POINTS OF VIEW

A REVIEW OF EVALUATION OF SEXUAL ABUSE PREVENTION TRAINING PROGRAMMES FOR PEOPLE WITH MENTAL HANDICAP

Introduction

People with mental handicap have high vulnerability to sexual abuse (Lumley and Scotti, 2001). Sexual abuse of this population is serious. According to the study of Stromness (1993), nearly 80% of women with mild mental handicap had been sexually abused. This underscores the need for sexual abuse prevention education. The training should be carefully planned to enable the participants to execute appropriate skills in actual sexual abuse situation. In situ assessment, though controversial, seems to be the only effective evaluation method and in situ training enhances the generalization of the skills to real life situations (Miltenberger et al., 1999).

High vulnerability to sexual abuse in people with mental handicap

People with mental handicap are especially vulnerable to sexual abuse due to a number of reasons such as life long dependence, reinforced compliance, poor judgment, and lack of sex education (Lumley and Scotti, 2001). The review by Levy & Packman (2004) indicated that the characteristics unique to cognitive functioning levels and age groups seem to influence vulnerability. Those with mild grade have the greatest risk of sexual abuse. While they are more likely to contact the community, they may have fewer friends and find difficulties in making new ones. They may have a strong desire to please others in order to integrate into mainstream society. Severe or profound grade ones are often highly dependent due to more significant cognitive and possibly physical impairment. Their dependence may increase the vulnerability to exploitation by care-givers. The incidents of sexual abuse occurring in such a population are likely to be masked as the sufferers are usually unable to report to others because of a language barrier. Mentally handicapped adolescent girls are particular vulnerable as they place a high value on having a partner. They may not be able to recognize and judge the potential partner’s motivations. They may even tolerate sexually exploitive behaviour in order to maintain their relationship. Distressingly enough, due to frequent social and emotional isolation, they may regard undesirable physical contact as an alternative to no contact at all. As for adults with mental handicap, sexual exploitation still occurs as they lack formal sex education training them to make proper decisions regarding intimate relationships and behaviours.
Barriers to sexual abuse protection education

There are obstacles to the establishment of sexual abuse prevention training. Misconceptions about sexual development and sexual desire of people with mental handicap make sexual abuse prevention programmes seem neither necessary nor useful. Two myths were found to be common but extreme (Levy and Packman, 2004). One is that the developmental disability impacts both on normal sexual development and normal sexual desire so that people with mental handicap are asexual and hence not likely to be the targets of sexual abuse, hence no sexual abuse prevention education is necessary. In contrast, people with mental handicap are misconceived as having abnormally high sexual desire and be constantly searching for sexual satisfaction which makes them vulnerable to sexual exploitation. This kind of sexual proclivity cannot be resolved by sexual abuse prevention education. Even though when sexual abuse prevention training is deemed necessary, limited resources including lack of financial support, time constraints, and inadequate trained personnel hinder its development. Due to scarce budget, non-government organizations in Hong Kong, for instance, are unable to support the regular implementation of such programmes. They can only occasionally apply for the funding from Adult Education Subvention Scheme of Education and Manpower Bureau for running the course. However, this scheme does not substantially sponsor a single organization or programme.

Contents of sexual abuse protection education

Sexual abuse prevention programmes not only should include protection strategies (for example, how to recognize and respond in a potential sexual abuse situation) but also education about sexual development (biological, social and emotional aspects) and appropriate sexual expression. Without promoting healthy sexual identity, teaching sexual abuse prevention may only raise anxiety (Levy and Packman, 2004).

To be specific, the contents of such programmes should be tailor made according to the particular needs and characteristics of the people with mental handicap including the living environment (for simulating relevant possible sexual abuse situations), learning capacity (for determining the depth of contents and way of delivery), existing knowledge and skills, past experiences (e.g. history of sexual abuse) as well as present sexual needs (e.g. establishing friendship) and future goals (e.g. marriage).

Nevertheless, the main goal of a sexual abuse prevention programme is to enable the participants to execute learned prevention skills in response to actual abusive situation. A behavioral skills training (BST) programme has been established to train people with mental handicap with sexual abuse protection skills (Haseltine and Miltenberger, 1990). It comprises of various steps which are instructions, modeling, rehearsal, feedback and praise respectively. The instructions describe the appropriate protective behaviours (“NOT”) where “N” stands for “No” which is to say no to the abuse, “O” refers to “Off” which means to escape the place where the abuse happens and “T” is “Tell” which is to tell someone in trust about the incident. The trainer then demonstrates these behaviours. After that, the abusive situation is role-played to enable the participants to rehearse the protection skills. Feedback on the accuracy of the response is provided. Praise will be given for the correct response and additional training will be conducted for those who need correction or further improvement.
Evaluation of sexual abuse prevention education

The most crucial goal of sexual abuse prevention programmes is to train the participants to master the skills and to execute them in potential sexual abuse situations (i.e. generalization). Surprisingly, little research has evaluated the effectiveness of this goal (Miltenberger et al., 1999). Among the limited studies, indirect evaluation methods were usually adopted which included the assessment of the knowledge of sexual abuse concepts or verbal description of the way to respond in an abusive situation (Lumley et al., 1998). However, they may well recite the knowledge and description by rote memory but may not really understand and apply them. On the other hand, direct observation is not feasible for assessing sexual abuse prevention skills in real situations, as sexual abuse behaviour is not likely to occur in the presence of others (Lumley and Scotti, 2001). While role-play assessment (i.e. with situations being simulated that are fully recognized by the participants) seems to be a balance between indirect and direct evaluation to determine the acquisition of the target skills, whether the same can be generalized to actual abusive situations is questionable. The other evaluation approach aims to address this issue. This approach is called “in situ assessment” or “naturalistic probe” and it determines whether the participants’ learned sexual abuse prevention skills can be executed in a natural setting (most closely simulating actual sexual abuse situation) with them being unaware that they are being assessed. A study showed that participants did acquire sexual abuse prevention skills and demonstrated them in the role-play situations but failed to do so in the real life environment (Miltenberger et al., 1999). Such poor generalization was in line with an earlier similar study (Lumley et al., 1998) which indicated that participants’ behaviour during verbal report or role play assessment did not correspond with those during in situ assessment. These findings imply that knowledge and role-play training are not sufficient enough for equipping the participants with the ability to execute the target skills in real situations. The assessment of such training also seems not very promising. Hence, in situ assessment is regarded as a valid method for evaluating a sexual abuse prevention programme. The assessment results provide clues for follow-up actions. In situ training was found to be so crucial that generalisation is likely to be impossible without it (Miltenberger, et al., 1999). Such training will be provided immediately after the participants demonstrate that they cannot show appropriate protection responses during in situ assessment. They will then be kept prompted to the correct response until they can successfully do so independently for three consecutive times. To further facilitate the generalisation, the contexts of the in situ assessment and in situ training (if needed) should include a variety of scenarios simulating real situations including different lures, places and people (both genders and both strange and familiar). However, due to the controversial nature of such kind of assessment and training, objections will probably emerge. A recent study (Egemo-Helm et al., 2007) reported that some women with mental handicap may be sensitive to in situ assessment and thus the ethical issues should be thoroughly taken into consideration. Possible reactions regarding ethical considerations include “Why are people with mental handicap chosen (even though consent has to be granted from the parents or guardians) to “endure” or “suffer” such kind of assessment?” “Will there be any negative impact on them?” “Will they be assessed again and again if they still do not demonstrate satisfactory performance?” “Will they really suffer exploitation during assessment?”. Therefore, much effort is necessary to address all such concerns before implementing in situ assessment and/or in situ training.
Summary

Sexual abuse prevention education for people with mental retardation is widely considered as important and necessary. Due to limited resources, the cost-effectiveness of such training programmes becomes more prominent. Evaluation is often necessary, at least for justifying the continuous needs for resource allocation. To a greater extent, evaluation should be valid enough to find out the way to further improve the programme so as to maximize the ability of the participants to properly execute the prevention skills in a real life abusive situation. While knowledge and role-play evaluation is not effective enough, in situ assessment and in situ training may be a solution. To enable people with mental handicap to really benefit from the programme and hence protect them from sexual abuse, it is worth further investigating the acceptance and feasibility of implementing in situ assessment and/or in situ training across various cultures.

Chi-man TSUI
BSc(Hons)OT, MMEdSc, HKOTR
Stewards Yiu On Integrated Rehabilitation Services Centre
G/F., Yiu Shun House, Yiu On Estate, Ma On Shan, Shatin, Hong Kong, China
Tel: +852 2641 1707
Fax: +852 2641 9299
E-mail: drcmtsui@hku.hk

References


