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What is This?
Making a Case for Personal Safety

Perceptions of Vulnerability and Desire for Self-Defense Training Among Female Veterans

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We assessed perceptions of vulnerability and the desire for personal safety/self-defense (PS/SD) training among 67 female veterans receiving outpatient mental health treatment, primarily for post-traumatic stress disorder (PTSD) from sexual and/or physical trauma. Consistent with the literature on the impact of such training on nonclinical populations and on individuals with visual impairments, the results of this study indicate that traumatized female veterans believe that PS/SD training would be an effective and powerful addition to more traditional treatments for PTSD. Study participants indicated they believe such training would positively affect their sense of personal safety; promote increased competence in thwarting future assaults; improve their self-esteem, confidence, and assertiveness; and reduce avoidant and agoraphobic behaviors. These pilot results support the development of an adjunct intervention to augment current PTSD treatments for women veterans with histories of sexual and physical trauma.

Keywords: PTSD; women veterans; personal safety

Fear for personal safety is a primary concern for all women in the United States. In the year 2000 alone, there were 261,000 reports of rape, attempted rape, or sexual assault in the United States of female citizens older than age 12 years (U.S. Department of Justice, 2000). Specific cohorts of women are at particularly high risk. For instance, college-age women, between ages 18 and 24 years, constitute the cohort that is most often targeted for rape (Warshaw, 1988). In addition, research finds that the rates of sexual harassment, sexual assault, and physical violence are very high among female military personnel during their military careers, ranging from 43% to 63% (Fontana & Rosenheck, 1998; Merrill et al., 1999; Sadler, Booth, Nielson, &
Among female patients treated at Veterans Affairs (VA) facilities, as many as 90% reported experiencing frequent harassment during their tours of duty (Murdoch & Nichol, 1995), and up to 37% reported being raped during their tours (Hankin et al., 1999; Murdoch & Nichol, 1995).

A common long-term result of a life-threatening, traumatic event is post-traumatic stress disorder (PTSD). PTSD is associated with reexperiencing of upsetting traumatic events, cognitive and behavioral avoidance of cues associated with traumatic events, emotional numbing, and physiological hyperarousal (American Psychiatric Association, 1994). For many women, PTSD is also associated with a marked restriction of their activities because of pervasive fears of sustaining another attack (Herman, 1992). Thus, many female veterans with PTSD avoid leaving home, travel only during daytime hours and when accompanied by another person, and may carry a weapon to boost their sense of personal safety. These agoraphobic-like responses to trauma severely impinge on women’s quality of life.

The traditional repertoire of treatments utilized with female veterans with PTSD includes cognitive-behavioral (CBT), psychodynamic, and supportive individual and group psychotherapies (Foa, Keane, & Friedman, 2000). Little empirical evidence yet speaks to the efficacy of these traditional interventions with female veterans, though there is a wealth of empirical support for CBT and supportive therapies with other related clinical populations (Falsetti & Resnick, 2000; Foa, 1997; Foy et al., 2000; Rothbaum, Foa, Murdock, Riggs, & Walsh, 1992; Sherman, 1998). In particular, prolonged exposure trauma treatment has been shown to be effective in addressing the positive symptoms associated with PTSD such as intrusive thoughts, nightmares, flashbacks, and anger. However, prolonged exposure and other traditional CBT treatment interventions have been significantly less successful in mitigating the negative symptoms of PTSD, including restricted affect, avoidance, and psychic numbing (Meichenbaum, 1994).

**MAKING A CASE FOR PERSONAL SAFETY/SELF-DEFENSE TRAINING**

A growing body of empirical research indicates that personal safety/self-defense (PS/SD) training is a potent treatment for empowering women to cope with the threat of physical and sexual violence (Ozer & Bandura, 1990; Weitlauf, Cervone, Smith, & Wright, 2001; Weitlauf, Smith, & Cervone, 2000). Such training teaches sexual assault prevention and awareness by combining assertiveness and deescalation techniques with physical strate-
gies and self-defense skills. In addition, PS/SD training can provide an effective form of behavioral therapy by offering the benefits of repeated exposure to simulated assault scenarios while teaching proactive cognitive and behavioral responses to the feared stimuli. Weitlauf and her colleagues (Weitlauf et al., 2001; Weitlauf et al., 2000) have consistently shown that PS/SD training can increase assertiveness, physical self-efficacy, and a more generalized sense of personal competence and self-efficacy.

Although much of the PS/SD literature is concerned with the effects of these types of interventions on nonclinical community-dwelling women from the general population, a series of studies has also investigated the relevance of such training for more vulnerable populations, such as women and men with disabilities (David, Kollmar, & McCall, 1998; Pava, 1994; Pava, Bateman, Appleton, & Glascock, 1991). David and her colleagues have consistently found that such training produces large increases in empowerment, independence, assertiveness, and confidence among individuals with visual impairment (David et al., 1998; Pava et al., 1991).

There is growing evidence to suggest that PS/SD training is a potent and effective intervention for varied nonclinical populations. However, the question remains whether such training would be tolerated and therapeutic in a clinical population of women veterans with PTSD stemming from a history of violent assault. To date, no research has specifically and systematically assessed the impact of such training on this population and the effects on common emotional residual symptoms consistent with PTSD. Prior to commencing such a systematic investigation, we felt it imperative to first evaluate potential participants’ interest, readiness, goals, and expectations for such training. In this spirit, we conducted the current study to assess the desire for PS/SD as a complement to more traditional psychotherapeutic treatment and to assess the women’s perceptions of potential risks and benefits of such training.

METHOD

Participants

Participants were 67 female outpatient veterans with physical or sexual assault histories receiving mental health services at an urban VA hospital in the northwestern United States (10 additional patients completed the survey but did not report a history of physical or sexual assault and were excluded from the present sample). The participants ranged in age from 18 to older than 60 years and had varying diagnostic profiles, though most suffered from
PTSD from sexual trauma. Of the participants, 6% were between ages 18 and 29 years, 27% were between ages 30 and 39 years, 45% were between ages 40 and 49 years, 21% were between ages 50 and 59 years, and the remaining 1% were ages 60 years and older. Of the participants, 73% were White, 10% were African American, 2% were Hispanic, 2% were Asian, 8% were Native American, and the remaining 5% classified themselves as Other.

Measure

An original 22-item survey instrument was designed to assess feelings of vulnerability, agoraphobic behaviors, and interest and desire for training in PS/SD. Sixteen structured multiple-choice questions assessed level of perceived fear and risk, previous formal or informal training in self-defense, and past history of attempted or actual assault. Sample items included: “How fearful are you in general of being physically attacked or sexually assaulted” (not at all fearful, a little fearful, moderately fearful, extremely fearful) and “How confident do you feel that you could defend yourself if someone tried to physically attack you” (very confident, moderately confident, somewhat confident, not at all confident, I’m sure that I couldn’t do anything). Three structured questions assessed age, ethnic background, and the particular mental health clinic in which the veteran was enrolled. The remaining three questions were open ended and asked about the veterans’ hopes and concerns regarding taking such a course. Sample questions included: “How would you hope your life would change after taking a personal safety/self-defense class” and “What concerns, if any, would you have about taking such a class?” Responses to the open-ended questions were coded by theme classifications developed by the authors, such as increased self-confidence/self-esteem, less agoraphobic behaviors, feel less fearful, and concerns about physical ability to perform the maneuvers. The open-ended questions were sorted into mutually exclusive categories by three independent raters, and there was 90% or greater agreement in the sorts across all responses. Discrepancies were evaluated and decided by the first author.

Procedure

During a 4-week period, outpatient mental health providers informed their female patients of an interest survey that was being conducted in the clinic. All eligible participants were informed of potential benefits and risks of completing the survey and supplied with contact information for the investigators. Each participant provided verbal consent to voluntarily complete
the anonymous survey. Excluded from the survey were women veterans who were currently on inpatient status, acutely suicidal or actively psychotic, or veterans who did not receive any mental health services from the VA facility. Five patients declined to participate in the survey: Four indicated they felt the material would be too distressing to address, and one said she did not have time to complete the survey.

RESULTS

Physical and Sexual Assault Exposure

All 67 survey participants indicated that they had been the victims of a physical attack or sexual assault at some point in their lifetime. In addition, 86.6% of these respondents said that they were assaulted while on active duty in the military.

Fears Regarding Personal Safety

Several survey items queried participants’ perceptions of vulnerability to future physical or sexual assault and how such fears may be impinging on their daily activities. More than three fourths of the participants (76.1%) indicated that they were moderately or extremely fearful about sustaining a future physical or sexual assault. In addition, 74.6% of the sample indicated that they feel they are at moderate or a great deal of risk of actually experiencing such an assault. The participants further indicated that many common day-to-day activities give rise to fears for their personal safety. As may be seen in Table 1, the majority of the women are fearful about going out alone at night, getting into elevators with one or more men, being in crowds, going for walks, and staying home alone after dark. Nearly 50% are fearful about going to sleep at night, and nearly one third fear for their personal safety while they are at the VA hospital. Only one participant indicated that she is never afraid for her personal safety, and 22.4% reported fearing for their personal safety in all situations. More than three fourths of the participants reported that their fears for their personal safety actually moderately or extremely limit their participation in desired activities. When asked how confident they were that they could defend themselves against a physical attack, just less than one half said that they were either not at all confident or were I’m sure that I couldn’t do anything (49.3%).
Past Personal Safety Training Experiences and Current Use of Weapons for Protection

Approximately 40% of the participants indicated some formal training in self-defense, though most was in the form of brief workshops (11.9%) or 1-to 2-day seminars (14.9%). More than one half indicated that they do not own a weapon for self-defense (56.7%), while 6.0% reported that they own a gun, 6.0% own mace or pepper spray, 7.5% own a knife or impact weapon, 1.5% own a trained attack dog, and 20.9% own one or more of these forms of personal defense. Nearly 20% of the 60 women who responded to the question indicated that they carry their weapon with them most or all of the time.

TABLE 1: Fear for Personal Safety in Common Day-to-Day Activities (N = 67)

<table>
<thead>
<tr>
<th>Situation</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going out alone after dark</td>
<td>89.6</td>
<td>60</td>
</tr>
<tr>
<td>Getting into an elevator with one or more men</td>
<td>74.6</td>
<td>50</td>
</tr>
<tr>
<td>Being in crowds</td>
<td>71.6</td>
<td>48</td>
</tr>
<tr>
<td>Staying home alone after dark</td>
<td>61.2</td>
<td>41</td>
</tr>
<tr>
<td>Going for walks</td>
<td>56.7</td>
<td>38</td>
</tr>
<tr>
<td>Riding the bus</td>
<td>46.3</td>
<td>31</td>
</tr>
<tr>
<td>Alone with a male acquaintance</td>
<td>49.3</td>
<td>33</td>
</tr>
<tr>
<td>When I’m trying to sleep</td>
<td>49.3</td>
<td>33</td>
</tr>
<tr>
<td>Going to parties</td>
<td>47.8</td>
<td>32</td>
</tr>
<tr>
<td>Dating</td>
<td>44.8</td>
<td>30</td>
</tr>
<tr>
<td>Getting into my car</td>
<td>41.8</td>
<td>28</td>
</tr>
<tr>
<td>In taxi cabs</td>
<td>37.3</td>
<td>25</td>
</tr>
<tr>
<td>Getting into an elevator alone</td>
<td>32.8</td>
<td>22</td>
</tr>
<tr>
<td>Enjoying the outdoors</td>
<td>28.4</td>
<td>19</td>
</tr>
<tr>
<td>At the VA Hospital</td>
<td>31.3</td>
<td>21</td>
</tr>
<tr>
<td>Going out alone during the day</td>
<td>29.9</td>
<td>20</td>
</tr>
<tr>
<td>Going shopping</td>
<td>26.9</td>
<td>18</td>
</tr>
<tr>
<td>In restaurants</td>
<td>28.4</td>
<td>19</td>
</tr>
<tr>
<td>Staying home alone during the day</td>
<td>26.4</td>
<td>17</td>
</tr>
<tr>
<td>At work</td>
<td>13.4</td>
<td>9</td>
</tr>
<tr>
<td>Alone with a female acquaintance</td>
<td>7.5</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>17.9</td>
<td>12</td>
</tr>
<tr>
<td>I fear for my personal safety in all situations</td>
<td>22.4</td>
<td>15</td>
</tr>
<tr>
<td>I don’t fear for my personal safety in any situation</td>
<td>1.5</td>
<td>1</td>
</tr>
</tbody>
</table>
Beliefs About Training in Personal Safety

The majority of the participants (85.0%) indicated that they believe that formal training in PS/SD would be moderately or very helpful in increasing their overall feeling of safety. In addition, 91.1% of the participants indicated that such training would actually increase their ability to defend themselves against an attacker. The participants indicated that a variety of aspects of PS/SD training would be helpful to them (see Table 2), with the majority (86.6%) indicating that physical self-defense training would be helpful. Many of the women further indicated that taking such a course would provide them with a number of emotional and functional benefits, including increased self-confidence or self-esteem, a greater sense of safety, the ability to be more assertive, and some indicated that it would reduce their agoraphobic behaviors (see Table 2). Some of the women did note concerns about taking a self-defense class, including concerns about their physical ability to perform the physical skills (15.6%), concern about having a male instructor (11.7%), and concern about injury to themselves or others (9.1%).

DISCUSSION

Results of our preliminary survey indicate that most of these women veterans with assault histories see physical self-defense training as a viable treatment adjunct, one they believe would enhance their ability to thwart future attacks and increase their overall sense of safety. In addition, many of

<table>
<thead>
<tr>
<th>Course components believed to be helpful</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertiveness training</td>
<td>61.2</td>
<td>41</td>
</tr>
<tr>
<td>Boundary setting</td>
<td>64.2</td>
<td>43</td>
</tr>
<tr>
<td>Use of awareness and intuition</td>
<td>62.7</td>
<td>42</td>
</tr>
<tr>
<td>Verbal deescalation</td>
<td>52.2</td>
<td>35</td>
</tr>
<tr>
<td>Physical self-defense</td>
<td>86.6</td>
<td>58</td>
</tr>
<tr>
<td>Overall benefits of course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased self-confidence/self-esteem</td>
<td>41</td>
<td>27</td>
</tr>
<tr>
<td>Feel safer/feel less fear</td>
<td>42</td>
<td>28</td>
</tr>
<tr>
<td>Learn self-defense/assertiveness skills</td>
<td>36</td>
<td>24</td>
</tr>
<tr>
<td>Less agoraphobic behaviors</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>No change expected</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
the women indicated that taking a physical self-defense class would increase their self-confidence and self-esteem. Because this population of women has particular difficulty engaging in community and social activities because of high levels of avoidant and agoraphobic behaviors, the fact that they were enthusiastic about the idea of participating in such an emotionally charged intervention was surprising. It appears that the expectations of this sample were highly congruent with previous research findings regarding the empowering and generalizing effects of self-defense training on emotional adjustment and well being (Ozer & Bandura, 1990; Weitlauf et al., 2001; Weitlauf et al., 2000).

Our sample of veteran women with significant assault histories is quite different from the populations previously studied. Our cohort was not only older than most college students but also was all too familiar with the realities of sexual assault and, at least to an extent, with formal, structured training in physical fighting and combat. Perhaps in light of their experiences, many appeared able to articulate well-developed conceptualizations of the potential benefits and limitations of training.

In addition, participants did not anticipate negative psychological effects of training. This is consistent with Weitlauf and colleagues’ finding (Weitlauf et al., 2001; Weitlauf et al., 2000) that such training does not promote negative attitudinal changes, such as inappropriate increases in aggression and hostility. This finding appears consistent with research on assertiveness training, which often results in decreased hostility and aggression (Warren & Kurlychek, 1981). Because Butterfield, Forneris, Feldman, and Beckman (2000) found that women veterans with PTSD have higher levels of hostility than women veterans without PTSD, PS/SD training may be an effective therapy for reducing levels of hostility in this population. The concerns raised by some participants appear to be outweighed by their optimism about the potential positive impact of self-defense training, as virtually all who raised concerns also indicated that they believe such training would enhance their sense of safety and help them better protect themselves in the event of a future physical attack.

In summary, participants in the current study strongly endorsed the potential for self-defense training to provide a powerful complement to more traditional mental health treatment for PTSD. Many of the respondents anticipated broad-based positive benefits of training, including the potential for the generalized psychological and empowering impact of training as well as the actual prevention of future assault. Participants generally viewed training as within their capabilities and articulated expectancies for training that are highly consistent with the findings of previous research on the psychological impact of such training for women.
Furthermore, because PS/SD is structured in a fashion quite similar to traditional behavioral therapies, it offers the benefits of repeated exposure to a feared stimulus in the context of offering alternative cognitive and behavioral responses to those stimuli. Thus, as many traditional PTSD treatments are ineffective in addressing the negative symptoms (such as behavioral avoidance) associated with this disorder, PS/SD may be an effective adjunctive intervention that specifically addresses behavioral avoidance and offers a new behavioral repertoire.

Limitations

The results of the current study evidence a high level of interest in personal safety and physical self-defense training among female veterans with assault histories receiving mental health treatment. It is important, however, to be cognizant of the following precautions and qualifications. The participants represent a self-selected subset of the larger population of female veterans receiving mental health care services; they are self-selected in that they are currently pursuing treatment at the VA and were inclined to respond to an anonymous survey. To some extent, this may limit the generalizability of the current findings, even to other female veterans with similar clinical profiles. Previous research on self-defense training has cautioned that the self-selection bias present in this research significantly limits the conclusions that can be made regarding the efficacy of this treatment to broad populations (Weitlauf et al., 2001; Weitlauf et al., 2000), and the reader is cautioned to remember that this treatment is only appropriate when identified as relevant and acceptable by the participants. It should also be noted that the survey participants were not limited to veterans with PTSD diagnoses per se, although the majority of women were enrolled in a PTSD outpatient clinic and were receiving psychological treatment for PTSD at the time of the study.

REFERENCES


Wendy S. David, Ph.D. is a clinical psychologist in the Women’s Trauma Recovery Program, Veterans Affairs Puget Sound Health Care System, and a clinical assistant professor in the Department of Psychiatry and Behavioral Sciences, University of Washington. She is coauthor (with Kollmar & McCall) of *Safe Without Sight: Crime Prevention and Self-Defense Strategies for People Who are Blind* (1998).

Ann J. Cotton, Psy.D., is a clinical psychologist in the Addictions Treatment Center of the Veterans Affairs Puget Sound Health Care System and is an acting instructor in the Department of Psychiatry and Behavioral Sciences, University of Washington. She has an extensive self-defense background.

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Julie C. Weitlauf, Ph.D., is a postdoctoral fellow at the Sierra Pacific Mental Illness Research, Education, and Clinical Center, VA Palo Alto Health Care System and is a coauthor on two publications regarding self-defense training for college women.