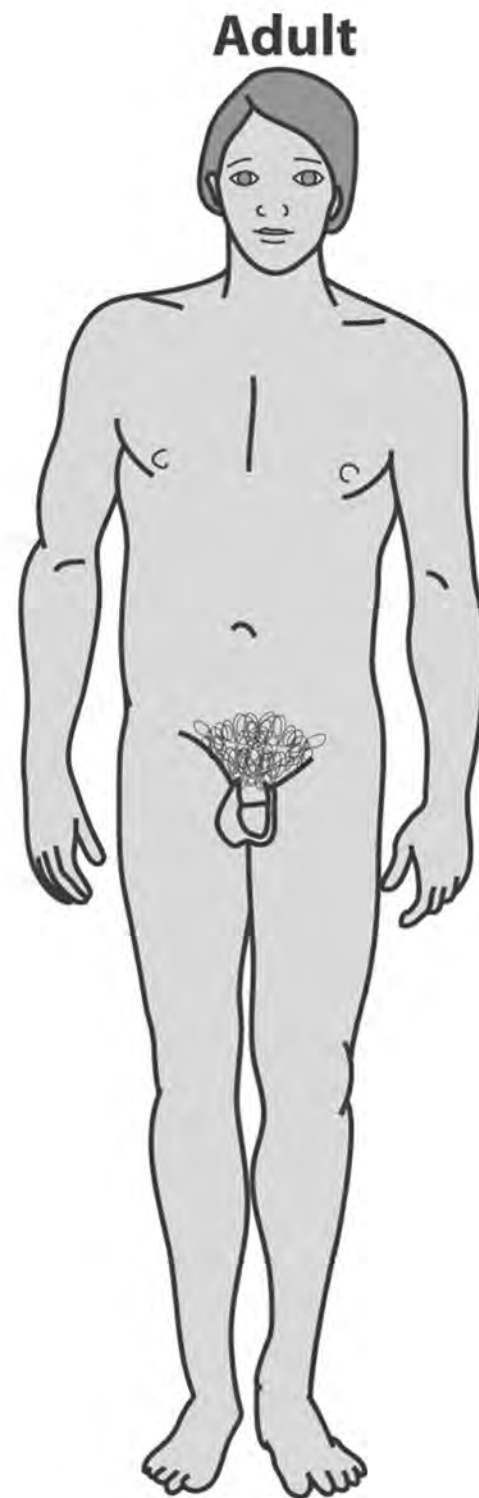
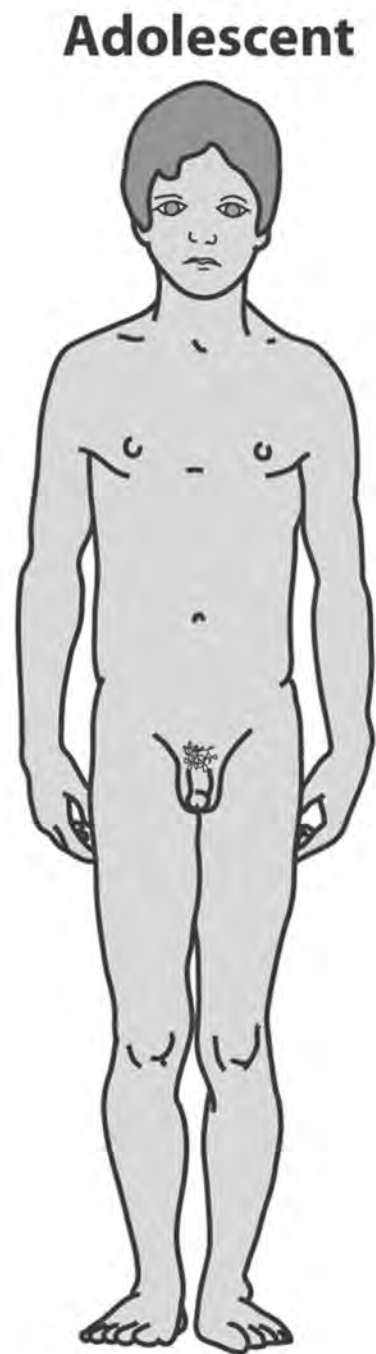
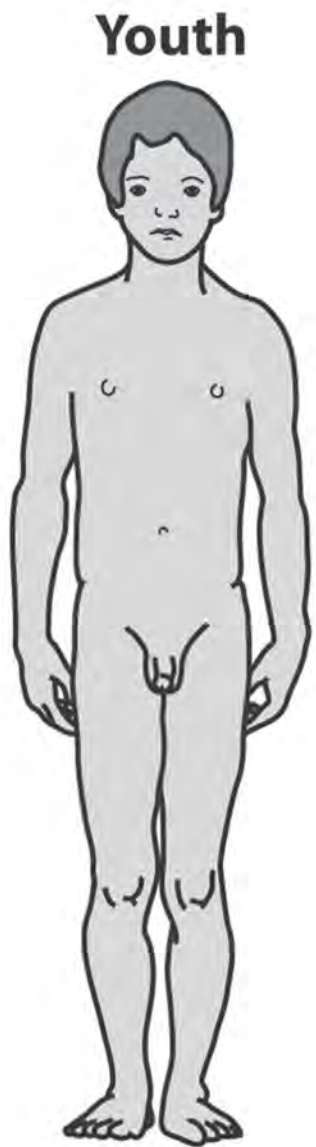


Adolescent

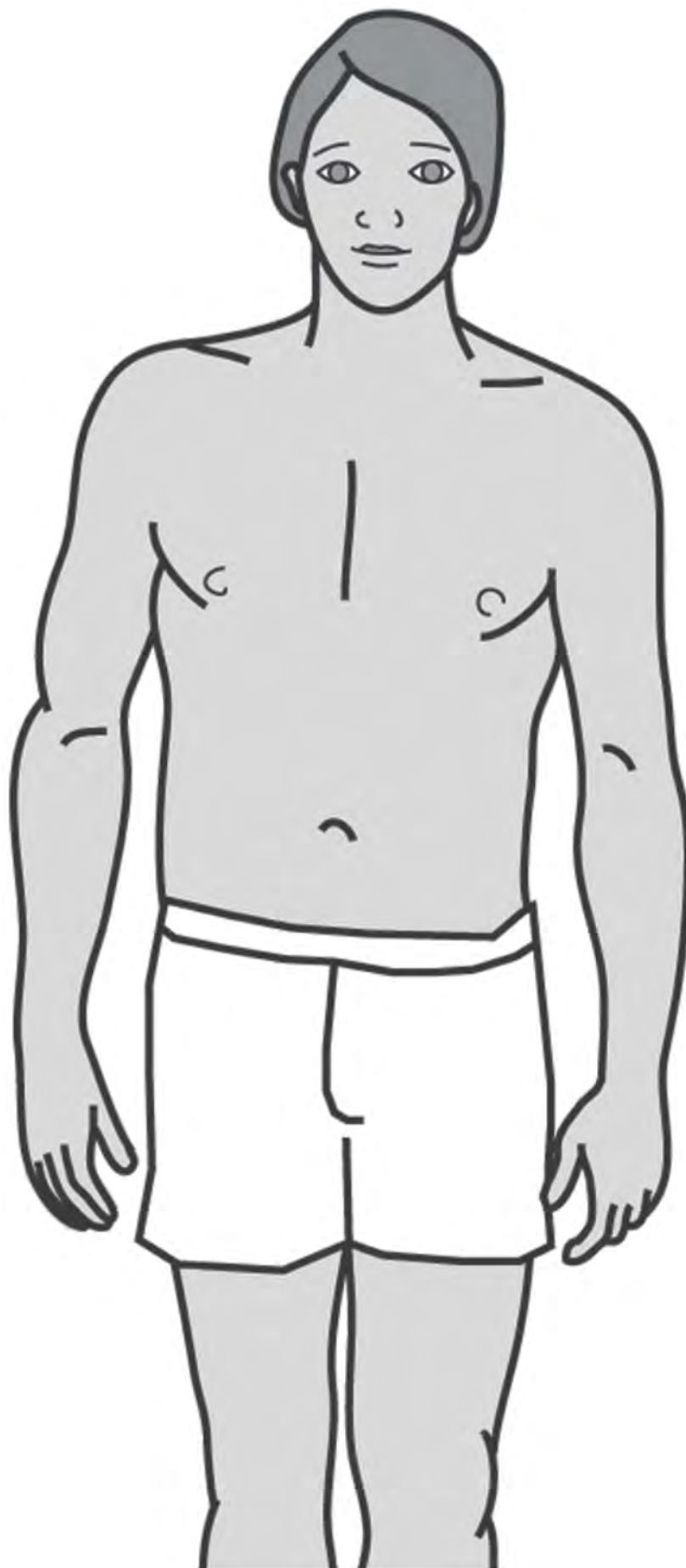


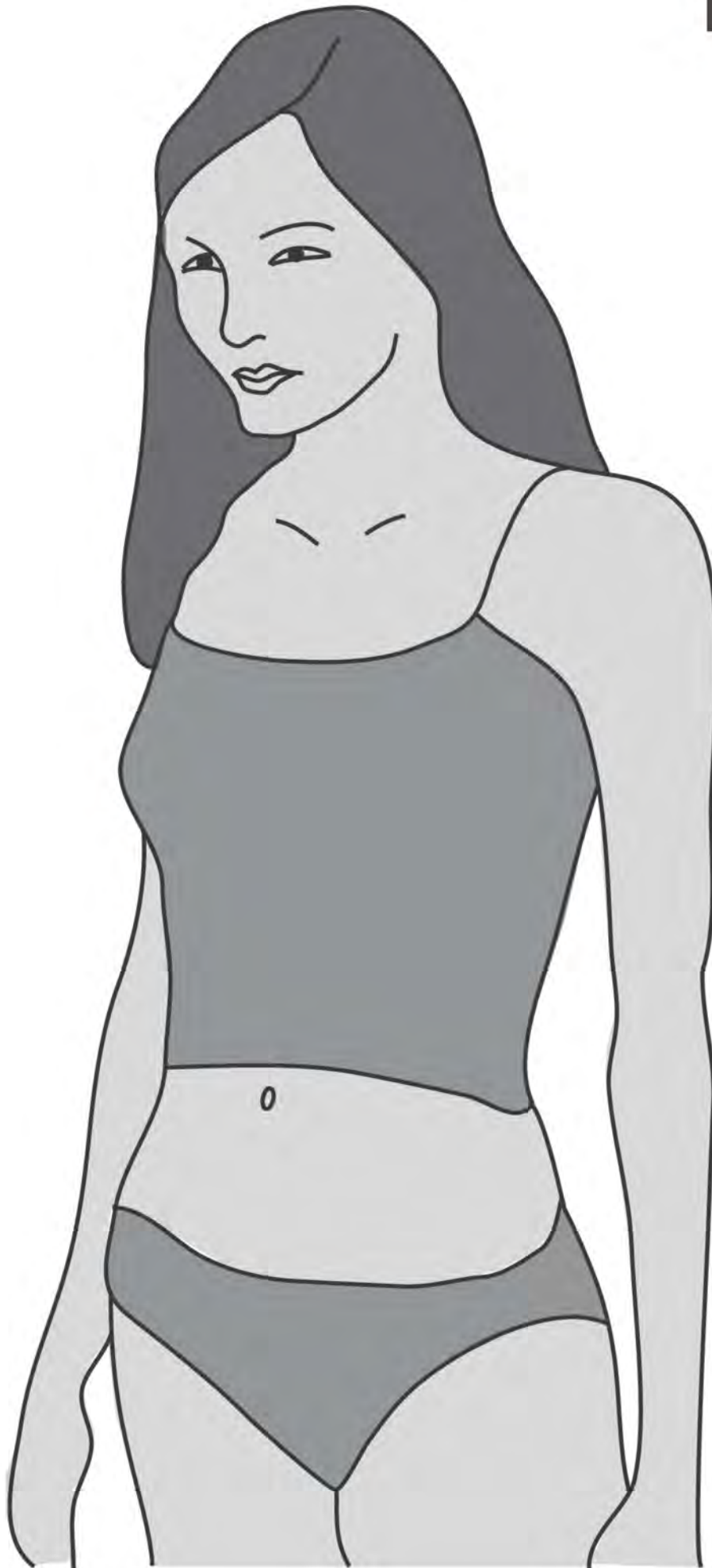
Adult





The Most Private Areas
for Men



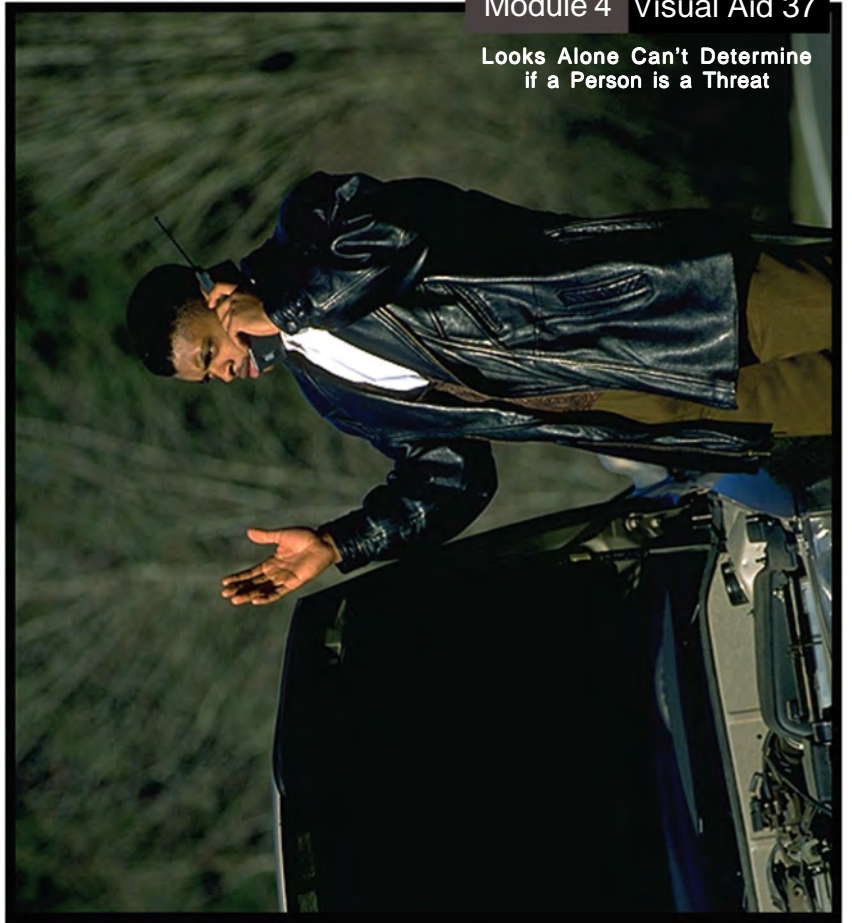




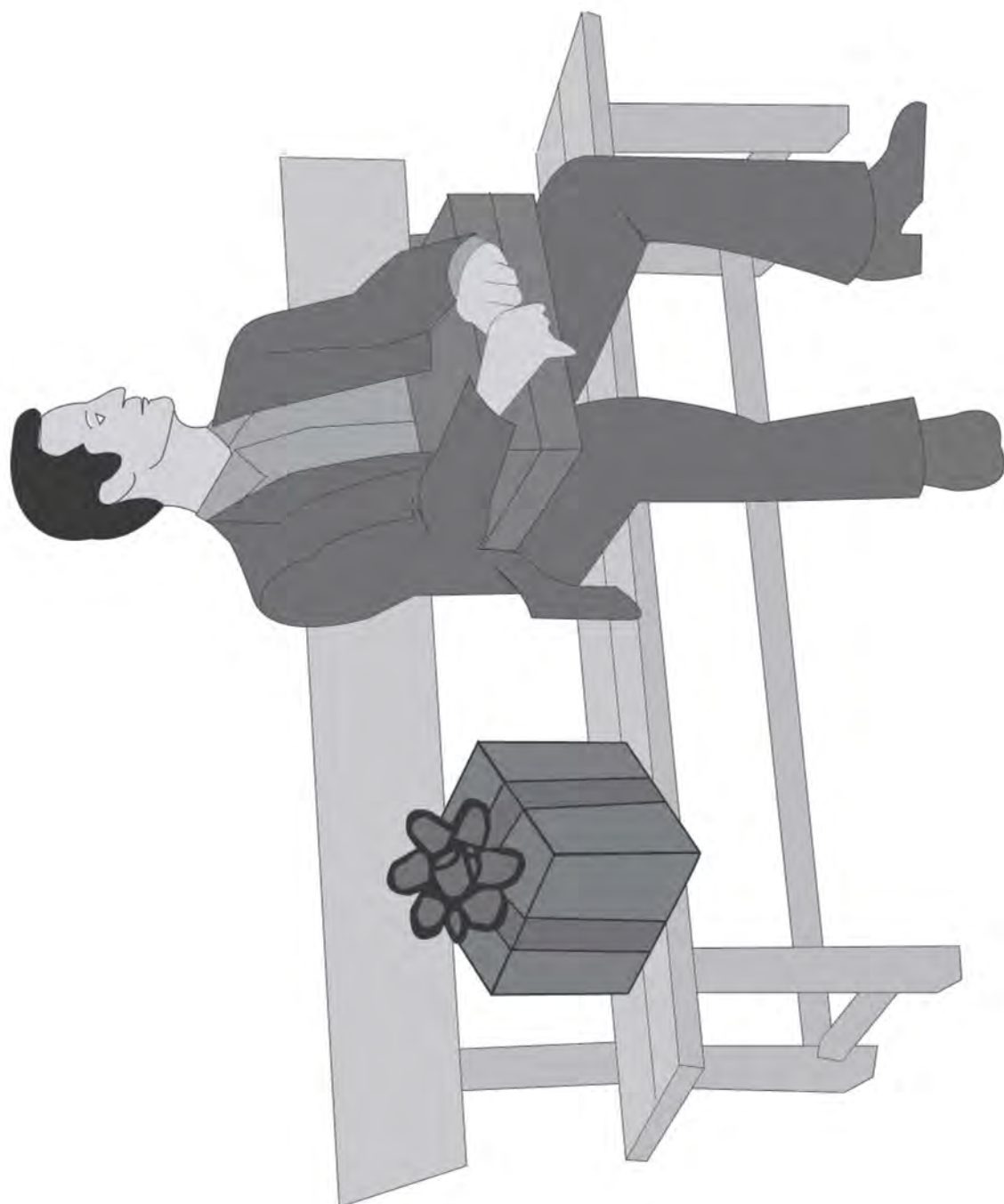




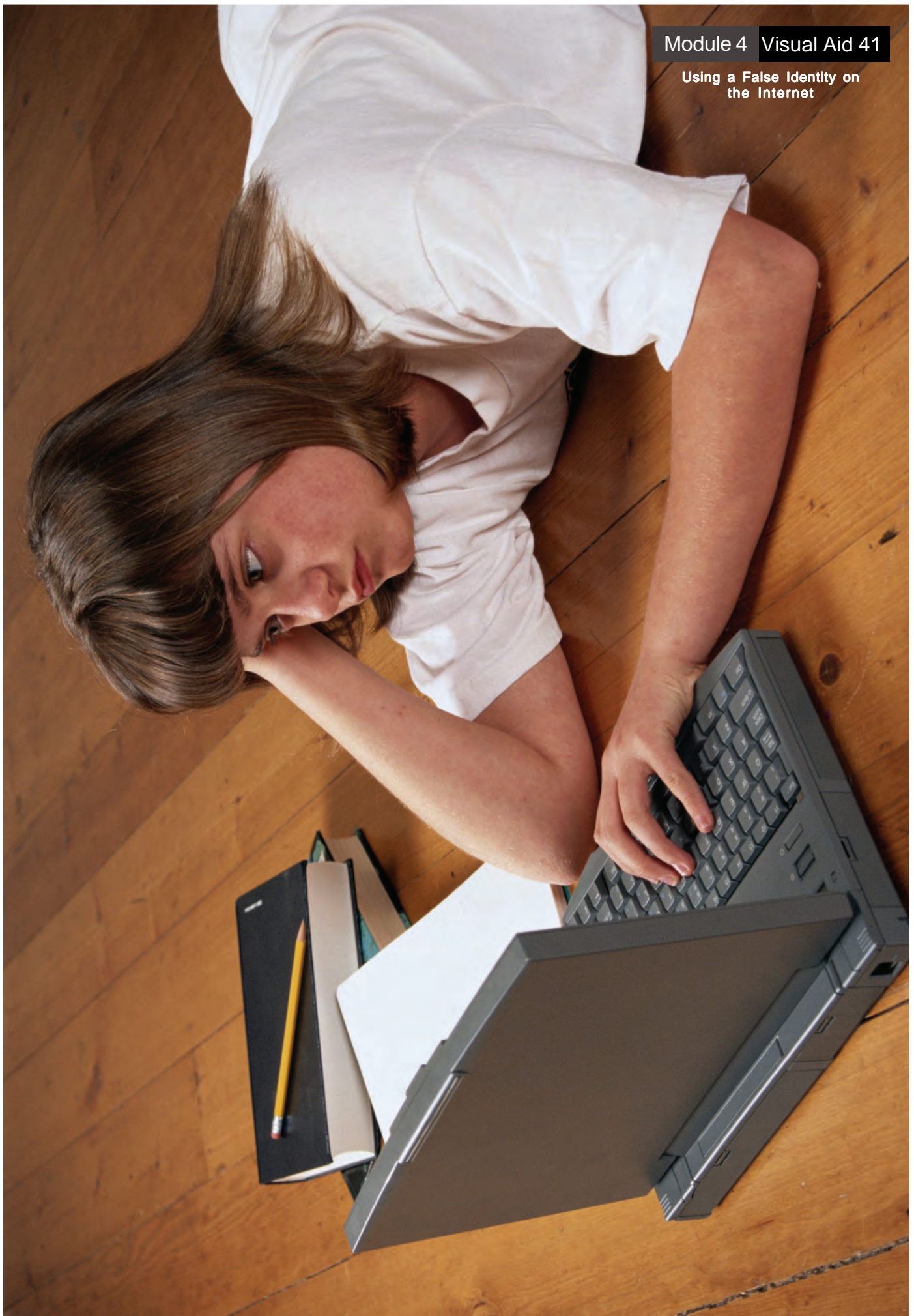
Looks Alone Can't Determine
if a Person is a Threat















What are you, stupid?
You'll never be worth
anything

If you break up
with me,
I'll hurt you.



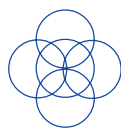
You disgust me.
Just shut up!

Come on, I was just
kidding when I said you
are as fat as a cow.



I hate you so much.
You're always wrong.

You have to do what
I say. Your opinion
doesn't matter.



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University of Wisconsin–Madison
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Training Certificate

Presented to

Has completed the training series:

S.A.F.E.

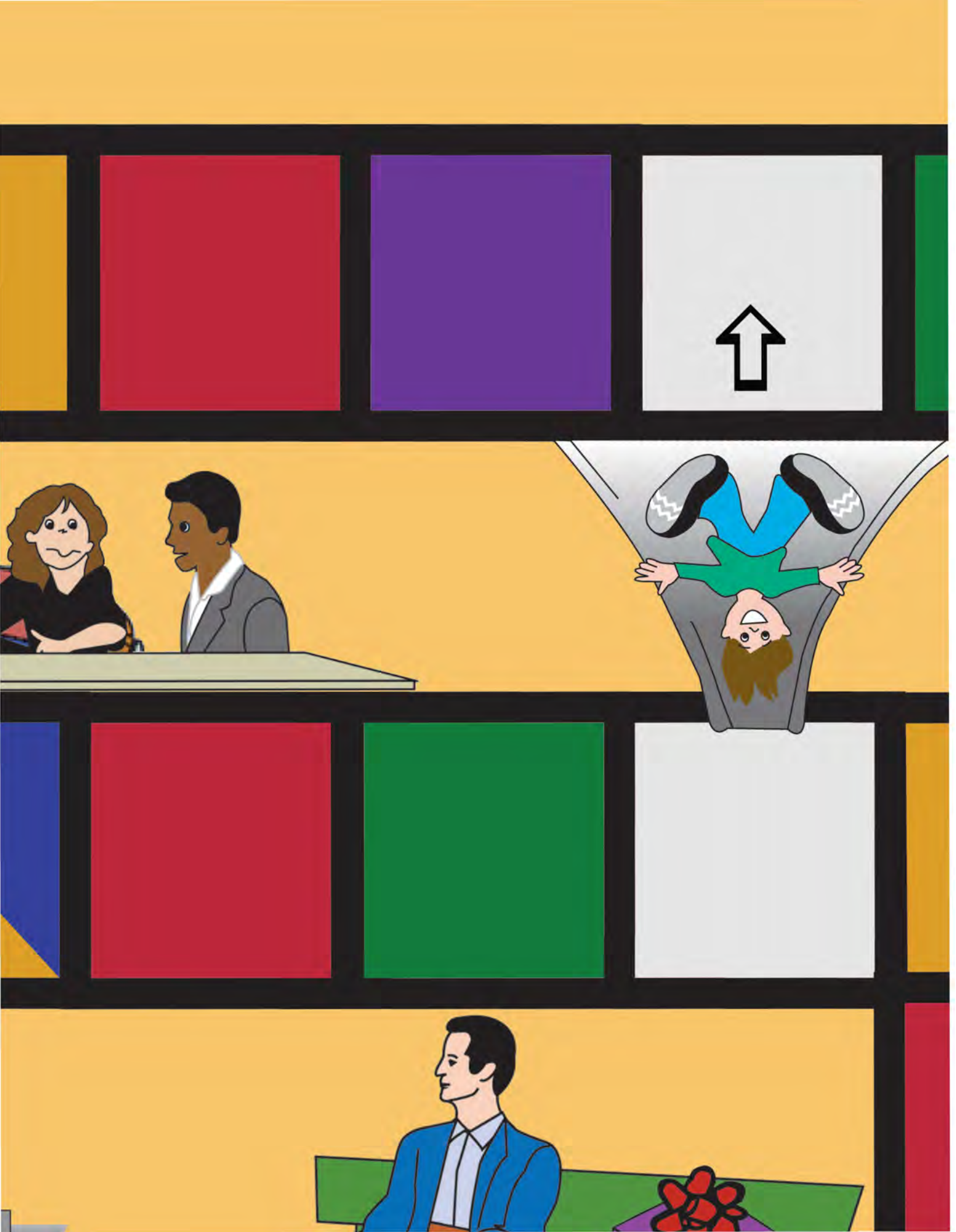
Safety Awareness For Empowerment

S.A.F.E. Trainer Signature

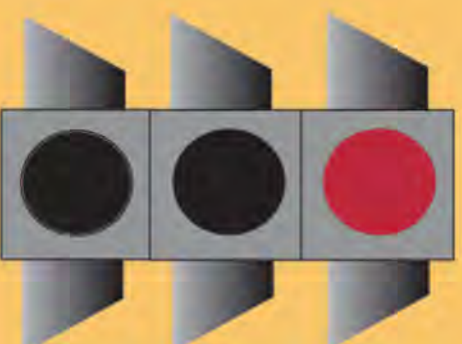
Date

START









FINISH

