Fit for Life! Levels 9 & 10

HEALTH & PHYSICAL EDUCATION for the Victorian Curriculum

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In this chapter you will consider factors that contribute to your safety and that of others at home, at school and in community settings. In most cultures, the onset of puberty is the time when individuals move rapidly towards sexual maturity and associated adult responsibilities. Consistent with that major change in social roles and the associated rites of passage, young adults must learn to make safe choices in order to develop lifelong positive behaviours.

By the end of the chapter, you should be able to:

- practise strategies to deal with challenging and unsafe situations
- rehearse contingencies or alternatives that can lead to positive outcomes
- use strategies and options for managing situations where your own and others’ safety may be at risk
- plan for realistic responses to scenarios where peers are encouraging risk-taking behaviours
- plan and practise responses you could use in emergencies where you may be required to administer first aid
- investigate what happens when power in relationships isn’t equal and relationships aren’t respectful
- propose actions that could be taken when relationships aren’t respectful
- develop strategies to increase your assertiveness
- practise ‘street safety’ and recognise potentially unsafe situations
- think, act and be safe.

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COMMUNITY AND STREET SAFETY

As you move through high school you will develop a greater sense of independence and will begin to make your way to sport, school, parties and other places on your own, rather than with the help of a parent. You will probably develop improved social skills, better communication skills and enhanced problem-solving skills that will be refined as you move into adulthood. However, it is also a time when peer pressures, societal expectations and differing rates of maturity can increase the risks you may face.

There are two basic facts that underpin all new protective behaviour programs in Australia:

→ everyone has a right to feel safe all the time
→ nothing is so awful that it cannot be talked about with someone.

When expanded, these ensure that everyone can experience personal safety. Young people need to recognise when they are not feeling safe and develop skills and strategies so that positive action can be taken in getting help when needed.
Young people must identify personal networks of trusted, helping adults to whom they can turn if they are not feeling safe. This might be parents, relatives, teachers, counsellors or community members such as the police, doctors or sports coaches. The ‘go-to’ people need to be reviewed as you grow and go through school, because your level of trust and types of relationships may change. Reviewing ensures that the adult is available and that you still feel safe with that adult. Who are your go-to people?

How many times have you avoided action or said nothing because you thought ‘nothing can be done anyway’ or ‘no matter what I say or do, nothing will change’, and so you accepted a bad situation you found yourself in? This is an example of internalising key negative messages such as ‘failure is inevitable’ or ‘this problem is unsolvable’. The person chosen as a go-to person or ‘trusted other’ must take action to make sure that the young people reporting to them, and seeking their help, feel safe.

Young people in Australia spend large amounts of their recreational time at shopping centres, movies, attractions (fun parks, live bands), sporting venues, parties and other public spaces, and at friends’ houses, and trouble often starts at one of these places. With forward thinking, teens can enjoy each others’ company in a range of settings in ways that everyone feels respected and has a good time. Meeting in a shopping centre is fine, but when individuals start making it uncomfortable for others in the area, problems are bound to occur.

Anti-social behaviour is hurtful, unsafe and needs to be stopped via positive strategies. The alternative is that the police might become involved.
ANTISOCIAL BEHAVIOUR

Find a news article that highlights antisocial behaviour by teens. Write a summary of the article that clearly outlines the following points:

- where the teens were gathered
- what unsafe or antisocial behaviour the teens were engaged in and who might have been affected
- the social, emotional and financial costs associated with their behaviour
- ‘healthy’ alternatives the teens could have been involved in.

People feel safe when they are around friends, family and teammates they can trust to ‘look out for them’. This essentially guarantees a high degree of physical and emotional safety. However, you have probably also been in situations or places where you did not feel safe.

WHAT IS UNSAFE?

With the person next to you, discuss what feelings might indicate you are placing yourself at risk and are potentially ‘unsafe’.

WORKBOOK>

Worksheet 6.2

TROUBLE AT PARTIES

The teenagers in the cartoon held a party at a friend’s house because her parents were away for the weekend.

Questions

1. Identify five things that can go wrong in such a situation.
2. Why do you think teenagers drink excessive amounts of alcohol?
3. At some parties, there are people who you don’t really know all that well and may be outside your immediate friendship group. Why should caution be taken when interacting with them?
4 Prepare a checklist you would need to ‘tick off’ if you were planning to have a ‘safe’ house party. When completed, swap this with a peer to check for similarities. Discuss any differences and add to your checklist if you think they’re appropriate.

Recognising unsafe situations

Young people are good at picking up signals that indicate a situation has the potential to be unsafe. These signals may include the following:

- someone acting suspiciously or exhibiting strange behaviour
- someone directly seeking you out or confronting you
- people carrying implements that can be used as weapons
- someone standing or moving in a way that suggests they may become aggressive
- groups of unknown people making a lot of noise
- someone looking dangerous
- feeling symptoms such as a faster heart rate, increased sweating, tightening in the stomach and/or feeling sick.

According to a recent forum conducted by the New South Wales police, students at secondary schools feel ‘at risk’ in situations with the following characteristics:

- discrimination – sex-based, racial and homophobic
- harassment or intimidation – usually groups (or gangs) of young people who target girls and boys
- bashing – most often boys bash boys
- strangers in the street making comments, asking for money or acting unpredictably
- problems at a party – gatecrashers, alcohol, drugs and fights; this often results in parties being cancelled and young people having nowhere to go other than public places such as parks or shopping centres
- a situation getting out of control – at the football, outside shops at night, on railway stations, at parties, drinking or drugs
- groups in cars – ‘P-platers’ making comments and following a group of teens as they walk along the street and asking them to get in the car, driving dangerously, or drinking and driving
- gangs – being stood over, threatened or having things stolen
- fear – boys fear being bashed; girls fear being dragged into cars, raped or abducted.

PLANNING AHEAD

Take greater responsibility in relation to your own health by planning ahead, thinking about what could go wrong and considering safer options or ‘opt out’ actions.
OUT OF CONTROL PARTIES

It is not unusual to read in the newspaper or hear on the news stories about teen parties getting out of control. Quite often these parties are unsupervised, poorly planned and involve the consumption of large amounts of alcohol.

1. Find three reports or media articles focusing on teen parties that have gone wrong.
2. After considering all three, list the factors that contributed to the parties getting out of control and becoming unsafe or dangerous.

SAFE PARTYING

Critique local services that support and provide advice on ‘safe partying’.

1. Search advice offered by the police, local councils, teenage support groups and other sources.
2. With other students, investigate ways to present and capture tips, advice, contact information and other vital information offered by these services.

The Australian Drug Foundation has researched the effects of teenage alcohol consumption and revealed the following findings:

→ Different parts of the brain develop at different rates as we grow, depending on whether we are male or female. The pre-frontal cortex houses the part of the brain that controls rational thinking. This part of the brain does not begin to mature until age 19 and only fully matures by around age 21 in women and age 28 in men. So damage to the pre-frontal cortex during its development can have lifelong consequences for memory, personality and behaviour.
**Areas of the brain**

- **Frontal lobe** (speech, emotions)
- **Occipital lobe** (visual information)
- **Parietal lobe** (senses, e.g. touch, pain)
- **Cerebellum** (movement and balance)
- **Temporal lobe** (interpretation of sounds and spoken language)
- **Hippocampus** (memory, learning)
- **Pre-frontal cortex** (rational thinking, memory, personality, behaviour)
- **Brain stem** (physical growth, movement, body communication)

*Drinking alcohol during teenage years can cause permanent brain damage. (See Chapter 1, pages 17–18 for the short- and long-term effects of alcohol.)*

*Alcohol can affect a teenager’s social development if they start drinking at an early age. They may turn to alcohol as a form of coping with problems and be more open to abusing other substances. The learning difficulties caused by teenage drinking can result in poor school performance and an increased risk of social problems, depression, suicidal thoughts and violence.*

*A hangover can be just as damaging to the brain as heavy drinking by reducing a person’s ability to learn and recall.*


Impaired brain development resulting from alcohol and drug consumption during secondary school increases the risk of impaired decision making, unsafe choices and potential lifelong negative behaviours, associations and outcomes in the future.

**ALCOHOL**

1. If the pre-frontal cortex is damaged from excessive alcohol drinking between the years of 15 and 21, what long-term/irreversible problems might result?

2. Discuss three problems that could be caused if alcohol is used as a means of ‘escaping’ and not dealing positively with problems.

3. How can excessive alcohol consumption as a young person contribute to long-term depression?

4. Investigate the ‘cures’ for a hangover on the internet – is there any medical support for any of these?
Ways to avoid trouble

There are many ways young people can help to avoid unsafe situations.

1. Focus: distractions can lead to danger
   ➜ Don’t listen to music or talk on your mobile when walking or driving as this will reduce your awareness of what is going on around you.
   ➜ Stay awake on public transport, at parties and in public spaces – you cannot sense danger if you’re asleep.
   ➜ Messing around with friends can cause distractions, decreased levels of concentration and an inability to process important environmental cues.

2. Stay with friends
   ➜ Having friends with you creates an immediate support network you can call upon if things go wrong.
   ➜ Friends look out for each other; they also tell each other things they probably wouldn’t tell people they are not close to.
   ➜ Sometimes young people get swept into group activities, so it is important not to be pressured into doing things you are not comfortable with, and friends can help you to ‘stand firm’.

Using a mobile phone while crossing a road places the user at risk of serious injury.

HEADPHONES

1. Discuss situations where you have seen people wearing headphones or earphones that could have resulted in decreased safety. Outline what the potential outcomes could have been.

2. How can wearing headphones while driving lead to potential problems?

3. Discuss a situation that you have seen of young people ‘mucking around’ that could have placed them at increased risk of becoming unsafe.

4. As a class, debate the following statement: ‘It should be illegal to wear headphones while people are in control of a vehicle or bicycle’.
A quick, one-second glance at a phone while driving at 60 km/h results in this young driver travelling 17 metres without looking ahead. What could happen?

Headphone danger warning after cyclist using iPod hit by tram

by Megan Levy, The Age, 16 June 2010

CYCLISTS who wear headphones while riding are increasing their risk of being involved in a serious crash, according to a transport safety expert.

The warning comes after a young man cycled into the path of a tram while listening to his iPod in Melbourne’s south today.

The Windsor man was pushed along the tram tracks after he was struck on the corner of Williams and Dandenong roads in St Kilda East just before 1 p.m. Paramedics say he was lucky to escape with only bruising to his leg and a sore knee in an accident that has put the spotlight on the divisive issue.

A Victoria Police spokeswoman said it was legal to ride a bike while listening through headphones. However, Marilyn Johnson, a researcher at Monash University’s Accident Research Centre, said cyclists were already vulnerable on the roads and needed all of their senses to avert a possible tragedy.

She said many cyclists felt they needed their hearing to navigate through the traffic, while others said listening to music relieved boredom and the drone of the roads.

While there was no legislation banning the use of headphones on bicycles, Ms Johnson believed it was an unsafe practice. ‘I think it’s dangerous enough when you’re cycling to be on the road when drivers aren’t looking out for you, and there other things that are going on around you, be it a pothole in the road or merging traffic,’ she said.

‘For you to have one of your senses removed by being distracted with sound, I don’t think it’s a safe behaviour for cyclists.’

3 Constantly monitor your environment

► If you are at a party, never leave your drink unattended (as someone might add something to it).
► When you are walking home, pay attention to others around you and keep your head up. This allows you to see what is going on and positively identify people if necessary at a later stage.
► When you are at a sporting venue, be careful where you place your backpack. If you do not have visual and physical contact with it, it is an easy target for someone to take.
► When you are shopping, pay attention to others around you.

4 Watch out for strangers

► Cross the road if you think you are being followed. If the person continues, run somewhere where there are people and tell someone what is happening. Phone home and ask to be picked up or call the police.
► Never get into a vehicle with an unknown person.

► Do not get into a lift with someone you think is following you; wait for another one.
► Use your mobile to contact a go-to person, parent or police.

5 Always take your (charged) mobile phone

► Carry your phone at all times.
► If you are feeling threatened, use your mobile to call the police or any of your go-to people.
► Use your phone to inform go-to people when you are leaving a party, the movies or a training session.
► If you and your friends are travelling home late at night, text each other when you get home. If someone doesn’t ‘check in’ when expected, call their home on the landline or call their parents.

6 Be a mate

► Stay with your group – especially in large crowds during parties, concerts and festivals; if you need to leave the group (to get food, look for a friend or go to the toilet), do so in a group of two or three.
Don’t take large bags as these can be difficult to care for. Some venues may restrict your entry and some parties have a ‘no bag’ policy to stop young people sneaking in alcohol.

Avoid arguments – logic and rational thought are decreased by alcohol or illicit drugs.

If a friend is seriously affected by alcohol or illicit drugs, call an ambulance immediately – ambulance officers are not required to inform the police so don’t be scared about this happening.

When getting into a taxi, note the number plate and driver’s ID, which should be on the dashboard. Give clear directions where you want to go. If you are not on the agreed route, stop the taxi at a safe place.

7 Think it through
When considering personal safety, use the following three steps to minimise the risk of harm in difficult situations:

Think about where you are going, what you are likely to be doing and who is going to be there. Go through a list of ‘ifs’ and ‘I wills’ and how things might eventuate. This will mean that you have considered ‘if this happens, I will …’ for different situations. For example, ‘If someone asks me to drink, I will …’ or ‘If a friend gets intoxicated I will …’

Evaluate how things are going and listen to what your body is telling you about symptoms such as increased heart rate, sweating or an ‘uneasy feeling’ – in most cases if you don’t feel right, the situation probably isn’t right and requires an action. Quickly decide if the situation is risky but under control, or if it is too risky and potentially harmful for you and your friends and you should remove yourself from the risk.

Act quickly to remove yourself from any unsafe situation and tell or take friends as well. Having planned ahead will allow you to respond in a safe and positive way. In a similar way to a reflex action, planning and going through scenarios prior to participating in an event or activity will allow you to act automatically when you pick up cues from what is going on around you.

**Intuition**
Along with vision, hearing, smell, taste and touch there is a sixth sense of intuition. This is sometimes referred to as having ‘inner consciousness’ or ‘inner feelings’, and your intuition should always be acted on when you sense something is unsafe.

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**Step Back Think**

STEP Back Think was formed in the wake of the horrific injuries sustained by James Macready-Bryan in 2006. James – better known to his mates as MB – was assaulted in the Melbourne CBD on his 20th birthday on 13 October 2006. A single punch knocked MB to the ground where his head smashed against the pavement, resulting in catastrophic brain damage from which he will never recover.

In the year after Step Back Think’s formation, Matt McEvoy, 24, and Justin Galligan, 16, died from brain injuries similar to MB’s, in two separate incidences that mirrored the tragic senselessness of MB’s assault. In the years since, countless more young men have sustained horrific injuries from assault and others have lost their lives.

Source: www.stepbackthink.org/about/
Drinking excessive amounts of alcohol can impair decision-making skills; fights are a common result.

**STEP BACK THINK**

Step Back Think is an example of a community action initiative, instigated by young people, which has had a positive influence on the health and wellbeing of the community. Go to the Step Back Think website or link direct via [http://ffl910vic.nelsonnet.com.au](http://ffl910vic.nelsonnet.com.au) to watch some of its information clips and then discuss the following questions in pairs:

1. What is the main message(s) of the Step Back Think campaign?
2. Why do you think fights occur in the first place?
3. Identify the ‘domino effect’ for all people associated when someone gets seriously hurt as a result of ‘one punch’ – consider the family, relatives, health-care professionals and friends of both the victim and the person throwing the punch.
4. Summarise the work of similar groups or initiatives in your community.

**ALTERNATIVE ENDINGS**

1. With two or three other classmates write a ‘sliding-doors’ script that looks at street situations where potential conflict can arise. One door or ending results in a combination of verbal, physical and emotional abuse or violence; the other door or ending results in the conflict being diffused and not escalating into abuse or violence.
2. The script should then be role played for the rest of the class to view and comment on. In particular, what strategies were put in place that resulted in a positive ending or pathway?
Teenagers on the road

Learning how to drive and actually obtaining a licence to drive can be exciting, but driving comes with plenty of responsibilities and risks. Young drivers are over-represented in road crashes that result in injuries and death compared with all other age groups. Human factors have been identified as the main causes of road accidents even when the weather is fine, lighting is good and roads are in sound condition.

Regardless of driver age or experience, there are four factors that contribute to most road accidents:

- excessive speed
- failure to comply with road rules
- non-use of seat belts
- alcohol or substance abuse.

When inexperience and overconfidence are combined with these risky behaviours, the risks of accidents and road trauma increase markedly. Extensive supervised driving practice in a range of conditions during the learner phase has been shown to significantly reduce the risk of road accidents and many states are now mandating over 100 hours of documented, supervised and varied driving practice before learner drivers are eligible to go for their licence.

ALCOHOL AND SUBSTANCE ABUSE

A driver who has consumed cannabis or amphetamines is at the same risk of having a crash as a driver with a blood alcohol concentration at 0.10 or above.

DRIVING HOURS

Discuss the cognitive skills a learner driver with 60 hours of practice would have developed to a higher degree than one who has only had 20 hours of supervised practice.

CRASHES

1. In groups of three investigate the ages, gender, road user type (driver, passenger, pedestrian, cyclist or motorcyclist), types of crashes and level of injury of accidents that young people are involved in. Divide research tasks for each group member to complete and collate the findings of your investigation. For this investigation, young people are classified as teenagers up to 25 years old.

2. Each group then presents their findings to the rest of the class via a multimedia presentation or an ‘infomercial’; provide recommendations as to how young people can reduce their risk of becoming one of the statistics the group has investigated.
Young drivers are often impaired while driving; this may be from alcohol and drug use, fatigue, distraction or any combination of these. Alcohol impairs a young person’s ability to make decisions compared with older people, for example, judging stopping distances and response times are more negatively affected by alcohol in young drivers than more experienced and older road users. The combined use of different drugs and alcohol leads to an extremely high risk of road trauma; this is of concern because the use of illicit drugs is increasing among 15- to 25-year-olds.

**DISTRACTIONS**

Write down a list of distractions for drivers or pedestrians that might place them at risk of being involved in a road accident.

Use the internet to investigate the top three distractions for young drivers in at least three Australian states and in one other country.

**RISK SCENARIO**

Young people are often pedestrians, more so than older people, who might be able to drive.

Brainstorm a scenario in your community where a young person might be placed at risk when they are a pedestrian moving from place to place around local streets. What are the potential risks? Suggest some ways these risks can be minimised or removed.

**MINIMISING RISKS WHEN GETTING AROUND**

1. Drivers are held responsible for any accident they cause while they are fatigued. Commercial and truck drivers must take mandated rest breaks to avoid fatigue and document rest periods in a log book.

2. Pedestrians with a blood alcohol concentration at or over 0.15 are 15 times more likely to be involved in a road accident than those with a blood alcohol level of zero.

The colloquial term ‘hoon’ refers to anyone who drives in a manner that is anti-social. Typically this involves high-performance or highly modified vehicles fitted with aftermarket sound systems that often blare music to attract attention to themselves and their cars. Quite often hoons engage in dangerous behaviours such as ‘burnouts’, illegal street racing and reckless driving.
**HOONS**

1. Discuss why hoon driving is a problem.
2. Use the internet to find articles about 'hooning', the negative effects of such behaviour and the consequences of being caught hooning.
3. What are the consequences of hooning in your state compared with at least two other states or territories? Which anti-foon laws do you think are the most effective in eliminating this type of behaviour on the roads?
4. Summarise the findings of at least two articles and present this as a 200-word report.

**ROAD DEATHS**

1. Explain why young men feature more than young women in road-related accidents.
2. What strategies aimed at young people has your state government put in place in an effort to reduce the road toll for drivers under the age of 21?
3. In a group, brainstorm at least three new strategies that would promote safer road use attitudes and behaviours by young people.
4. List five strategies you would consider using if you are in a car and you think the situation has become unsafe due to 'triggers' you are sensing around you. Outline what these ‘triggers’ or warning signs might be and provide a strategy to deal with each.

**RELATIONSHIP SAFETY**

As you progress through school you will come into contact with many people and you will develop multiple relationships. Some of these will be superficial, but others will be more meaningful, significant and possibly intimate. Meaningful relationships with people at school, at work and in communities you belong to are important in developing your sense of self, connectedness and emotional wellbeing.

For any relationship to become intimate there needs to be openness, honesty and trust. These are the three key ingredients of any respectful relationship. Clear and consistent communication is an essential part of safe intimate relationships. Sexual intimacy and personal intimacy are two very different forms of intimacy that are often mixed up by young adults and blurred when clear boundaries are not agreed upon.

The decision to become sexually active is personal and is based on many factors. You should not feel pressured by your partner, friends, the media or other outside influences. The type and degree of intimacy a couple shares is their collective choice. Some young adults have a high degree of sexual intimacy, and other intimate relationships involve no sexual activity at all.

Remember that if something doesn’t feel right, it probably isn’t and you should seek alternatives. Think very carefully about what you feel comfortable and safe.
SAYING ‘NO’

NO means NO. You have the right to set your own sexual boundaries and say yes to some things and no to others. You also have the responsibility to respect another person’s decision to say no to some things and not question or force them to change their mind.

...doing. Communicate openly with your partner about what you want from your relationship. Someone trying to get you to do something you’re not comfortable with is unsafe.

Having sex without your partner’s consent is a crime. You might consent to kissing, hugging, touching and massaging but not want to engage in sexual activity. Just because you consent to some forms of sexual activity doesn’t mean you consent to all of them. If you no longer feel comfortable during sexual activity, it’s OK to change your mind and say ‘No’. (See also Chapter 5, pages 177–8.)

Abusive relationships and sexual harassment

In Years 7 and 8 you learnt about respectful relationships and the need for a balance of power in relationships. If one person abuses their power they can place others at risk. All types of abuse – physical, emotional and sexual – are harmful. Young people need to develop strategies to protect themselves and keep themselves safe in these potentially dangerous situations.

If you feel unsafe, the first thing to do is to remove yourself from any future harm. Consider talking to one of your go-to people or trusted others. There are a few essential strategies young people should practise and develop to protect themselves from unsafe situations:

→ thinking and planning ahead
→ personal safety strategies
→ techniques for being assertive.

Sexual harassment is a form of discrimination based on unwanted sexual advances or actions. This can involve sexual actions or advances that make you feel uncomfortable or offensive sexual jokes, emails, messages or behaviours. Every school and workplace has policies and practices clearly stating sexual harassment is against the law and unacceptable.

The Equal Opportunity Commission in each state deals with instances of sexual harassment that are brought before it. You should never feel that ‘it is your fault’ or ‘you deserve it’ when it comes to sexual harassment; you should report it to your go-to people. No one has the right to make you feel uncomfortable about your gender or sexual orientation via sexual harassment or discrimination.
**SEXUAL HARASSMENT**

1. List at least three ‘warning signs’ in this image that this could be an unsafe situation for the girl.

2. What feelings might she have that indicate she might be ‘unsafe’?

3. Discuss this statement with a classmate: ‘Sometimes what women wear sends the wrong messages to men’.

4. List three strategies the girl should consider using to increase her levels of safety.

**ANTI-DISCRIMINATION LAWS**

1. Use the internet to find anti-discrimination laws that exist in your state. Summarise these in point form.

2. Find out about the policies your school has to protect students and staff from discrimination. Summarise these in point form.

**RESPECT**

1. Discuss three reasons why some people discriminate against or bully others.

2. List five negative outcomes associated with discrimination.

3. ‘Valuing diversity’ is a term often heard. What does this actually mean and how can respectful relationships contribute to this positively?

4. Excluding others from what you are doing is a form of bullying and is known as exclusion. Discuss two situations where you have witnessed exclusion occurring. Explain what you think it means to be ‘inclusive’ in your actions.

5. What would you do if you became aware one of your friends was being harassed or discriminated against?

**Peer pressure**

Peer groups are groups of friends who are all about the same age. You might have a peer group in school, in a sporting club and a community group. Having a group of friends is an important part of being a teenager as friends have an impact on your decisions about safe and unsafe behaviours.

Peer groups can be positive if they are supportive and understanding, if they value and respect the rights of others and are engaged in social and responsible
behaviours. Positive peer pressure makes you feel better, healthier, happier and good about what you are doing. However, some peers engage in risk-taking and anti-social behaviours that do not take into consideration the rights of others, and so they become a negative influence. Negative peer pressure can make you feel unhappy, uncomfortable, ‘not right’ and unsafe about what you are doing.

Why do some people remain in a group that results in negative outcomes and engages in risk-taking behaviours? The need to feel connected to a peer group and be ‘accepted’ is a strong influence and sometimes outweighs a person’s ability to detach themselves from the group and its behaviours. Teenagers often lack the ability to be assertive and say ‘no’ to activities they know could be potentially dangerous and put them at risk. This is called ‘peer pressure’. Or, sometimes, young people simply don’t think ahead to how things might turn out and so find themselves involved in the group behaviour unthinkingly, which can easily lead to unsafe outcomes.

**CLASSMATES**

1. List three ways your peer group has influenced you in making safe choices or engaging in risk-taking behaviour.
2. Discuss ways peer groups can have a negative influence on group members.
3. Provide three examples of ‘positive peer pressure’.
4. Outline at least four strategies you could use to stop you behaving negatively or acting anti-socially as a result of peer group pressure.
Assertiveness

You have a right to be assertive. Assertiveness is a communication skill that ensures your needs are met and your feelings are understood in your relationship with others. Assertiveness empowers you to speak up for the rights of others and speak to situations where you can have a positive (or negative) influence. Learnt and practised, assertiveness improves self-esteem.

**TABLE 6.1 Three types of communication**

<table>
<thead>
<tr>
<th>Passive</th>
<th>Assertive</th>
<th>Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Violates your own rights</td>
<td>• Respects your own needs and rights</td>
<td>• Violates the rights of others</td>
</tr>
<tr>
<td>• The needs of others are given priority</td>
<td>• Respects others’ needs and rights</td>
<td>• Your own needs are given priority</td>
</tr>
</tbody>
</table>

People who are assertive engage in the following behaviours:

- communicate their rights, opinions, feelings and needs in an open, honest and confident manner while also considering the rights and feelings of others
- acknowledge that everyone has the right to their own opinions (e.g., ‘What are your thoughts on this?’)
- listen to what is being said and use receptive listening
- use a firm and relaxed voice while speaking fluently and without hesitation
- adopt an open body stance and often use open hand gestures
- distinguish between fact and opinion (for example, ‘You might think that … but actually I feel …’)
- typically put themselves at the centre of what they say by using ‘“I” statements’ such as ‘When you behave like this, I feel …’ or ‘I need you to stop being so possessive because every time I …’ or ‘I don’t think it’s fair the way you guys always gang up on …’ or ‘I will not allow you to force yourself onto me like that …’.

**ASSERTIVENESS**

1. Search the internet for different types of assertive behaviours. You could start by looking up ‘consequence assertion’, ‘discrepancy assertion’, ‘empathic assertion’ and ‘negative feeling assertion’.
2. Summarise what some of these different assertiveness styles involve.
3. Which style, or styles, can you relate to best and are likely to use yourself?

**SUPPORTING A FRIEND**

Discuss a situation where you have stepped in for a friend and provided them with support that they otherwise would not have received. What might have happened if you weren’t there or didn’t have the courage to be assertive on your friend’s behalf?
HEALTH PROMOTING SCHOOLS

Respectful relationships enhance the wellbeing of staff and students in your school. Search the internet for ‘health promoting schools’, then design a poster that lists 10 common characteristics of a health promoting school.

FIRST AID

Young people are often seen in hospital emergency departments because they sometimes overestimate their abilities, make poor decisions or are pressured by peers into doing things they otherwise wouldn’t. Talking about what can go wrong, practising basic first aid and having the courage to do something when accidents and emergencies occur are things that everyone needs to do.

In every first aid situation, try to minimise the risk of transmission of infection to yourself, the injured person and any bystanders. There are standard precautions to take, such as putting on gloves and wearing an apron and face mask if available. In first aid situations such as resuscitation, resuscitation masks are recommended. It may be preferable for the partner or the parent of the patient to do the rescue breathing if you do not have a resuscitation mask available.

Take the following precautions during first aid:

1. **Before first aid**
   - wash your hands
   - use plastic or disposable gloves
   - if you have cuts or wounds on your hands, ensure that they are covered by a waterproof dressing before applying gloves.

2. **During first aid**
   - use a resuscitation shield, if available
   - if available, wear gloves and ensure that they are not torn
   - if you come in contact with body fluids, wash the area immediately with running water and seek medical advice.

3. **After first aid**
   - safely dispose of any used dressings, bandages and disposable gloves
   - after removing disposable gloves, always wash your hands thoroughly with soap and water.
The DRSABCD action plan

The DRSABCD action plan allows first aid care in any life-threatening situation to be prioritised. The DRSABCD action plan will also help in checking for the presence or absence of consciousness and breathing, and in determining the type of basic life support measures required to preserve and/or restore life.

DRSABCD action plan
In an emergency call triple zero (000) for an ambulance

D
DANGER
Ensure the area is safe for yourself, others and the patient.

R
RESPONSE
Check for response—ask name—squeeze shoulders

S
SEND for help
Call Triple Zero (000) for an ambulance or ask another person to make the call.

A
AIRWAY
Open mouth—if foreign material is present:
• place in the recovery position
• clear airway with fingers.
Open airway by tilting head with chin lift.

B
BREATHING
Check for breathing—look, listen and feel.
Not normal breathing
• Start CPR.
Normal breathing
• place in recovery position
• monitor breathing
• manage injuries
• treat for shock.

C
CPR
Start CPR—30 chest compressions : 2 breaths
Continue CPR until help arrives or patient recovers.

D
DEFIBRILLATION
Apply defibrillator if available and follow voice prompts.
LIFE SUPPORT
A good way to recall what to do in an emergency and how to effectively apply DRSABCD is to view each step online. Search for ‘DRSABCD video’ for clips that have been prepared by various first aid organisations (such as the Red Cross, St John Ambulance or Royal Life Saving Association). Watch the video clips and ensure you know what to do – especially when it comes to CPR. Always remember 30:2 compressions:breaths.

INHALING VOMIT
One of the most common ways people die from alcohol is by choking on their own vomit. If a person vomits when they are unconscious, they can easily inhale the vomitus. An unconscious person has lost basic reflexes such as the one that coughs up things when they go down ‘the wrong way’. If the body cannot get the oxygen it needs, brain damage or death may result.

The last ‘D’ stands for defibrillation, which can be performed by an automated external defibrillator (AED). The AED is very simple to use. First aiders simply follow a set of instructions in the form of voice prompts and visual guides.

Once you have used DRSABCD and assessed that a person is conscious (heartbeat and breathing both present), other injuries or conditions may require your attention.

FIRST AID COURSES
First aid courses can be completed at various locations and are available through numerous organisations.

Use the internet to search for the name and contact details, including addresses, of three first aid course providers in your state.

USING AN AED
Use the internet to find a video that demonstrates how to use an AED. Watch the video, then discuss the following questions:

1. How easy do you think it would be to use an AED?
2. How does an AED device help an unconscious person whose heart may have stopped beating?
3. Have you seen an AED? If so, where?
4. Do you think you would be able to help someone who needs external defibrillation?

Shock
Sometimes the circulatory system cannot supply enough oxygen to meet the demands of the body and an individual can go into ‘shock’. This is a potentially life-threatening situation and must be dealt with quickly, appropriately and safely.
Shock commonly results from head trauma, heart attack, heat exhaustion, severe dehydration, severe internal or external bleeding, alcohol or drug abuse (poisoning), bites or stings, or accidents.

These are some of the **signs** and **symptoms** of shock:

- pale, cold, clammy skin
- shallow, rapid breathing or difficulty breathing
- anxiety
- rapid heartbeat, heartbeat irregularities or palpitations
- thirst or a dry mouth
- nausea
- vomiting
- dizziness and light-headedness
- confusion and disorientation
- unconsciousness.

Effective first aid and prompt medical attention when shock occurs can save a person’s life. First aiders should follow these steps to treat shock:

- Follow the DRSABCD action plan.
- Lie a conscious person down and keep them warm and comfortable. If possible, raise their legs a little to improve blood flow to the brain, heart and lungs. (Do not raise their legs if a spinal injury is suspected or if moving their legs causes pain).
- Do not give the person anything to eat or drink, as they may need an anaesthetic in hospital.
- Reassure and encourage them.
- Stay with them until the ambulance arrives.

Fainting occurs because of decreased blood supply to the brain; it can occur when people stand for extended periods of time or get up too quickly. Fainting episodes are usually very brief; the person tends to be semiconscious and progresses to full consciousness within a few minutes. If fainting occurs, treat as you would for shock.
Concussion

The brain is free to move a little within the skull, which means it can be shaken by a blow or jolt to the head. This causes concussion, which can temporarily change the way the brain normally works. Common causes of concussion are traffic incidents, sports injuries, falls and blows received in fights.

The following are signs and symptoms of concussion:

➜ headache or dizziness
➜ loss of memory, particularly of the event
➜ confusion
➜ altered state of consciousness
➜ blurred vision
➜ wounds on the head (face and scalp)
➜ nausea and vomiting.

First aiders should follow these steps to treat concussion:

➜ Follow the DRSABCD action plan.

➜ If the person is conscious: reassure them, keep them warm, position them on their back with head and shoulders slightly raised.

➜ If the casualty is unconscious: call 000, place in recovery position and monitor their airway, breathing and circulation. If there is blood or fluid from an ear, put the person with the injured side down to drain onto clean dry gauze.

➜ Keep monitoring the person until help arrives or they are transported to a medical facility.

➜ Anyone with a head injury, even if minor, should seek medical assistance.

Cerebral compression can develop following head trauma. It occurs when the brain swells after an injury and creates pressure inside the skull. Because this condition is very serious and can require surgery to relieve it, anyone who has had any head injury or blow to the head must be monitored for at least 48 hours after the event. There are numerous stories of young people (usually men) being involved in a fight and receiving a minor blow to the head, then being helped home by mates, lying down on their bed and being found dead in the morning by family or a friend.
Investigate concussion and states of consciousness by finding articles on sports concussion and ‘street concussion’ (that is, occurring at parties or on the streets walking home).

1. Are there any common themes that appear in the articles?
2. What are the recommended steps to assist people suffering concussion?
3. Use further investigation to discover how people suffering from head trauma may appear fine when they lie down to rest or sleep, yet in some cases experience diminished consciousness and die.

Following a concussion, it is best to wait until you are feeling better before you go back to your normal activities. Don’t go to part-time work or school until you have fully recovered. Ask your doctor for advice. Don’t return to sport until all the symptoms have gone. Your reaction times and thinking may be slower after a concussion, so you may be at risk of further injury. A second concussion that occurs before the brain recovers completely from the first – usually within a short period of time (hours, days or weeks) – can slow recovery or increase the likelihood of long-term problems.

**Medical Advice**


1. Why do sporting organisations such as the NFL (USA) and AFL (Australia) need to constantly seek medical advice on concussion and its long-term effects from medical experts?
2. What rule changes do you think may have been put in place to provide greater protection from concussion on the sporting field? Are you aware of any rules around how players are managed when concussion occurs?

**Dealing with diabetics**

Someone in your room or year level might have diabetes, but you may not know this unless they have shared this information with you.

Everyone needs glucose to provide their muscles with the energy necessary to perform and their cells to function at optimal levels. Bodies absorb glucose with the assistance of insulin; people who have diabetes either don’t produce any insulin, or they produce it in small quantities. People with diabetes carefully monitor their daily activity levels and intake of foods to ensure there is a balance between insulin and glucose within their bodies. To help them maintain this balance they either take oral medications or perform daily insulin injections, after they have monitored their blood glucose levels.
**DIABETICS**

Look carefully at the image.

1. What is the first aider doing to assist the unconscious man?

2. She believes the man might have diabetes – what clues might the first aider have picked up to arrive at this conclusion?

3. How could the first aider use the next person to arrive at the scene to assist both her and the unconscious man?

4. What should the first aider do if she notices the man stops breathing?

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**STAYING HEALTHY**

Imagine that you are a student with diabetes. How do you maintain a healthy lifestyle? What steps do you need to take to ensure you have a balanced diet and can participate in the recommended amount of physical activity? Research diabetes and write a diary entry that shows how you manage your condition on a typical day.

The signs of hypoglycaemia or hyperglycaemia are very similar and unless a blood glucose reading has been taken it is difficult to determine if the person’s blood glucose is too high or too low. If in doubt, treat them as if they have hypoglycaemia because if this is not the case and they already have high levels of glucose, the extra glucose will not lead to any further harm. Table 6.2 lists the signs and symptoms of hypoglycaemia and hyperglycaemia and also the first aid steps to be taken in both instances.
TABLE 6.2 Diabetes action plans

<table>
<thead>
<tr>
<th>Signs and symptoms</th>
<th>Hypoglycaemia (low blood glucose)</th>
<th>Hyperglycaemia (high blood glucose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• sweating</td>
<td>• more urine output than usual</td>
<td></td>
</tr>
<tr>
<td>• weakness</td>
<td>• increased thirst</td>
<td></td>
</tr>
<tr>
<td>• trembling</td>
<td>• dry skin and mouth</td>
<td></td>
</tr>
<tr>
<td>• fast heartbeat</td>
<td>• ‘acetone’ breath, like nail polish remover</td>
<td></td>
</tr>
<tr>
<td>• confusion</td>
<td>• decreased appetite, nausea, or vomiting</td>
<td></td>
</tr>
<tr>
<td>• irritability</td>
<td>• fatigue, drowsiness or lack of energy</td>
<td></td>
</tr>
<tr>
<td>• hunger</td>
<td>• unconsciousness</td>
<td></td>
</tr>
<tr>
<td>• headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• drowsiness or unconsciousness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First aid steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Follow the DRSABCD action plan</td>
</tr>
<tr>
<td>• If the person is conscious: reassure them, keep them warm and give them jelly beans, fruit juice or another sugary drink (if you suspect hypoglycaemia)</td>
</tr>
<tr>
<td>• If the person is unconscious but breathing: place them in the recovery position, call 000 or 112 (mobile) and assess their airway</td>
</tr>
<tr>
<td>• Keep monitoring the person until help arrives or they are transported to a medical facility</td>
</tr>
<tr>
<td>• Do not try to give the patient a dose of insulin because this can be dangerous unless the patient’s blood sugar level tested. If they are conscious and have tested themselves, you can assist them to inject their own insulin.</td>
</tr>
</tbody>
</table>

Bleeding

The cardiovascular system comprises the heart and all the blood vessels, which together make up the circulatory system. Blood flows throughout the body from the heart via arteries and then back to the heart in veins. Blood transports oxygen and nutrients to working muscles and organs and removes wastes and carbon dioxide. It is also responsible for maintaining a constant core temperature.

Severe external bleeding

External bleeding that fails to clot and stop by itself can occur as a result of many situations including a sporting injury, an outdoor accident, road trauma and physical violence.

First aid management for severe external bleeding includes PER (pressure, elevation and rest).

➔ Stop any bleeding by applying a clean cloth firmly to the wound. If blood seeps through the cloth, apply more padding on top of the first cloth. If this added padding gets soaked, it can be replaced, but leave the initial pad in place to minimise contamination. Continue the firm pressure. If gloves are available, use these prior to commencing first aid in an effort to minimise risk of infection between yourself and the casualty.

➔ If the wound is on the arm or leg, raise the limb above the level of the heart to help slow bleeding.

➔ If the person is conscious, they may be placed on their back with their head and legs slightly supported and raised.

➔ Do not apply a tourniquet unless the bleeding is severe and fails to stop with direct pressure or a pressure bandage (if appropriate).
A glassing, bashings and out of control parties in Perth

WA Today, 19 June 2011

POLICE have had a busy weekend in Perth, responding to three out-of-control parties, a nightclub glassing and two bashings.

Just after midnight on Sunday, a 20-year-old man was smashed in the head with a glass at the Library nightclub in Northbridge during a brawl involving two groups of young men, police said.

The man was taken to hospital by friends for treatment to a 6 cm cut to his forehead.

Police said investigations were continuing and no charges had been laid.

Also in Northbridge, about 1.30 a.m. a 25-year-old man was knocked unconscious when he was king hit by an unidentified man in a laneway off Aberdeen Street, police said.

The man suffered a broken jaw and was to undergo surgery in Royal Perth Hospital.

Police inquiries into that incident are continuing.

Meanwhile in East Perth about 12.30 a.m. on Sunday a 41-year-old was attacked by two young men who kicked and punched him to the ground and robbed him of his wallet and phone.

He was taken to hospital for treatment of swelling and bruising to his face and head.

About 9.45 p.m. on Saturday the police helicopter and patrol cars were sent to an out-of-control party at Noranda in Perth’s northeast, where gatecrashers damaged several cars.

Police later attended another wild party in Cooloongup in Perth’s south, where people were brandishing bottles and one man received a head injury requiring him to be taken to hospital.

Just after 1 a.m. on Sunday, officers were called to a party in Gosnells in Perth’s east, where they moved people on after gatecrashers caused trouble after being refused entry, police said.


Scenarios

After reading the article ‘A glassing, bashings and out of control parties in Perth’, discuss the following questions:

1. Why does bleeding resulting from ‘glassings’ and head trauma need to be treated with greater care than external bleeding resulting from a graze to a knee sustained while bushwalking?

2. What do you believe contributes to parties getting out of control?

3. If the man who was ‘king hit’ died in hospital the following day, discuss how the following people would feel:
   ➔ his girlfriend
   ➔ his football teammates
   ➔ his 4-year-old son
   ➔ his attacker
   ➔ his attacker’s wife
   ➔ his attacker’s mates.

Internal bleeding

Internal bleeding is a medical emergency. The signs and symptoms that suggest concealed internal bleeding depend on where the bleeding is inside the body, but may include the following:

➔ pain at the injury site
➔ bleeding from the mouth or ears
➔ swelling
nausea and vomiting
pale, clammy, sweaty skin
breathlessness
unconsciousness.
First aid cannot manage or treat any kind of internal bleeding.
Urgent medical assistance is vital and needs to be sought. Listen carefully to what the person tells you about their injury – for example, where they felt the impact. In the case of a head injury, they may display the signs and symptoms of concussion. If you are one of the first people present when an incident resulting in suspected internal bleeding occurs, you should treat in the same way as shock.

CASE STUDY  Car crash

YOU are out early one morning jogging as part of your cross-country training when you witness a speeding car smash into a parked car outside a friend’s house. As you get closer to the two smashed vehicles you realise that you are the first person on the scene and will need to quickly assess what has resulted and decide what to do. You are confronted with the following scene:

» the driver of the speeding car is trapped by the air bag, unconscious and bleeding from his legs, which have been badly injured by the front of the car being crushed inwards
» the woman in the parked car has hit her head on the windscreen and blood is streaming from a gash in her forehead. She seems dazed, confused and is looking very pale. She keeps crying out for help.
» both vehicles having sustained significant damage and you can smell petrol and see smoke coming from the front of the car that was speeding. The parked car has been hit with such force that it has been moved into the middle of the road.

Questions
1 What factors may have contributed to the driver crashing into a parked car?
2 What injuries might have occurred in this scenario? List them in order of highest priority to lowest priority requiring your attention.
3 Follow the DRSABCD action plan and outline how you would respond to this emergency.
4 Assume that your friend heard the crash, was woken and has run out to see what has happened. Outline how you could use her during the vital first few minutes to help you.
5 Your friend seems to have gone into shock and starts vomiting. What can you do or say to deal with this added situation?
Alcohol and drug abuse = poisoning

A poison is any substance that, when introduced into the body, results in illness or injury. Poisons can be introduced into the body through the following means:

➜ ingested – eaten (e.g. alcohol, foods, medications)
➜ inhaled – breathed in via respiratory system (e.g. fumes, glues, paints, gases)
➜ absorbed – via the skin (e.g. contact with plants, fertilisers, pesticides)
➜ injected – into the skin or bloodstream (e.g. drugs, insect bites, animal stings).

Poisoning may be accompanied by the following symptoms:

➜ nausea
➜ vomiting
➜ abdominal or chest pain
➜ breathing problems
➜ altered consciousness
➜ seizures
➜ confusion
➜ irritability
➜ skin rash
➜ weakness.

First aid for casualties who are showing signs of poisoning needs to occur quickly until medical assistance becomes available. The following steps are vital in assisting people who may be suffering from poisoning:

➜ Follow the DRSABCD action plan.
➜ If the person is conscious, reassure them and keep them warm.
➜ Ask the person or others around what was taken, how much and when.
➜ If you think the person has been poisoned by substances other than alcohol, contact the Poisons Information Centre in your state on 13 11 26 or call 000 or 112 (mobile) for advice on treatment.

➜ If the person is unconscious and breathing, place them in the recovery position and regularly assess their airway.
➜ Keep monitoring the person until help arrives or they are transported to a medical facility.
➜ Withdraw if the victim becomes violent.

FIRST AID FOR POISONING

Treatment for poisons has dramatically shifted away from inducing vomiting to try to get the poison out of the body, to now rinsing the casualty's mouth and providing them with small sips of milk or water. Why do you believe first aid recommendations have changed?
Anaphylaxis

Allergic reactions to foods, bites, stings and drugs can result in an **anaphylactic shock**, which is a life-threatening situation. Anaphylactic reactions result in swelling of the respiratory system, breathing difficulties, nausea, vomiting and respiratory distress. Anaphylaxis can be caused by substances that gain access into the bloodstream by being injected or ingested. An extensive reaction involving the skin, lungs, nose, throat and gastrointestinal tract can then result. Severe anaphylactic reactions can be fatal.

Many people who know they can potentially have an anaphylactic reaction carry an EpiPen with them.

**ALLERGIES**

1. Investigate anaphylaxis, its causes or triggers and suggested emergency response steps.
2. How does an EpiPen work?
3. Ensure you know how to help someone self-administer medication from an EpiPen and how to use someone’s EpiPen on them if they have lost consciousness.
Doing something is better than doing nothing, as long as you are not placing yourself at risk. Follow the DRSABCD action plan.

➜ Reassure the person.
➜ Stay with the person and ensure total rest.
➜ Assist the person to administer their medication (if they have an EpiPen or Anapen) or, if they are unconscious, administer into front of thigh (quadriceps muscle group).
➜ Call 000 or 112 (mobile).
➜ Keep monitoring the person until help arrives or they are transported to a medical facility.
➜ Be prepared to perform CPR.
CHAPTER REVIEW

➜ Young people must identify their own personal network of trusted, helping adults to whom they can turn if they are not feeling safe – these are known as go-to people.

➜ Discussing issues around your own safety in groups allows you to explore strategies and actions for developing your personal safety plan.

➜ Think about any potential for a setting or situation to become unsafe or risky. Listen to what your body is telling you via symptoms such as an elevated heart rate, increased sweating and an ‘uneasy feeling’ – in most cases if you don’t feel right in a setting or situation, the situation probably isn’t right and requires a quick evaluation.

➜ Act quickly to remove yourself from situations where you have determined your safety could be placed at risk and things could go wrong for you or your friends.

➜ Alcohol and drug abuse can have long-term effects on the developing brain of young people.

➜ Positive relationships are characterised by both people having an equal say in decision making and both people need to feel free to be who they are and say what they think without fear, anxiety or risk of retribution.

➜ Violence is not an effective way to sort out problems and will have far-reaching, long-term effects on everyone involved.

➜ Emotional, physical and sexual abuse involving young people needs to be stopped via the intervention of a trusted other that you have identified in your support network. It’s not your fault!

➜ Bullying occurs when a person or group uses their power over another person or group to make them feel threatened or bad about themselves; this behaviour is unsafe and needs to be stopped before people are hurt.

➜ You should never feel that ‘it is your fault’ or ‘you deserve it’ when it comes to sexual harassment; you must report it to your go-to people.

➜ Assertiveness leads to respect for your own needs and rights and also to those of others.

➜ The combination of inexperience and overconfidence that many young drivers have markedly increases the risks of accidents and road trauma.

➜ Shock is a potentially life-threatening situation and must be dealt with quickly, appropriately and safely.

➜ Knowing basic first aid and having the confidence to use it can stop a situation from getting worse; it may save someone’s life.