Self-defense skills for sexual assault and abuse survivors
Lauren R. Taylor & Lynne Marie Wanamaker
This presentation and related resources are available online at www.lmwsafe.com

PowerPoint online

Because I Can

I had the privilege of delivering the sermon at my house of worship (Unitarian Universalist) once again, on Sunday, August 2, 2015. I am so lucky to have such wonderful friends to teach and inspire me.

This service started not as a gathering for worship on a warm summer Sunday, but at a kitchen table in a dark and quiet house at the end of a long winter day. The children are finally asleep. The dinner dishes have been washed. The lamplight throws warmth in small circles. And the grown-ups sit at the humble kitchen table with a cup of tea – or a glass of whiskey, if that’s a good choice for you – and we talk about what matters.

And someone tells a story that becomes a kind of guide for your life.

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What is Empowerment Self Defense?
Self-defense skills for sexual assault and abuse survivors
Lauren R. Taylor & Lynne Marie Wanamaker

• **Empowerment Self-Defense** (ESD) is uniquely effective at reducing risk of sexual assault.

• **ESD delivers benefits to survivors:**
  - Prevents victimization and re-victimization
  - Facilitates social support
  - Consistent with emerging trauma interventions
  - Promotes active coping
  - May contribute to recovery from sexual violence.
Empowerment Self-Defense

- Rejects victim-blaming.
- Debunks “stranger-danger.”
- Addresses known assailant violence.
-Examines gender socialization.
- Teaches awareness, assessment & verbal skills.
- Teaches physical defense skills.
- Encourages healing and community organizing.

In the Media

*Everyday Feminism:* How to exercise our right to defend ourselves without being victim-blaming

*The Washington Post:* Actually, Miss USA was right

*The Guardian:* Bring Back Self-Defence Classes for Women

*Ms. Fit: Real World Feminist Fitness:* Defend Yourself!

*Jezebel:* A look inside the terrible manual cops use to teach rape prevention

*The Hairpin:* The Shark Has Pretty Teeth, Dear: Why I Teach Women Self-Defense
Self-Defense Paradox

There is one person responsible for any act of interpersonal violence: The perpetrator.

Each of us can take action to increase safety.

www.lmwsafe.com
ESD & Person-in-environment perspective

Individual
• ESD promotes knowledge, awareness & skills acquisition

Relationship
• ESD counters the myth of “stranger-danger”
• ESD delivers healthy relationship and consent negotiation skills

Community
• ESD promotes collective action for increased safety
• ESD promotes social norms incompatible with violence perpetration

Societal
• ESD is explicitly feminist and addresses systems of inequality and oppression

http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html
Evidence-based: Adolescent girls, Kenya

- Randomized control trial (RCT) compared ESD training with a control “life skills” class.

- In ESD group, 1/3 reduction in sexual assault rate; no change in control group.

- 50% of ESD group reported using skills they learned to stop assaults.


Image credit: [http://nomeansnoworldwide.org/](http://nomeansnoworldwide.org/)
Evidence-based: University women, Canada

- RCT compared sexual assault resistance program with access to brochures on sexual assault.
- Intervention included a positive sexuality component.
- 50% reduction in 1-year risk of completed rape in intervention group; no change in control group.


Evidence-based: University women, U.S.

Compared with a control group:

- ESD-trained women experienced fewer and less-severe completed assaults.
- ESD-trained women reported fewer attempted assaults.


Image credit: http://defendyourself.org/
Additional Evidence Base


Benefits of ESD

- Increased self-confidence/self-efficacy
- Increased perceived control
- Increased assertiveness
- Increased physical competence
- Does not restrict women’s behavior
- May reduce self-blame
- Increased disclosure


Context:
“Dearth of effective prevention strategies”


“Most [self-protective] actions, both forceful and non-forceful, reduce the risk of rape completion, and do not significantly affect the risk of additional injury.”

Tark & Kleck, 2014
Empowerment Self Defense (ESD) delivers benefits to survivors, reduces attempted assault, prevents sexual assault, increases well-being & autonomy, and influences community & social norms. These benefits contribute to the overall well-being and autonomy of survivors, enhancing their quality of life and reducing the risk of future assaults.
Supporting Survivors

ESD professional certification requires a survivor-centered practice.

ESD instructors have developed a robust practice wisdom to support survivors.
Indivisible: Sexual violence prevention & intervention

- Sexual violence accrues disproportionately to women early in the life course.
- Rates of sexual violence suggest that we should assume survivors are present in any community setting.
- Once victimized, individuals are at elevated risk of revictimization.
Sexual violence: Prevalence & gender

• 1:5 women and 1:71 men have been raped during their lifetime.

• 1:2 women and 1:5 men have experienced other forms of sexual violence.

• Most sexual assaults against women are delivered by men they know.

  Centers for Disease Control and Prevention (CDC)
  National Intimate Partner and Sexual Victimization Survey (NISVS), 2010

  Infographic based on the 2010 NISVS available here.

• Rates of sexual violence against transgender people are also disproportionately high.

  http://www.ovc.gov/pubs/forge/sexual_numbers.html
Life course perspective

Negative consequences of sexual violence include:

- physical injury
- Sexually transmitted diseases
- unplanned pregnancy
- depression
- suicidal ideation
- substance abuse
- effects to the “nervous, cardiovascular, gastrointestinal, genitourinary, reproductive, immune and endocrine systems.”

12.1%
10 years & under

38.3%
18-24 years

28.3%
11-17 years

Nearly 80% of female victims of completed rape report their first victimization before age 25.

CDC, NISVS, 2010
Survivors are always present

Because:

- Survivors are present in any community setting.
- Survivors are at elevated risk of sexual violence.

**Community-level prevention must be survivor-centered.**
Stress: Acute vs. chronic

**Short-term**
Stress response is adaptive and necessary for survival when mobilized in response to imminent threat.

**Long-term**
Stress response becomes maladaptive when mobilized repeatedly in response to reminders of a past emergency.

Understanding acute stress helps us to understand PTSD and other post-traumatic sequelae.
“This is not about something you think or something you figure out. This is about your body, your organism, having been reset to interpret the world as a terrifying place and yourself as being unsafe.”

Bessel van der Kolk
Challenges to treatment

“The Institute of Medicine found that the currently available scientific evidence for the treatment of PTSD does not reach the level of certainty that would be desired for such a common and serious condition.”

(van der Kolk et al., 2014)
Challenges to treatment

Percentage of therapy clients with PTSD who remain "significantly symptomatic" after treatment

- 45% Remain symptomatic
- 55% Symptoms resolved

Challenges to treatment

Reminders of traumatic experience create changes in the brain that make it harder to “communicate experience in words.”

**Language and attachment are compromised in PTSD**

Attachment = Trust, experience of social connection as safe and comforting.

**Psychotherapy relies on verbal communication and interpersonal connection**

(van der Kolk, 2006)
ESD facilitates social support

Image credit: http://defendyourself.org/
Mind-body trauma interventions

Yoga
Mindfulness
Breathing
Mind-body trauma interventions

- Interoceptive awareness
- Movement
- Intentional movement and/or body postures
- Breathing
- Meditation
- Mindfulness
- Martial arts techniques
ESD & mind-body practice

ESD does not provide an intervention-level “dosage” of mind-body practice.

The same techniques have been suggested as “somatic approaches to decreasing arousal.”

In a rodent study, researchers identified two different neural pathways associated with fear-producing stimuli.

(Amorapanth, LeDeux, & Nader, 2000)
Active coping: Rodent study

Reactive, instinctive responses to fear – like freezing – involved the central nucleus of the amygdala.
Adaptive, self-protective responses – which enabled the rats to escape the frightening stimulus — involved the basal nucleus of the amygdala.
On the basis of these findings, LeDeux & Gorman (2001) recommended active coping for survivors of the 9/11 terrorist attacks.

Other researchers recommend movement, including stretching, punching or kicking, to address tonic immobility arising in response to reminders of past trauma.
ESD supports survivors

- **ESD uses active teaching methods that include movement and participation.**

- Most sexual assault prevention models reviewed by the Centers for Disease Control use passive, didactic methods.

ESD may be more supportive of survivors of sexual violence because it utilizes mind-body techniques and active coping.
ESD & fear conditioning extinction

- Fear conditioning is “how the brain learns about danger.”

- PTSD symptoms are provoked by stimuli reminiscent of the original trauma. These are conditioned responses.

- Fear conditioning extinction occurs when the brain unlearns the connection between the fear response and the correlated stimuli.

ESD may contribute to extinction of fear conditioning:

- By engaging a different neural pathway in the presence of trauma-related stimuli (active coping).

- By creating an enriched environment that is explicitly safe.

- By providing an opportunity to learn and practice personal safety skills, such as awareness of danger cues and generation of active responses.
Lack of Access to ESD

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George Washington University Physician's Assistant Program
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