Personal Safety Programs for Children with Intellectual Disabilities

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Abstract: As the severity and extent of child abuse among children with intellectual disabilities is widely recognized, increased attention is now being directed toward personal safety programs. There is, however, relatively little research on teaching personal safety skills to these children. The purpose of this study was to review studies on personal safety programs for children as well as adults with intellectual and developmental disabilities and to present future directions for research on such programs for children with intellectual disabilities.

Child abuse is a serious problem. In 2005, an estimated 12.1 per 1,000 children were found to be victims of child abuse, including sexual, physical, and emotional abuse as well as neglect (U.S. Department of Health and Human Services, 2007).

Unfortunately, children with intellectual disabilities are at even greater risk for child abuse. A large body of research has consistently demonstrated a relationship between intellectual disability and child abuse. For example, Sullivan and Knutson (2000) investigated the incidence of child abuse among an entire school-based population that included all 50,278 children during the 1994/95 school year in Omaha, Nebraska. They collected child abuse registry records, foster care records, law enforcement records, and school records to obtain evidence of child abuse and information about disability status. The results showed that children with intellectual disabilities were about 4.0 times more likely to be the victims of child abuse than their peers without disabilities. In particular, these children were 4.0 times as likely to be sexually abused, 3.8 times as likely to be physically abused, 3.8 times as likely to be emotionally abused, and 3.7 times as likely to be neglected as children without disabilities.

In another study, Verdugo, Bermejo, and Fuertes (1995) assessed child abuse among children with intellectual disabilities who were living in institutions in Spain. Through a questionnaire completed by professionals (doctors, social workers, psychologists), the researchers found that 11.5% of children with intellectual disabilities had been abused or neglected, while only 1.5% of children without intellectual disabilities had experienced child abuse. It was estimated that the rate of child abuse was about eight times higher among those with intellectual disabilities than among those without intellectual disabilities. Similarly, many other studies have confirmed the strong relationship between intellectual disability and child abuse with findings indicative of either a high occurrence of child abuse among children with intellectual disabilities (e.g., Ammerman, Van Hasselt, Hersen, McGonigle, & Lubetsky, 1989; Benedict, White, Wulff, & Hall, 1990) or an over-representation of children with intellectual disabilities within abused or neglected samples (e.g., Bonnier, Nassogne, & Evrad, 1995; Kram, 2000; Sandgrund, Gaines, & Green, 1974).

Numerous researchers suggest that specific characteristics of children with intellectual disabilities may be associated with an increased risk of child abuse (e.g., Sobsey, 1994b; Tharinger, Horton, & Millea, 1990; Watson, 1984). First, these children often depend on others for activities of daily living and
personal care. This dependency creates the necessity for intensive interactions with caregivers. When the caregivers have the potential to be abusive, their interactions with caregivers are readily exploited.

Second, children with disabilities often do not have proper personal safety vocabulary necessary to report instances of child abuse (Alyott, 1995; Petersilia, 2000). When they do not have the vocabulary, they are unlikely to tell adults about the incidents in a comprehensible way. Hershkowitz, Lam, and Horowitz (2007) found that children with disabilities were more likely to fail to report child abuse than their peers without disabilities. Without children’s disclosures, child abuse may remain unrecognized and uninterrupted.

Third, special education programs tend to teach children to comply with others’ requests. As a result of compliance training, they may think that they have no right to refuse adults’ inappropriate demands, and may comply with the requests (Watson, 1984). Moreover, since compliance is often viewed as consent, the chance of prosecution of a perpetrator would be reduced (Sobsey, 1994a). In turn, the lack of consequences for perpetration almost ensures repeated victimization.

Poor social skills may also be an important factor. Children who lack social skills are less able to discriminate between appropriate and inappropriate interactions in relationships with different people. Consequently, they may be at a high risk for being manipulated into child abuse. In addition, because poor social skills may interfere with the establishment of close relationships, the children are more likely to be socially isolated. Perpetrators tend to seek out those children who are unable to get protection from friends or community.

Finally, children with intellectual disabilities are frequently excluded from sex education programs (Blum, Resnick, Nelson, & Germaine, 1991; Strommness, 1993). The children who have insufficient sexuality knowledge may regard abusive or inappropriate behaviors as acceptable. Furthermore, child abuse is sometimes rationalized by perpetrators as being educative. According to Sobsey (1994a), individuals with intellectual disabilities who were abused were sometimes told by the perpetrators that they had to undergo this as part of their sexuality education when they were being abused.

In addition to these child characteristics, other factors such as cultural attitudes and beliefs, as well as segregation in institutions help to account for a greater risk of child abuse among children with intellectual disabilities (Sobsey, 1994b).

As professional awareness of the problem of child abuse expands, there appears a need for personal safety programs as one of multiple approaches to reduce the risk of child abuse. There is, however, relatively little research on personal safety programs for children with intellectual disabilities. The purpose of this study was to examine personal safety programs for children as well as adults with intellectual and developmental disabilities and to present implications for future research in the area of personal safety programs for children with intellectual disabilities.

**Personal Safety Programs**

Personal safety programs aim to reduce the risk of child abuse by teaching safety skills and knowledge to children with intellectual disabilities. Such programs have been developed for teaching self-protection skills, decision-making skills, social-sexual skills, and sexuality knowledge to individuals with intellectual and developmental disabilities.

**Self-Protection Skills Programs**

The goal of self-protection skills programs is to teach children with intellectual disabilities to identify a potentially dangerous situation, to respond safely to the situation by verbally refusing and/or leaving the situation, and to report the situation. There have been a small number of studies on teaching self-protection skills to children with intellectual and developmental disabilities. Lee and Tang (1998) used the Behavioral Skills Training Program designed for children without disabilities to teach Chinese children with intellectual disabilities self-protection skills. In the program, the children were taught about body ownership (i.e., we are the bosses of our bodies), the locations of private body parts, how to discriminate between appropriate and inappropriate touches, and who is responsible for child
abuse (i.e., other people’s inappropriate touching is never the child’s fault). They were also taught to say ‘no’ in response to an abusive lure, escape from the situation, and report the incident. Instruction, modeling, role plays, shaping, reinforcement, and feedback were employed to teach the skills. The children’s knowledge and skills were assessed using the Personal Safety Questionnaire (PSQ) and the What If Situation Test (WIST). The PSQ indicated that children who participated in the program demonstrated better understandings of abuse concepts (e.g., being boss of one’s own body, touching an adult’s private parts is wrong) than a control group at post-training and at a 2-month follow-up. The WIST, in which vignettes describing appropriate and inappropriate touching behaviors were verbally presented and questions were asked (i.e., what would you do if you were in the situation?), indicated that the training group evidenced a significant increase in the recognition of appropriate and inappropriate touches, compared with the control group. Furthermore, upon identifying the inappropriate touches, the training group was more likely to verbally describe appropriate responses to the situation (i.e., saying ‘no,’ leaving the situation, and reporting the incident) as compared to those in the control group. The improvements in the training group were also apparent at a 2-month follow-up. On a closer examination of the specific skills, however, the results indicate that children in the training group received relatively low scores on reporting skills (i.e., telling about incidents).

In a similar study, Warzak and Page (1990) taught children with developmental disabilities to say ‘no’ to an abusive lure and leave the situation using instruction, modeling, role plays, feedback, and reinforcement. The participants’ skills were assessed using role plays, in which potentially abusive behaviors were simulated and the participants’ responses to the situations were recorded. The results showed that training was effective in teaching refusal skills to the children.

In comparison, more research attention has been directed toward self-protection skills programs for adults with intellectual disabilities. Lumley, Miltenberger, Long, Rapp, & Robert (1998) developed a self-protection program to prevent abuse by caregivers. The program taught adults with intellectual disabilities the locations and names of private body parts, knowledge of appropriate and inappropriate types of sexual activities and relationships (e.g., it is not okay to have a sexual relationship with service providers), characteristics of abuse situations (e.g., perpetrators often use bribes or threats to lure individuals or keep the incident a secret), and how to verbally and physically refuse abusive lures and report the incident. Instruction, modeling, role plays, reinforcement, and feedback were used to teach these skills. A knowledge measure (a questionnaire) showed that the participants improved their knowledge of sexual abuse concepts following training. Assessment, consisting of verbal reports (i.e., participants’ verbal descriptions of what they would do in abusive situations) and role plays, also indicated that the participants demonstrated an increase in their self-protection skills following training and at a 1-month follow-up. However, in-vivo assessment showed that they could not fully generalize their skills to real-life settings and that none of the participants were able to report the incidents.

In a similar study, Miltenberger et al. (1999) taught self-protection skills to adults with intellectual disabilities. The content of this program included concepts of sexual abuse, discriminating sexual abuse from appropriate behaviors, verbal and physical refusal skills, and reporting skills. Instruction, modeling, role plays, reinforcement, and feedback were utilized to teach the skills. Role play assessment showed that the program was successful in teaching self-protection skills, while in-vivo assessment indicated that generalization of the skills occurred after additional training was conducted in natural settings, but that the participants often had difficulty with reporting skills.

Haseltine and Miltenberger (1990) employed a commercially available self-protection program to teach adults with intellectual disabilities identification of body parts, the names of private body parts, discrimination between appropriate and inappropriate behaviors, verbal refusal, physical escape, and reporting skills. Instruction, modeling, role plays, reinforcement, and feedback were employed to teach the skills. A film, “Child Mo-
estations: When to say NO" was also presented. In-vivo assessment, in which an abduction lure (e.g., offering a ride) was presented, showed that the skills were generalized into real settings at posttraining and at a one- and six-month follow-up, although some of the participants needed additional feedback to perform reporting skills.

In conclusion, self-protection skills programs discussed here were found to be effective in improving the skills of individuals with intellectual disabilities, although some doubt remains as to whether these skills are generalized to natural settings. Future studies should be conducted in order to develop and systematically evaluate such programs for children with intellectual disabilities. In addition, the existing research indicated that children and adults with intellectual disabilities experienced difficulties with reporting skills. Thus, more research should be devoted to developing personal safety programs specifically with an aim to enhancing accurate reporting skills.

Decision-Making Skills Programs

Children with intellectual disabilities have often been taught to obey others in order to meet their needs. This is likely to make them much more vulnerable to child abuse (Sobsey, 1994b; Watson, 1984). Recently, decision-making skills programs have been developed to teach individuals with intellectual disabilities to identify harm in abusive situations and make an independent decision to minimize the risk.

A program designed by Khemka, Hickson, and Reynolds (2005) taught adults with intellectual disabilities about different types of abuse (i.e., sexual, physical, emotional abuse), how to discriminate between healthy and abusive relationships, how to identify feelings or emotions associated with these relationships, how to implement strategies for stopping and reporting abuse, positive stress management, and coping strategies. A four-step decision-making process (i.e., problem identification, generation of alternative choices, consequence evaluation, and selection of the best course of action) was also addressed in the program. Instruction, modeling, role plays, and discussion were employed to teach the skills. Participants’ skills were assessed using the Knowledge of Abuse Concept Scale (KACS) and the Self-Decision Making Scale (SDMS). The KACS indicated that the adults who participated in the program demonstrated significantly greater knowledge of abuse issues than did those of a control group. Moreover, the SDMS, in which vignettes describing sexual, physical, and emotional abuse were verbally presented and questions were asked, showed that the training group significantly improved in their ability to identify problems in abusive situations and to make decisions to handle the situations, compared with the control group.

In a similar study, Khemka (2000) conducted two decision-making skills programs, including a traditional decision-making program and an integrated cognitive and motivational program. The traditional decision-making program taught a cognitive decision-making strategy (i.e., problem identification, definition of problem, alternative choice generation, consequence evaluation) to adults with intellectual disabilities. The integrated cognitive and motivational program taught the cognitive strategy with an added emphasis on motivation. The participants’ skills were assessed using verbal reports, in which verbal vignettes and video clips portraying sexual, physical, and emotional abuse were presented. Results indicated that the participants in both programs increased their decision-making skills relative to a control group.

In summary, several researchers have developed and evaluated decision-making skills programs for adults with intellectual disabilities. Their studies demonstrated that the programs were successful in teaching decision-making skills, although there were no measures to assess whether the participants transferred the skills into natural settings. Future research should be conducted on teaching decision-making skills to children with intellectual disabilities. Moreover, given that the studies discussed here failed to demonstrate generalization of the skills, decision-making skills programs need to be evaluated using in-vivo assessments.

Social-Sexual Skills Programs

Social-sexual skills programs have been developed to teach individuals with intellectual dis-
abilities what to say and how to behave in social and sexual relationships (Whitehouse & McCabe, 1997). Children with intellectual disabilities may benefit from improved social-sexual skills in that the skills help them to avoid being manipulated into inappropriate relationships and to develop meaningful social and sexual relationships in an acceptable manner.

Foxx, McMorrow, Storey, and Rogers (1984) taught adults with intellectual disabilities six social-sexual skills, including delivering and accepting compliments, engaging in social interactions, being polite, giving and accepting criticism, dealing with social confrontation, and asking questions and giving answers. A board game, Sorry, and a specially designed card deck were used to teach the skills. Each time participants moved a game piece, the game cards describing male-female interactions or referents to sexual behaviors were verbally presented. The participants were then asked what they should do in the situations. Feedback and reinforcement were provided as needed. The participants’ skills were assessed using response scores to the game questions. The results indicated that the adults with intellectual disabilities demonstrated an increase in social-sexual skills following training. An important feature of this program was that the social-sexual skills in the program were identified through observations of social interaction, interviews with service providers who worked with individuals with disabilities, and literature reviews. This helped to ensure that the program included relevant and functional skills that the participants needed in their everyday lives.

Valenti-Hein, Yarnold, and Mueser (1994) developed a dating-skills program. In the program, adults with intellectual disabilities were taught skills for initiating, maintaining and ending conversations, listening, recognizing and expressing emotions, identifying similarities between oneself and others, giving and receiving compliments, asking for a date, dealing with rejection, compromising, resisting persuasion, sexual functioning, and birth control. Discussion, modeling, role plays, and feedback were employed to teach the skills. Assessments, consisting of the series of game questions used in Foxx et al.’s study (1984) and role plays, demonstrated that the participants in the training group significantly improved their dating skills at posttraining and at a 2-month follow-up, compared to a control group. Similarly, other researchers taught dating skills to adults with intellectual disabilities (Lindsay, Bellshaw, Culross, Staines, & Michie, 1992; Mueser, Valeti-Hein, & Yanold, 1987) and developmental disabilities (Green, 1983). However, aside from Mueser et al.’s study demonstrating the effectiveness of a dating-skills program, the other studies did not provide evaluation data.

To date, researchers’ efforts have been directed toward the development of social-sexual skills programs for adults with intellectual disabilities. The studies in this area indicated that the adults demonstrated an increase in social-sexual skills following the programs. However, no attempt was made to assess generalization of the skills in the existent studies. Again, it appears that there is a need for the development and evaluation of such programs for children with intellectual disabilities.

**Sexuality Education Programs**

Several researchers indicate that sexuality education has a role to play in decreasing the risk of being abused or neglected (Sobsey, 1994a; Sobsey & Mansell, 1990; Wilgosh, 1990). Since the 1980s, a number of sex education programs have been developed and evaluated.

Penny and Chataway (1982) employed a sexuality education program developed by the Family Planning Association to teach sexuality information to children and adults with intellectual disabilities. In the program, the participants were taught about body parts, reproduction, relationships, male and female roles, parenting, contraception, and sexually transmitted diseases (STDs). Instruction and discussion were utilized to teach the information. The participants’ sexual knowledge was assessed using the Sexual Vocabulary Test, in which the participants were asked to explain words related to the body and sexual expression. The results indicated that the participants’ knowledge increased following training and was maintained at a 2-month follow-up.

Garwood and McCabe (2000) used the CoCare program and the Family Planning Victoria (FPV) program to teach sexuality knowl-
edge to children and adults with intellectual disabilities. The Co-Care program covered feelings, body language, social skills, the human life cycle, puberty, body awareness, private and public behavior, sexual relationships, conception, pregnancy and childbirth, contraception, menstruation, and protective behaviors. The FPV program addressed self-awareness, feelings, body awareness, non-private and private body parts, public and private behaviors, relationships, protective behaviors, sexual relationships, contraception, and AIDS. The participants' knowledge was assessed using the Sexuality Knowledge, Experience, Feelings and Needs Scale for People with Intellectual Disability (Sex Ken-ID). The results showed that the participants in the programs increased their sexual knowledge at posttraining. The results from these studies were consistent with the results from other studies demonstrating the effectiveness of sexuality education on adults with intellectual and developmental disabilities (Caspar & Glidden, 2001; Lindsay et al., 1992; McDermott, Martin, Weinrich, & Kelly, 1999; Robinson, 1984).

Recently, a more comprehensive sex education program was developed for adults with intellectual disabilities, their parents, and their service providers (Plaute, Westling, & Cizek, 2002). Interestingly, the program placed a great emphasis on the needs of individuals with disabilities and significant people who were directly involved in the individuals’ lives. That is, the researchers interviewed a group of individuals with disabilities, the residential staff who worked with them, and their parents. During the interview, the participants identified and organized relevant and valuable sexual knowledge they believed should be addressed in the program. The content of the program included the names of body parts and their functions, hygiene, relationships (e.g., love, marriage), sexual behavior (e.g., masturbation), childbirth, contraception, pregnancy, STDs, and sexual abuse. Group activities (e.g., a visit to hospitals to observe newborn babies, having a “singles” party) were also included to increase an understanding of sexuality. Although the researchers did not report evaluation data, they provided a good example of how to develop relevant personal safety programs to address the needs of individuals with intellectual disabilities.

In summary, numerous researchers have developed sex education programs for both children and adults with intellectual and developmental disabilities, although there are fewer such programs for children with intellectual disabilities. The programs were found to be successful in increasing a broad range of sexual knowledge. However, it still remains unclear whether or not children with intellectual disabilities would be able to apply the knowledge to their daily lives.

Conclusions

Over the past few decades, it has become increasingly clear that child abuse is a serious problem for children with intellectual disabilities. Research on the incidence of child abuse leaves no doubt that these children are at increased risk for abuse or neglect. In order to reduce the risk of child abuse, it is absolutely critical to teach personal safety skills and knowledge to these children. While the majority of personal safety programs were found to be effective in teaching adults with intellectual and developmental disabilities self-protection skills, decision-making skills, social-sexual skills, and sexuality information, such programs for children with intellectual disabilities are rarely addressed in the existing research. There appears an immense need for an increase in studies on developing and evaluating the programs for these children.

In the development of personal safety programs, one of the most important tasks is to identify skills and knowledge relevant and important to children with intellectual disabilities. Significant people who closely live and work with children, because of their expertise or familiarity with these children, know what type of information the children need to learn. Thus, their ideas and concerns are critical in developing educational programs. To date, however, only two studies have reported attempts to include such significant people in identifying the content of personal safety programs (Foxx et al., 1984; Plaute et al., 2002). Future program development needs to focus on seeking the input of significant people who are directly involved in the children’s lives.

Most studies included in this review evalu-
ated personal safety programs using a knowledge measure, a verbal report assessment, and a role play assessment. A few studies employed in-vivo assessments to examine generalization of personal safety skills and knowledge (Haseltine & Miltenberger, 1990; Lumley et al., 1998; Miltenberger et al., 1999). However, these studies found that participants' knowledge and their performance in role plays were not necessarily consistent with their behaviors in natural settings. Those findings do not ensure that those skills acquired by participants are able to be applied to real-life settings. Thus, more naturalistic measures (e.g., in-vivo assessments) will need to be utilized, when the effectiveness of the programs is evaluated.

Several researchers have demonstrated that individuals with intellectual disabilities often have difficulties making a factual report (Haseltine & Miltenberger, 1990; Lee & Tang, 1998; Lumley et al., 1998; Miltenberger et al., 1999). This may be in part due to a lack of personal safety vocabulary necessary to describe the experiences of being abused or neglected. Several personal safety programs have attempted to teach about labeling body parts and feelings (e.g., Haseltine & Miltenberger; Khemka et al., 2005; Lumley et al.), yet there are no programs to teach the personal safety vocabulary necessary in order for children with intellectual disabilities to develop accurate reporting skills. More research attention should be paid to the development and evaluation of such programs for this population.


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