

## EVALUATION OF A SELF-PROTECTION GROUP FOR CLIENTS LIVING IN A RESIDENTIAL GROUP HOME

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### Introduction

The move of people with learning disabilities into the community has brought many positive changes in clients' needs and rights including those relating to sexuality and sexual abuse. Institutions have often successfully covered up abuse and sexual victimization of clients by staff and fellow residents (Booth and Booth, 1992). However, life in the community continues to provide an opportunity for harassment and exploitation. Many people with learning disabilities are vulnerable and subject to verbal, physical and sexual abuse. Abuse can occur for a number of reasons (Brown and Craft, 1989) including clients' lack of sexual knowledge and lack of knowledge about their personal rights, a lack of opportunity to practise social skills and to experience relationships based on mutual respect and understanding, limited communication,

low self-esteem, dependence on others for meeting their most personal needs and multiple care giving. Statistics on the extent of abuse of clients are limited and usually restricted to abuse that has been discovered, disclosed or suspected (Turk and Brown, 1993). Estimates range from 8% to 58% (see Turk and Brown, 1993 for review). Results of a survey on the incidence of sexual abuse of adults with a learning disability (Turk and Brown, 1992, 1993) indicated that the most likely victims were women aged 21 to 30 with moderate to severe learning disabilities and additional communication problems, and living in staffed group homes. In most cases the perpetrator was a man and known to the victim. The self-advocacy movement has been important in emphasizing and promoting clients' expression of personal needs, rights and empowerment (Booth and Booth, 1992; Crawley, 1983; William and Shoultz, 1982). It has been suggested that asser-

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tive behaviour can avoid patronizing, insulting and abusive behaviours from others (Winchurst *et al.*, 1992). Group work for people with learning disabilities has rarely been addressed in the literature despite the finding that it can be beneficial and effective. For example, the Robertson *et al.* (1984) review showed that group work can effectively teach social behaviours. Cole (1989) suggested that positive applications of structured group work for people with learning disabilities include the provision of social skills, increased feelings of value and decreased feelings of powerlessness. Bender and Tombs (1992a, 1992b) reported on outcome and process variables for measuring the effectiveness of group work. They found that compared to other rehabilitation groups, people with learning disabilities demonstrated high levels of attendance, participation, involvement and therapeutic activity in a reminiscence group. Some data has been published on general assertiveness training (e.g., Bregman, 1984; Millner and Dalby, 1992; Winchurst *et al.*, 1992). These studies documented positive changes in relation to the target behaviours.

Few studies have been published on the teaching and effectiveness of group work for people with learning disabilities with regard to assertiveness in abusive situations. Martin and Martin (1990) suggested that the goal of sexual education programmes aimed at preventing sexual abuse should include the right to say 'no' and the liberty to decide whether and with whom clients have a sexual relationship. Haseltine and Miltenberger (1990) demonstrated that

group work can improve clients' self-protection skills in situations of abduction.

The purpose of the present study was to teach a group of clients to respond appropriately and assertively in situations of verbal, physical and sexual abuse, and to evaluate the impact of this kind of intervention on clients' behaviour.

## Method

### *Group Participants*

The group consisted of seven people with learning disabilities who lived in a residential group home. They were referred for skills training by their home manager. Over the last year, the residents had been subjected to verbal, physical and emotional abuse by previous members of staff, all of whom have left. The manager met with the clients for six weekly sessions where clients were encouraged to talk about their feelings and experiences of abuse. To enhance the residents' safety, the manager felt that in addition to staffing and organisational changes, clients would benefit from an intervention that prepared them to deal with abusive situations both at home and in the outside world. Training was also provided for staff to identify and deal effectively with clients' reactions to the loss they had experienced when previous members of staff left the group home.

The group consisted of four men and three women; their ages ranged from 27 to 70 years. The residents had lived to-

gether in the group home for the last eight years. Their level of ability was mixed and included people with mild to moderate and more severe learning disability. All residents were able to communicate verbally at least to some extent, five using full sentences and two using a few single words in communication. Four were perceived as being quite articulate, three as being more passive and quiet. All but one had reasonable comprehension of spoken language. Two clients could not read at all, three read a limited number of words and two read full sentences.

### *Procedure*

The clients were assessed both before and after the group session. This served two purposes: a) to provide a basis from which the structure and content of the course could be planned, and b) to identify any changes that occur over time (see Leyin and Dicks, 1987).

The group meeting was held weekly at the clients' home. The whole intervention consisted of seven sessions lasting between 1 and 1½ hours. Participation was voluntary and no pressure was asserted on clients to attend the sessions. Clients were informed about the group meeting by the home manager.

The group was facilitated by two people, the author and an Assistant Psychologist, both of whom were women and members of a Community Learning Disability Team.

### *Assessment and Evaluation Measures*

Information about clients, their abilities and appropriateness of behaviour in social situations was gathered in a number of ways.

#### 1) Indirect assessments:

The home manager was asked to complete an assessment form for each of the clients both before and after the group session. The questionnaire covered

- a) social interaction/assertiveness skills including the awareness of basic rights and the ability to respond assertively with friends, members of staff, strangers and people in authority in different situations;
- b) social behaviour (e.g., approaching people they do and do not know, introducing themselves, greeting others, initiating conversation, building close friendships);
- c) the appropriateness of verbal/non-verbal behaviour (e.g., eye-contact, posture, facial expression, pitch, volume and clarity of voice, sticking to the topic of conversation);
- d) reading and writing skills.

Appropriateness of behaviour was rated on a 5-point scale ranging from 1 (very inappropriate) to 5 (very appropriate).

#### 2) Information on the clients' background, their general level of ability

and behaviour was gathered in an additional interview with the manager.

3) Direct assessments:

- a) Clients were interviewed individually by the trainers before intervention work began. They were asked how they would respond in different situations of abuse, i.e., being asked for their money, being hit, being touched in a way they did not like.

(We found that this method of assessment provided rather unreliable results. The responses (or lack of responses) we obtained from individuals during the interview did not correspond to their actual behaviour in the role-plays in the group. Most clients were quite shy and quiet and needed a lot of prompting.)

- b) In the last session, clients were asked to role-play the scenarios that were

introduced and practised over the previous six sessions with a person they had never met before (i.e., another member of the team). Progress and changes in the level of assertiveness were assessed through observation.

*Content of the group sessions*

The sessions consisted of a mixture of information-giving, group exercises and role-play. We found that most clients in our group showed difficulties in concentrating for long periods of time (i.e. more than 20 minutes at any one time), and most were unable to participate in discussions. We therefore designed the group sessions in a way that allowed clients to learn and retain information through more active games and role-plays. An outline of the content of the group sessions can be seen in TABLE I. Many of the exercises were repeated over a number of sessions.

**TABLE I**  
**Content of the Group Sessions**

<p><b>1) Introduction to the group</b></p> <ul style="list-style-type: none"> <li>- name game</li> <li>- purpose of the group</li> <li>- ground rules</li> <li>- topics to be covered</li> </ul> <p><b>2) Developing body awareness</b></p> <ul style="list-style-type: none"> <li>- observing and copying each other's movements</li> </ul> <p><b>3) Saying Yes and No clearly</b></p> <ul style="list-style-type: none"> <li>- using voice and body language</li> </ul> <p><b>4) Developing self-esteem</b></p> <ul style="list-style-type: none"> <li>- differences between people</li> <li>- self-descriptions</li> <li>- what I enjoy doing</li> <li>- what I do well</li> </ul>	<p><b>5) Good and bad touches</b></p> <ul style="list-style-type: none"> <li>- what they are in different contexts (places and people)</li> </ul> <p><b>6) Role plays</b></p> <ul style="list-style-type: none"> <li>- being bullied (verbally and physically)</li> <li>- being touched by strangers</li> <li>- being touched by someone you know</li> </ul> <p><small>The role plays were always demonstrated by the facilitators. They were also videotaped and watched together as a group.</small></p> <p><b>7) Application of skills</b></p> <ul style="list-style-type: none"> <li>- role playing with a stranger</li> </ul>
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## Results

### *Attendance, participation and general observations*

All clients attended at least 6 sessions apart from one person who dropped out after the fifth session. This client was reluctant to participate in the group from the beginning and spent most of her time either asleep or watching the other group members. She had difficulties relating to other clients in the residential home, and this may have contributed to her decision to leave the group. The other clients' level of participation increased over time as they became more confident with the exercises and role plays. It was difficult to engage clients in discussions and 'talking exercises' and sometimes people fell asleep during the session. Attendance and concentration was much higher during role plays. Clients were very supportive of each other and often commented on each other's behaviour.

The group members found it difficult to understand the concept of role-playing with each other; therefore one of the trainers usually acted as the 'offender' (i.e., a stranger or a member of staff). This involvement also had the advantage that skills training could be provided on an individual basis. The residents varied quite substantially in their ability to give verbal responses and in their level of assertiveness. For less verbal clients more emphasis was placed on non-verbal responses such as pushing hands away or moving away physically. We also found that verbally less able clients initially used more able clients as role models

and copied their behaviours in different role play situations.

### *Post-group intervention assessments*

a) The last session was used as a direct measure for what had been learned in the group. Clients were asked to repeat some of the exercises (body awareness; saying yes and no) and to do all the role plays with a new member of the Community Learning Disability Team (another Assistant Psychologist).

All six participants performed confidently and responded appropriately in the exercises as well as in the role plays. The 'stranger' reported that she was "very impressed" with their performance.

b) The results of the pre- and post-assessment ratings are summarised in TABLES II and III.

TABLE II shows the mean ratings of clients on individual items and gives an overall group mean rating of levels of assertiveness in social situations. It can be seen that apart from assertiveness with people in authority all changes were positive in the direction of more appropriate assertive responses.

Some shifts were also noted in other areas such as verbal/non-verbal behaviour (particularly eye contact, posture, appropriate distance from others in conversation and pitch of voice), and in social behaviour (e.g., greeting others and building close friendships). These

**TABLE II**  
**Social Interaction and Assertiveness**

Mean ratings for items assessed before and after group intervention\*

Assertiveness	Before	After
With friends	3.7	4.4
With staff	2.3	3.9
With strangers	3.0	4.0
With authority figures	2.9	2.7
Basic rights	1.9	2.9
Overall mean rating	2.8	3.6

\* Rating scale ranging from 1 (very inappropriate) to 5 (very appropriate)

**TABLE III**  
**Social Interaction and Assertiveness**

Mean ratings for individual clients before and after group intervention\*

Client	Before	After
Client 1	1.6	3.2
Client 2	2.4	4.2
Client 3	3.0	3.6
Client 4	3.4	3.4
Client 5	1.8	3.0
Client 6	2.8	3.2
Client 7	3.6	4.2

\* Rating scale ranging from 1 (very inappropriate) to 5 (very appropriate)

changes may be secondary to changes in levels of assertiveness. As they were not the target of our intervention no further comments will be made.

TABLE III illustrates the differences in ratings of individual group members on the combined section of assertiveness in social situations. Apart from one person (client 4), all other group members were rated as giving more appropriate responses after the group sessions. If a rating of 3 was taken as a cut-off point, 5 clients were rated as giving inappropriate responses before the group session (i.e., ratings of 3 or below) compared to

only one client after the group session (client 5). Thus the majority of clients were perceived as having shifted from inappropriate to more appropriate responses in social situations requiring assertive behaviours. This result corresponds with the observations made by the trainers.

More informal feedback from the manager and other members of staff included the observations that clients appeared more confident, expressed their needs more clearly and generally conveyed a more positive attitude. They reported that clients had enjoyed the

group sessions (they had talked positively about the group outside the group setting). They also felt that the clients had developed more of a 'group feeling' amongst them which expressed itself in increased interaction with each other.

## Discussion and Conclusion

The self-protection group was successful in that clients learned to respond more assertively in role plays of situations involving verbal, physical and sexual abuse. This observation was confirmed by independent ratings of the home manager and informal feedback provided by other members of staff. The group also provided its members with an opportunity to interact with each other and to further develop and strengthen a group identity.

We found that in this group of mixed ability more active games and role plays engaged clients to a greater extent than verbal exercises and discussions, and increased their level of participation. As most clients found it difficult to concentrate for any length of time, visual stimulation which involved movement such as in role plays or when watching themselves perform on video proved most successful in overcoming the tendency to fall asleep during the sessions. This group approach may be useful for other groups whose members are of either mixed or low ability. There is obviously a need to increase the range of educational games and role plays that may be used for different purposes and for different client groups.

The study was conducted on a very small scale with few resources available

and there are clearly a number of limitations to the findings.

First, the performances and the training took place in role play situations which do not necessarily correspond to the natural environment. Whilst an attempt was made to create a more realistic situation by introducing a 'stranger' in the last session, this does not correspond to clients being in the outside world on their own, away from other supportive residents, amongst strangers and being confronted with a threatening situation. The fact that the facilitators and the 'stranger' were all women may have also made it easier for clients to demonstrate assertive behaviour. The level of effectiveness of the training therefore needs to be assessed in real life situations.

Secondly, the ratings were completed by only one person who was also the manager of the home and the person who requested the training. There may have been therefore, some bias. Although the ratings corresponded to the observations of the trainers, they cannot be assumed to be reliable. Having more than one independent rater is likely to increase reliability.

Thirdly, due to the limited time we had available to run the group sessions, only a limited number of scenarios could be introduced and practised. 10 to 12 weekly or bi-weekly sessions with regular follow-ups are more likely to provide a more intensive and broader skills training and to increase the levels of confidence and assertiveness.

Fourthly, the long-term effects of the training are unknown. Due to insufficient time, no follow-up could be arranged. Clients need to continue to

practise and think about possible scenarios of abuse in order to be able to deal with threatening situations and for the acquired skills to be maintained.

Finally, training is more likely to succeed if staff have been educated and have accepted clients' needs and rights to assert and to protect themselves appropriately. It is important that staff members convey a positive attitude towards the training and take an active part in practising skills with clients. (e.g., in the natural environment).

In conclusion, the self-protection group was perceived by staff and clients as a positive experience and has provided clients with the opportunity to develop more assertive skills in abusive situations. The group has also affected its members' overall level of confidence and their feelings towards each other. The study demonstrated that research in the form of outcome evaluation can be an integrated part of clinical work with only a few extra resources required. It can provide useful insight into the limitations of applied research and the relative effectiveness of services provided to this client group. As a small scale investigation, however, the results need to be interpreted within the limitations of the study. The ability to maintain and generalize acquired skills from a role play training environment to real life situations has been a long-standing and recognised problem (e.g., Haseltine and Miltenberger, 1990), particularly with regard to self-protection skills in dealing with abuse. Continuous practice of assertiveness in a variety of situations that are encountered by clients on a daily basis and regular follow-up

training sessions, may have to be sufficient for preparing clients for more abusive and threatening situations. Clearly, empowerment and skills training of clients is only one way of ensuring prevention of abuse (Brown, 1991). Training needs to take place in the context of protective legislation for clients and increased awareness and acceptance of clients' rights by those who care for them and the community at large.

## Summary

The study attempts to evaluate the outcome of group work with clients with a learning disability. A self-protection group was run for seven clients of mixed abilities who were living in a residential home. The main objective of the group was to teach clients to respond with appropriate levels of assertiveness in situations of abuse. The effectiveness of the group was evaluated using both observation and rating scales. Results indicate that clients have benefited from the course in a variety of ways. The implications of the results and the limitations of the study are discussed.

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