

*EVALUATION OF A SEXUAL ABUSE
PREVENTION PROGRAM FOR ADULTS WITH
MENTAL RETARDATION*

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Programs to teach sexual abuse prevention skills to persons with mental retardation have rarely been evaluated empirically, and typical evaluations are limited to assessment of the participants' knowledge rather than their performance of specific skills. In the present study, 6 adult women with mental retardation were trained in sexual abuse prevention, and performance was assessed using four separate measures: pretests and posttests of knowledge, verbal report, role play, and naturalistic probes. All women learned the skills but failed to exhibit them to criterion during the probes. We discuss the implications for further training and assessment of sexual abuse prevention skills.

DESCRIPTORS: sexual abuse prevention, mental retardation, role-play assessment, behavioral skills training, social validity

Sexual abuse is a widespread problem among persons with mental retardation. Although estimates of prevalence vary, all are indicative of a serious problem. Chamberlain, Rauh, Passer, McGrath, and Burket (1984) found that 25% of a sample of 69 adolescent female clients with mental retardation at a multiservice clinic had experienced sexual abuse, defined as "attempted or successful coerced intercourse." This information was obtained through interviews with a parent or primary caregiver, chart review, or both. Sobsey (1988) studied reports of 100 sexual abuse cases and found that 54% of the victims had intellectual impairments. Even more alarming, Stromsness (1993) conducted open interviews with 27 women with mild mental retardation and found that 80% reported having experienced sexual abuse at least once. Direct sexual con-

tact, defined as fondling, forced masturbation, or oral, anal, or vaginal intercourse, was involved in 71% of the cases. Noncontact abuse, including forced viewing of pornography, forced posing for nude photographs, being watched while undressing, or exposure to an offender's genitals, was involved in the remaining 29% of the cases.

Persons with mental retardation may face a greater risk of sexual abuse than persons without disabilities (Lumley & Miltenberger, 1997). Watson (1984) suggested that deficits in judgment and social skills may result in an increased vulnerability to sexual abuse. Additional factors may include deficits in communication (Sobsey, 1988; Sobsey & Varnhagen, 1988), an inability to seek help or report abuse (Lang & Frenzel, 1988), lack of knowledge on how to defend against abuse, and lack of education regarding appropriate sexual behavior (Sobsey & Varnhagen, 1988). Finally, individuals with mental retardation are often dependent on others. In such cases, compliance is typically encouraged and reinforced (Sobsey, 1988; Watson, 1984), which unfortunately might generalize to sexually abusive requests. The plausibility of this outcome is suggested by

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the fact that perpetrators of abuse against persons with mental retardation are known to the victims 92% of the time (Sobsey & Varnhagen, 1988).

Although programs have been developed to teach sexual abuse prevention skills to persons with mental retardation, little research has evaluated the effectiveness of such programs. Researchers who have assessed the outcome of sexual abuse prevention programs have relied on indirect methods of assessment, such as measurement of the participants' knowledge regarding sexual abuse concepts or their verbal description of how they would respond in an abusive situation (e.g., Conte, Rosen, Saperstein, & Shermack, 1985; Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Stilwell, Lutzker, & Greene, 1988; Swan, Press, & Briggs, 1985; Wurtele, Saslawsky, Miller, Marrs, & Britcher, 1986). A more direct method of evaluation involves role-play assessment, in which the participants' skills are evaluated during a staged situation, with the participant fully aware that the situation is not real. Although role-play assessment may demonstrate whether the target skills have been acquired, there is no empirical evidence to indicate that the skills would be executed in an abusive situation. Thus, more direct methods of assessment are warranted.

One method of assessment evaluates participants' behavior in a naturalistic setting, with the participant unaware that he or she is being evaluated. This method (termed *in situ* assessment) has been used by a number of researchers to evaluate the outcome of abduction prevention training (e.g., Carroll-Rowan & Miltenberger, 1994; Fryer, Kraizer, & Miyoshi, 1987; Gast, Collins, Wolery, & Jones, 1993; Haseltine & Miltenberger, 1990; Miltenberger & Thiesse-Duffy, 1988; Poche, Yoder, & Miltenberger, 1988). By conducting these naturalistic probes in real-life situations without the participant's knowledge, the experimenter is able to de-

termine definitively whether learned skills will be executed in the target situation.

The purpose of this study was to extend the methods used to evaluate sexual abuse prevention programs to include role play and naturalistic assessment and to compare the results of these measures with those of indirect methods (knowledge and verbal report measures) that have traditionally been used to assess program effectiveness.

METHOD

Participants and Settings

Six women with mental retardation, ages 30 through 42, served as participants. Five of the women were categorized as functioning in the mild range of mental retardation, and 1 (Nora) was in the moderate range, based on measures of intellectual and adaptive functioning. The participants were recruited through a local community agency that provides residential services to adults with developmental disabilities. All participants were unmarried and resided in group homes. The criteria for participation were functioning in the mild to moderate range of mental retardation, possession of verbal abilities sufficient to participate in role playing and respond to verbal scenarios, expression of interest in learning sexual abuse prevention skills, and provision of signed informed consent to participate. Participants were trained in pairs, and all training and assessment sessions took place in the participants' own group homes, except for Nadine, whose training and assessment were conducted in her training partner's group home.

Target Behaviors

Training focused specifically on the prevention of abuse by caregivers. In response to a sexual abuse lure, the participants were taught to (a) verbally refuse the request, (b) leave the situation, and (c) report the incident to a trusted adult such as the case man-

ager or a staff member. This three-component response constituted criterion performance. During assessment, participants' responses were rated on a 4-point scale according to the following guidelines:

(4) Demonstrates the criterion response: Says "no," leaves the situation or asks the staff member to leave, and reports the incident.

(3) Says "no" and leaves the situation or asks the staff member to leave.

(2) Leaves the situation or asks the staff member to leave (but does not make a verbal refusal).

(2) Says "no" or makes some verbal refusal.

(1) Does not agree to, or comply with, the requested behavior, but does not engage in behavior that indicates refusal.

(0) Verbally agrees to the requested behavior, or engages in behavior that indicates compliance (e.g., gets up and moves toward the staff member when asked to sit on lap).

If the participant reported the incident within 1 hr, regardless of the immediate response to the lure, 1 point was added to the score.

Assessment

We assessed participants' knowledge of specific concepts related to sexual abuse, their verbal report of how they would react to sexual abuse lures described to them, and their actual responses to potential sexual abuse situations simulated in role playing and naturalistic assessments. A pool of assessments was devised for the verbal report, role playing, and naturalistic methods. The lures differed only in the mode of presentation; the core content was the same. The scenarios used in these assessments consisted of lures that would be used in an attempt to get the victim to comply with a sexual behavior or a behavior that could lead to a sexual behavior. These scenarios, which were all inappropriate in the context of a client-staff relationship, consisted of requests made by a male staff person in an attempt to lure

the female to participate in the following inappropriate behaviors: sit on his lap, give a backrub, receive a backrub, reach into his pants pocket, remove clothing, watch him remove clothing, get into bed, kiss, watch a movie of people having sex, and look at pictures or magazines of naked people or of people having sex. The complete list of scenarios can be obtained from the second author. For each of these requests, one or more of each type of assessment (verbal report, role play, and naturalistic) was developed. The order of presentation of the scenarios was chosen randomly without replacement, such that all the sexual lures were used during assessment. To determine whether the participant was able to discriminate between a scenario depicting a sexual situation and one in which there was no sexual behavior, a pool of "safe" scenarios, which did not involve any inappropriate behavior, was also devised for use during assessment and training.

The use of these assessment procedures was approved by the University Institutional Review Board, the human rights committee at the regional Human Service Center, and the administration of the participating agency. The assessment procedures were described to the participants and their guardians prior to their participation in the research.

Knowledge. Participants were asked nine closed-end questions once before training and once within 1 week after training. They were asked whether a particular sexual behavior (e.g., kissing, touching private parts, having sex) was OK to do with a staff person. In addition, participants were asked if nonsexual types of touch (e.g., shaking hands) were OK to do with a staff person.

Verbal report. The experimenter described a scenario in which a staff person presented a client with a sexual abuse lure and then asked the participant to verbally describe what she would do in that situation. A safe

scenario, in which the trainer described a situation that did not involve inappropriate behavior, was also described. These scenarios were presented during each baseline assessment and prior to each training session. The participant was thanked for her response to the scenarios, but no specific feedback was provided. The responses were recorded by the trainer and were later reviewed independently by two researchers. A score was assigned for the response to the sexual abuse scenario according to the 4-point scale. The response to the safe scenario was not scored as correct or incorrect, because “yes” or “no” were both appropriate responses depending on the participant’s preference for the requested activity. For example, during an assessment in which the trainer asked the participant to describe what she would say or do if a male staff person asked her if she would like to watch television with him, she might indicate that she would say “no,” further stating she did not like to watch television. In this case, a verbal refusal would not mean the participant believed the request involved inappropriate behavior. No participant ever used the sexual abuse prevention skills during a safe scenario.

Role playing. These assessments also took place during baseline and prior to all training sessions, and enabled us to evaluate the participants’ progress and tailor further training to areas in need of improvement. A male trainer played the role of a staff person and presented a lure to the participant. Participants were fully aware that the situation was not real, and there was never any physical contact between the trainer and the participant during the role play. Two assessments were conducted per assessment period; one contained a sexual abuse lure, and one was a safe role play that did not contain an inappropriate request. The participant was thanked for her participation, but no further feedback was provided. The role-play assessments were always conduct-

ed following the verbal report assessments but were different in content. The trainer recorded the participants’ responses, which were later scored independently by two researchers.

Naturalistic probes. Prior to meeting with the participants in the first training session, a male confederate unknown to the participant was introduced as a new staff member. Within 15 min after becoming acquainted with the participant, the confederate presented one of the lures from the pool of assessment scenarios. There was never any physical contact between the confederate and the participant during the assessment. If the participant agreed to the requested behavior, a staff person from the group home (who was listening at the door) interrupted immediately, or the confederate made an excuse to leave. In this way, the participant was unaware that she was being evaluated, and future assessments were not tainted. If the participant said “no” or asked the confederate to leave, he did so immediately. If the participant made no response, the confederate made an excuse to leave after 15 s. These probes were conducted for each participant during baseline, at the conclusion of skills training, and again at 1 month following the conclusion of training. All of these assessments were audiotaped, both for purposes of data collection and to ensure that the assessment was conducted as outlined in the protocol. All audiotaped assessments were independently reviewed and scored by two researchers.

Interobserver Reliability

Two experimenters were present during all verbal report and role-play assessments. Reliability was calculated by dividing the number of agreements between observers on the components of the target behavior by the number of agreements plus disagreements, and was always 100%. To determine the interobserver reliability of the naturalistic

probes, two experimenters rated all the participants' recorded responses in the same manner as described above; reliability for these probes was 100%.

Experimental Design

We used a multiple baseline across subjects design to determine whether training resulted in an increase in sexual abuse prevention knowledge and skills.

Procedure

The first time we met with a participant, we described the training program and the assessment procedures, and obtained informed consent for participation. Baseline assessment began in the first meeting.

Baseline. Each participant's knowledge and skills were assessed prior to training. The knowledge measure, one naturalistic probe, and three to seven verbal report and role-play assessment sessions were conducted until stable baselines were achieved.

Training. Training was administered to the participant pairs by a team of one male and one female trainer. One female and two male graduate students and one female undergraduate student in psychology served as trainers. The five-session curriculum employed behavioral skills training, which consisted of instructions, modeling, rehearsal, praise, and corrective feedback. Verbal report and role-play assessments were conducted prior to each training session, beginning with Session 2. Participants received training on all types of lures that were used in assessment. Each training session lasted 60 to 90 min.

During Session 1, the locations and names of "private parts" were taught. Sexual intercourse and sex-related behaviors and the need to use protection when sexually active were explained (participants were instructed to talk to their case managers for personal guidance regarding protection). In addition, participants were taught about appropriate

and inappropriate types of relationships and sexual activities and the need to make decisions about sexual behavior very carefully. Specifically, it was explained that an intimate relationship with a boyfriend may be OK under some circumstances (if both individuals want to, both choose to, and both are adults; if protection is used, etc.). Participants were also taught that a sexual relationship with an individual who has authority over them is never OK. It was explained that a person who has authority is anyone whose job it is to work with them (direct care staff, therapists, individuals who provide transportation, etc.).

During Session 2, the three-component criterion response of refusing a sexual abuse lure, leaving the situation, and reporting the incident to a trusted adult was taught. The trainers first modeled these behaviors for the participants in a role-play format, and the participants then took turns engaging in role playing to rehearse the skills and receive praise and corrective feedback. The pool of sexual abuse lures developed for training contained the same core content as those used during assessment. During Session 2 and in each subsequent training session, the participants each engaged in 9 or 10 role-playing situations.

Participants received feedback on their performance in the following manner. After a participant responded to a sexual abuse lure during role playing, she received a handout that read "NO, GO get away, TELL," with a line next to each component. She was then asked by one of the trainers, component by component, if she had demonstrated that particular skill. If she had, she was asked to place a checkmark on the line next to it. She then received praise for exhibiting the skill. If the participant failed to execute any of the components, she was first asked, "What kind of behavior is [behavior described in role playing]?" If the participant incorrectly indicated that the behavior was

OK, she was told why the behavior was inappropriate. If the participant indicated that the behavior was sexual in nature, she was then asked, "What do you do if a staff tries to do sexual behavior with you?" The handout was used as a prompt when necessary, and the participant repeated the role-playing situation until the criterion response was exhibited. At that time, the handout was given and reviewed as described above. Role-playing situations that depicted appropriate behavior were also conducted during this and subsequent sessions to teach the participants to discriminate between appropriate and inappropriate requests. A different handout, in which the participant could check off whether the role play depicted "OK behavior" or "sexual behavior," was used following these role-playing situations in the same manner as above. At the end of this and subsequent sessions, all handouts were counted, and each participant received a \$1.00 McDonald's gift certificate for every five handouts she had received.

Session 3 served to expand on the skills developed in Sessions 1 and 2 through verbal review and the use of a wider variety of role-playing situations. As stated previously, areas in which the participants had demonstrated a need for further training were specifically incorporated into these role-playing situations.

Session 4 started with a review of previously covered material and was followed by expanded role playing that included situations in which secrets, bribes, or threats were used as part of the sexual abuse lure. In the situations that included secrets, the male trainer asked the participant to engage in an inappropriate behavior, then stated the activity had to be kept secret or asked the participant not to tell anybody about the request. In the situations that included bribes, the male trainer offered the participant money or a preferred item to engage in the inappropriate activity. In the situations that in-

cluded threats, the male trainer told the participant that if she did not engage in the requested activity, there would be some sort of adverse consequence; for example, he would tell her case manager or the other residents bad things about her, he would be mad at her, and so forth. Physical harm was never included as a threat.

Session 5 consisted of a review of all the material covered and the use of varied role-playing situations that dealt with all of the concepts included in the training curriculum.

Training was completed when the criterion response was exhibited during at least three consecutive role-play assessments conducted on different days. Additional sessions were conducted if a participant had not achieved criterion performance by the end of the five training sessions. For example, Nora often failed to leave the situation or tell a trusted adult during role playing. During additional training sessions, we used a constant time-delay procedure. With this procedure, a discriminative stimulus is presented, then a set time elapses before a prompt is provided. After Nora said "no" to the lure, if she did not leave after 5 s, one of the trainers said, "Go." From there Nora would leave and report the incident to the female trainer who was in another room in the group home. These 30-min booster sessions were continued until Nora executed the target responses independently over several trials.

With Claudia, whose verbal skills were limited, additional sessions focused on the "tell" component of the target behavior. Because Claudia was able to read, at the beginning of the session she was given a piece of paper that read, "Staff asked me to do sexual behavior." Subsequently, during role playing when Claudia said "no" to the inappropriate request and walked away, when she approached the trusted staff member she was able to read the statement from the paper,

which served as a prompt for the reporting response. She could then respond to questions about the incident, which would realistically follow if such a statement were made. Use of the prompt was faded until Claudia could make the statement independently over several training trials.

Follow-up. The verbal report, role-play, and naturalistic assessments were conducted 1 month after the completion of training to determine whether performance gains had been maintained.

Social Validity

The list of scenarios devised for assessment was given to program administrators, case managers, and group-home coordinators employed at the participating agency who rated the overall acceptability of each scenario using a 5-point rating scale. Of 20 scenarios presented, all but one were rated as being acceptable (better than a score of 3, which indicated neutral) for presentation to a client and were used for assessment.

A questionnaire intended to measure any adverse effects resulting from training was given to the participants' case managers before and after training. Using a 5-point Likert-type scale, the case managers rated how fearful of staff the participant appeared to be, how worried about the issue of sexual abuse the participant appeared to be, and related items. Upon completion of the program, the case managers also filled out a Case Manager Questionnaire, which contained items that were designed to evaluate the overall value and acceptability of the program. (A copy of the questionnaires can be obtained from the second author.) Staff members who were aware of the clients' participation in the study also observed the participants in their home setting to informally assess any changes in behavior that may have occurred concurrent with participation in the study, and no adverse changes were noted. Finally, a questionnaire was read to the

participants following training, which asked how much they liked being in the program, how much they learned from being in the program, and whether they were glad they had participated. They circled their answer to each question or pointed to their answer on the 5-point Likert-type scale.

RESULTS

The data presented in Figure 1 show an increase in sexual abuse prevention knowledge and skills for all participants following the implementation of training. During baseline, the highest level of performance demonstrated on each of the three assessment measures for any of the participants was a score of 2.0. Overall mean performance during baseline was 1.6 on the verbal report measure, 1.2 on the role-play measure, and 1.2 on the naturalistic measure. All participants except Nadine improved to criterion performance on the verbal report and role-play measures following implementation of the sexual abuse prevention curriculum. Data were also collected on the participants' role-playing performance during the training sessions. These data show improvement to criterion performance for all participants. However, assessment data indicate that the participants failed to achieve criterion performance during the naturalistic probes that were conducted after treatment. Although 3 of the 6 participants (Bonnie, Nadine, and Syndy) did show improvements on the naturalistic assessment, complete generalization of the skills from the training situation to the real-life situation was not achieved.

At the 1-month follow-up, 5 of the 6 participants demonstrated the three-component criterion response during the role-play assessment, but only 1 participant, Bonnie, demonstrated the criterion response on the verbal report measure. Performance on the naturalistic assessments remained stable

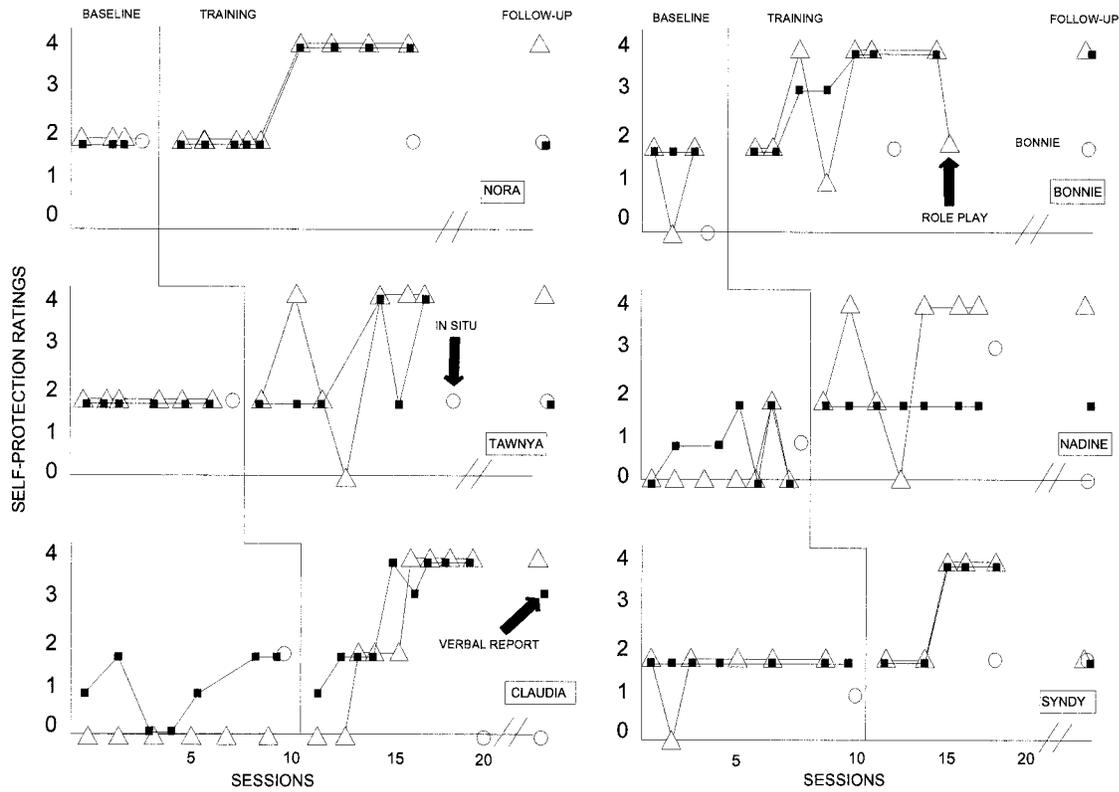


Figure 1. Verbal report, role-play, and naturalistic (in situ) probe data for participants during baseline and training and at the 1-month follow-up.

from the end of training for 5 of the 6 participants. None of the participants achieved criterion performance on this measure, demonstrating the lack of generalization of the skills to the target situation.

Items on the knowledge measure were scored as correct or incorrect. The average score on this measure was 67% on the pretest and 84% on the posttest.

Staff members' responses on the social validity measures suggested no noticeable changes in the clients' behavior corresponding to their participation in the study. Although posttraining means on the side-effects questionnaire were slightly lower than the pretraining means, an examination of the case manager's written comments revealed that there was no negative effect of training. For example, on the item that read,

"Does your client experience nightmares about sexual abuse?" all of the case managers said "no." On the item that read, "Rate the degree to which your client appears to be worried about the issue of sexual abuse," one of the case managers gave a rating of 1.0 for her client, explaining that the client had been sexually assaulted by a peer (during the course of training) and was worried that it might happen again. It is noteworthy that the client said she said "no" and tried to get away from the peer who assaulted her and later told her case manager, indicating that she used the skills she had learned. For another participant who was given a rating of 2.0 on this item, the case manager explained that she would soon be moving into her own apartment and, as a result of being in an abusive relationship in the past, seemed to

be somewhat worried about abuse. These concerns about sexual abuse seemed unrelated to the sexual abuse prevention training.

Results obtained on the Case Manager Questionnaire were positive. On the item that read, "How valuable do you perceive this training for your client?" the mean rating was 4.17 on a scale from 1 to 5, where 5 was *very valuable*. In regard to how afraid the participants were of female staff members, male staff members, and being alone with staff members compared to before training, the participants reported no change or indicated that they were less scared. The participant who was a victim of sexual assault was reported to be a little more scared of being at home, whereas the others reportedly experienced no change or were less scared.

On the questionnaire administered to the participants, each provided the highest rating for items that asked how much she liked being in the project and how much she learned. When asked if she was glad she participated, each participant responded "yes."

DISCUSSION

Results of the present study demonstrated that adult women with mild to moderate mental retardation can acquire skills for sexual abuse prevention and can demonstrate these skills in role-playing situations. All participants showed an increase in the target behaviors following training and at 1-month follow-up. This finding extends research on sexual abuse prevention, in which the acquisition of skills has not been adequately evaluated. Generalization of the skills was not convincingly demonstrated, however, because performance during the naturalistic probes was not as good as that observed during role-play assessment.

The lack of correspondence among behaviors measured by the three different methods of assessment is an important find-

ing of this study. It should be noted that during the course of training, the lack of correspondence between the verbal report and role-play assessments may have been due to the different content of the lures, some of which may not yet have been addressed during training. However, all types of lures had been addressed by the conclusion of training, and all participants achieved criterion performance on both measures. The lower scores on the naturalistic probes demonstrated by all participants at posttraining and the 1-month follow-up appear to be due to a lack of generalization across contexts. The finding that participants' behavior during a verbal report or role-play assessment did not correspond with behavior during a naturalistic probe, which most closely approximates an actual sexual abuse situation, suggests that knowledge and role-play assessment measures are not sufficient for determining whether skills will be executed in a target situation. The only way to determine whether a sexual abuse prevention program has been successful in training skills to be executed in a sexual abuse situation is to simulate that situation and measure the participant's response (Lumley & Miltenberger, 1997). This finding underscores the importance of naturalistic probes in sexual abuse prevention research.

We conducted the naturalistic probes in this study with great care and only after approval from oversight groups. Because of the potentially controversial nature of this type of assessment of sexual abuse prevention skills, such assessments should be carefully planned and monitored. Thus, although we believe that naturalistic assessment is important to validate training procedures, we caution readers that its use is appropriate only under tightly controlled conditions.

Considering that the participants in the present study did not exhibit criterion performance during a simulated sexual abuse situation, generalization is an issue that mer-

its attention. Several strategies were used to enhance generalization in this study. Training and assessment took place in the participants' homes, a setting in which the skills may be needed. In addition, a variety of lures were incorporated into the role-playing situations to sample a wide range of lures that could be encountered. Despite these steps, the skills demonstrated by the participants during the training sessions did not fully generalize to the simulated sexual abuse situations. Limitations in the implementation of training may have been responsible for this outcome. First, because the same trainers posed as the perpetrator during all role playing, the sexual abuse prevention skills may have been under the stimulus control of the presence of these known individuals. Using a variety of males in role-playing situations may have resulted in greater generalization. Second, the female trainer always served as the staff member to whom the participant reported the incident. Again, the reporting behavior may have been under the stimulus control of the presence of the trainer. Having the participants seek out a staff member who was on duty at the time or make an actual call to a case manager may have been more realistic and more likely to result in generalization.

Overall, the present study is a good starting point for future research and curriculum development. The finding that adult women with mental retardation can learn skills for sexual abuse prevention is promising. Furthermore, the assessment methods used to evaluate the training program in this study should be useful for the validation of sexual abuse prevention programs.

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STUDY QUESTIONS

1. How have previous researchers typically assessed the outcome of sexual abuse prevention programs, and what are the limitations of these measures?
2. What three target behaviors constituted a criterion response to the naturalistic lures?
3. What were “safe” scenarios, and what was their purpose?
4. List the training components that were used during the five-session program.
5. Briefly describe the types of skills that were assessed and the testing procedures that were used.
6. Summarize the major results of the study. Also, what anecdotal evidence suggested some degree of skill transfer to a naturalistic situation?
7. What steps did the authors take to enhance generalization, and what additional steps could have been taken? Also, the authors did not suggest using more potent reinforcers during training. Why might such a strategy be unwise?
8. It is possible that compliance with sexually abusive lures may be maintained by naturally occurring contingencies that were not examined in this study. What is the nature of these contingencies and how might they be accommodated in sexual abuse prevention programs?

Questions prepared by Juliet Connors and Eileen Roscoe, The University of Florida