TRAINING AND GENERALIZATION OF
SEXUAL ABUSE PREVENTION SKILLS FOR
WOMEN WITH MENTAL RETARDATION

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Previous research has shown that behavioral skills training to teach sexual abuse prevention skills to women with mental retardation results in skill acquisition but poor generalization. In this investigation we evaluated procedures for enhancing generalization following training. Five women with mental retardation received 10 behavioral skills training sessions followed by in situ training when the skills did not fully generalize. Behavioral skills training resulted in skill acquisition and in situ training produced generalized responding during naturalistic assessments.

DESCRIPTORS: mental retardation, sexual abuse prevention, behavioral skills training, generalization, assessment

Although studies suggest that sexual abuse of individuals with mental retardation is a widespread problem (e.g., Lumley & Miltenberger, 1997), only a few investigations have evaluated sexual abuse prevention programs for individuals with mental retardation (e.g., Haseltine & Miltenberger, 1990; Lumley, Miltenberger, Long, Rapp, & Roberts, 1998). Lumley et al. (1998) implemented a 5-week behavioral skills training program that involved instructions, modeling, rehearsal of prevention skills, and feedback with multiple exemplars of sexual abuse solicitations presented in role play. All 6 subjects demonstrated the sexual abuse prevention skills (say “no,” get away, and tell a staff person) in role play simulating sexual abuse situations following training. However, the women did not use all of the skills during naturalistic assessments in which they were not informed they were being tested. The failure of the skills to generalize to naturalistic assessments in which they were not informed they were being tested. The failure of the skills to generalize to naturalistic assessments is a major shortcoming in the results from Lumley et al. (1998). The purpose of the present study was to evaluate further strategies, including in situ training (e.g., Gast, Collins, Wolery, & Jones, 1993), to enhance generalization of sexual abuse prevention skills following the implementation of behavioral skills training.

METHOD

Subjects and settings. Five unmarried women with mild or moderate mental retarda-
tion, ages 33 to 57, participated. They possessed verbal skills sufficient to answer questions and to participate in assessment and training sessions, but none had prior training in sexual abuse prevention. Each subject (or her guardian) signed a consent form after we described the assessment and training procedures. The research was approved by the agency, the local human rights committee, and the University Institutional Review Board. Assessment and training sessions were conducted in and around the immediate area of the subjects’ group homes.

Target behaviors. Subjects were trained to engage in the sexual abuse prevention skills in response to a simulated sexual abuse lure delivered by a trainer acting as a staff member. We recorded 1 point for each of the following target behaviors for a maximum of 4 points (from Lumley et al., 1998): (a) does not agree to engage in, or begin to comply with, the requested behavior; (b) says “no” or otherwise verbally refuses; (c) leaves the situation or tells staff to leave; (d) reports the incident to a staff person. The subject received a score of 0 if she agreed to engage in, or began to comply with, the requested behavior.

Assessment. A pool of sexual abuse scenarios, in which a staff member asks the subject to engage in some sexual behavior, was developed for assessment of knowledge and skills (Lumley et al., 1998). The list of scenarios is available from the first author. Knowledge was assessed by asking a subject to describe what she would do in response to a scenario described to her. Skills were assessed via role play in which a male trainer portrayed a staff member and presented a sexual abuse solicitation to the subject. The subject was informed that she was being assessed. Generalization was assessed via in situ assessments in which an unknown male research assistant, who was introduced as a new staff person, presented a solicitation. A staff person and trainer were nearby but out of sight to record the subject’s response. The subject was not informed that she was being assessed. A different confederate and scenario were used in each in situ assessment for each subject. These assessments were identical to those reported by Lumley et al. (1998). Two observers recorded the subject’s responses during each trial in all assessment sessions. Interobserver agreement on the content and scoring of the subjects’ responses was 100%.

Experimental Conditions

Baseline. From 4 to 10 verbal report (knowledge) and role-play (skills) assessments and one in situ assessment were conducted in the residential setting prior to training.

Training. We implemented behavioral skills training with pairs of women (except for Lisa, who was trained individually) in their residences in 1-hr sessions each week for 10 weeks. Training involved presentation of information about sexual behavior and sexual abuse, training to discriminate sexual abuse from innocuous situations, instructions in the use of the sexual abuse prevention skills in response to a sexual solicitation from a staff person, rehearsal of the skills in role plays of a sexual solicitation, praise for correct performance and corrective feedback as needed, and the use of multiple exemplars of sexual solicitations in the role play. Fast food coupons were given for correct performance on a fixed-ratio (FR) 10 schedule in each training session. Training was enhanced over that provided by Lumley et al. (1998) in that we used more sessions and a wider variety of male research assistants, scenarios, and locations in the role play to promote generalization. Training was completed for each subject when she correctly responded to all lures without any assistance.

In situ training. Within 1 week following the completion of training, an in situ assessment was conducted. If the subject scored lower than a 4 during this posttraining assessment, in situ training was initiated (the
exception was Jill, who received three behavioral skills training sessions prior to in situ training). Within 5 min following the assessment, the confederate (who made the solicitation) and a trainer approached the subject and conducted training. They first asked the subject what the confederate had asked her to do and what her response was. They then told her the correct response, modeled it for her, and reenacted the assessment scenario in a role play. If the subject exhibited the correct response in the role play, she received praise. If the subject exhibited the incorrect response, the trainers used instructions and modeling to prompt the correct response. Training continued until the subject made the correct response in two role-play situations without prompts. Within 3 days, another in situ assessment was conducted, and in situ training was repeated until three consecutive assessments resulted in scores of 4.

Follow-up. One month following the completion of in situ training, an in situ assessment was conducted. If the subject received a score of 4, her participation in the study was finished. If the subject received a score lower than 4, in situ training sessions were conducted until the subject achieved a score of 4 on a subsequent in situ assessment.

RESULTS AND DISCUSSION

During baseline, subjects’ scores varied from 0 to 3 (M = 1.5) in verbal report and 0 to 2 (M = 1.17) in role-play assessments, indicating that they sometimes agreed to the sexual behavior requested by the researcher and sometimes did nothing or said “no.” The mean in situ assessment score in baseline was 0.6 (range, 0 to 2). Behavioral skills training resulted in criterion performance (a score of 4) in three consecutive role-play assessments for all subjects. Verbal report scores were more variable during training, ranging from 2 to 4. The posttraining scores for the in situ assessment ranged from 0 to 4, with a mean of 2.2. After four to eight sessions of in situ training, all subjects achieved three consecutive scores of 4 on the in situ assessments (except for Ellen, who moved from her residence before completing the in situ training phase). At the 1-month follow-up, the initial scores on in situ assessments were 3 for Jill, Darla, and Jana and 4 for Lisa. One or two in situ training sessions at follow-up increased the scores to 4 for all remaining subjects. During the in situ assessments, the confederate spent 5 to 10 min with the subject prior to making the sexual solicitation. During this time, the subject never responded incorrectly to the confederate’s innocuous requests by using the sexual abuse prevention skills.

The results of this investigation show that a 10-week behavioral skills training program resulted in the acquisition of sexual abuse prevention skills, but that the skills did not fully generalize to in situ assessments (see Figure 1). As in the studies by Collins, Schuster, and Nelson (1992) and Gast et al. (1993), who used in situ training to teach abduction prevention skills to adults and children with mental retardation, the skills did occur in the naturalistic context once in situ training had been conducted, both immediately and 1 month after training. These findings underscore the importance of naturalistic assessment of sexual abuse prevention skills and in situ training to teach skills in criterion situations. If skills are taught in situ, these naturalistic contexts are likely to exert stimulus control over the behavior. In situ assessment and training are more time consuming and costly, but the results of this study and those of Collins et al. and Gast et al. suggest that self-protection skills are not likely to occur in naturalistic contexts without in situ training.

The findings in this study need to be qualified on a number of points. First, generalization beyond the area of the group home, with
individuals other than staff, or with individuals who persisted after the lure was initially refused was not assessed. Furthermore, long-term maintenance of the sexual abuse prevention skills over several months was not assessed. Finally, only one in situ assessment was conducted during baseline for each subject. Two or more assessments would be preferable in future research to demonstrate stable responding in baseline. Future research should continue to evaluate methods for enhancing generalization and maintenance of these important skills.

REFERENCES


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