

A Review of the Healthy Relationships Programme: Does it work for People with Learning Disabilities?

Christine Wilson, Ph.D
SAMS Evaluate, Innovate Educate



June 2015



kidpower teenpower fullpower
trust nz

Contents

Table of Figures.....	3
Executive Summary.....	4
Introduction and overview	7
The Healthy Relationships Programme	9
Methodology.....	11
The Participants.....	12
Results	13
Vignette 1: Group bully with threat.....	14
Vignette 2: Relationship with no coercion.....	17
Vignette 3: Workplace bully – by superior	20
Vignette 4: Bullying with threat by colleague.....	23
Vignette 5: Workplace bully with threat by superior	25
Vignette 6: Sexual harassment in the workplace by a superior	27
Added vignettes.....	30
Manipulative behaviour by a peer	31
Bullying at the bus stop	32
Manipulative bribe by an acquaintance	34
Retention rates after six months: Post-post test phase.....	35
Discussion	36
Other programmes.....	39
References	40
Appendix One	42

Table of Figures

Figure 1: Combined scores for all vignettes combined, n=42 people	13
Figure 2: Group bully situation with threat	14
Figure 3: Relationship problem with no coercion.....	18
Figure 4: Workplace bully by a superior (Boss).....	20
Figure 5: Bullying with a threat by work colleague	23
Figure 6: Workplace bully with threat by a superior.....	26
Figure 7: Sexual harassment in the workplace with a bribe, by a superior.....	27
Figure 8: Three additional vignettes presented after the Healthy Relationships programme was completed.	30
Figure 9: The combined totals for participants at the pre and post-test phase and six months after completing the Healthy Relationships programme (post-post test phase).	35

Executive Summary

In 2011 the Kidpower Teenpower Fullpower Trust (NZ) hereafter referred to as Fullpower (NZ) received funding from the Ministry of Justice to create a violence and abuse prevention programme for adults with learning disabilities. Fullpower (NZ) developed a programme called Healthy Relationships building on the curriculum of and in close collaboration with Kidpower Teenpower Fullpower International. Three CD-ROMs with accompanying booklets help people recognise potentially unsafe situations, use skills to keep safe, escape from risky situations and seek assistance. Participants can pick from 61 different scenarios and practice the skills with the help of coached role plays.

The entire programme is run by supporters rather than paid Fullpower (NZ) staff. Supporters are people who know the learners well and who are able to pick up the Healthy Relationship package and run it with minimal support.

Late in 2011 Fullpower (NZ) employed SAMS to begin the process of evaluating the effectiveness of the programme. Early research involved qualitative observation and information gathering with an aim of (a) identifying learning milestones and (b) determining whether people were generalising the Healthy Relationships skills to other situations not associated with the programme. This work was in part funded by the Ministry of Justice. The qualitative research indicated that learning milestones occurred as people practiced the role plays and remembered lines and, more importantly, the Healthy Relationship skills. What was most apparent when observing the Healthy Relationships programme in operation was the fun people had when practicing the scenarios with peers.¹

In 2014 Fullpower (NZ) again approached SAMS to conduct a quantitative evaluation of the programme using a pre- and post-test research design, supported by Ministry of Justice funding. The initial design was for 30 individuals and was approved by the Health and Disability Ethics Committee. The Accident Compensation Corporation (ACC) of New Zealand increased the funding to allow testing of up to 60 people and to build in a post-post test phase of research to test retention rates six months or more after people had completed the programme.

SAMS enlisted the support of five different organisations and nine different groups of participants. The initial number of people signing up for the programme and the study included 60 people. Through drop outs, missed appointment dates for testing and comprehension issues for some people the number completing both pre and post-tests fell to 42 people. Eighteen people completed the post-post test phase of the research.

The testing criteria were six vignettes or stories depicting problem situations that were not part of the Healthy Relationships programme. The participants were each asked to say what they would do if they were the person in the story. Each response

¹ Wilson, C.S. (2013). Report on the Healthy Relationships Programme for people with Intellectual Disabilities. Unpublished report submitted to the Ministry of Justice, NZ.

was graded on a three point scale as either (1) don't know/incorrect, (2) partially correct, or (3) fully correct.

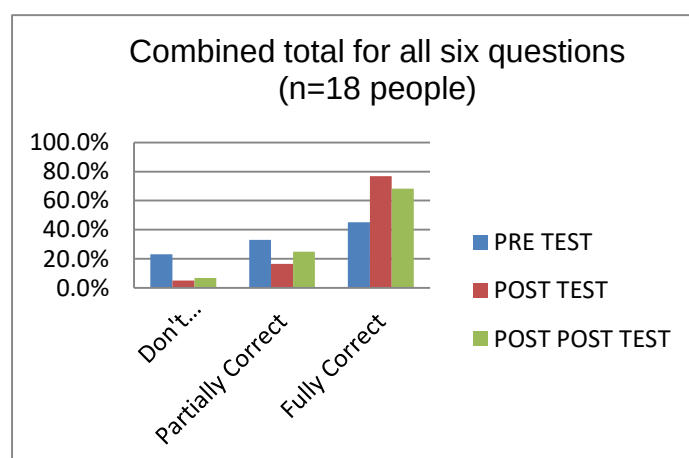


Figure 1: The combined totals for participants at the pre and post-test phase and six months after completing the Healthy Relationships programme (post-post test phase).

Results indicate that there were significant improvements in scoring rates when all six vignettes were combined and these improvements were maintained at the post-post test

phase (six months after the programme had been completed). Variations in the type of response made for each vignette are also presented in the paper and compared with similar research conducted in New York State over a ten year period.

Overall the results of this research suggest the Healthy Relationships programme is effective in teaching adults with mild to moderate learning disabilities to (a) recognise potentially risky situations and to (b) understand how they can secure their own safety and/or act responsibly. Responses to the vignettes indicate that up to 80 percent of participants were generalising healthy relationship skills to situations not encountered in the Healthy Relationships. This means that people may, in real life, apply the skills learned from the Healthy Relationship programme.

The programme seemed to be most effective for people within the mild or moderate range of intellectual impairments. In particular, people who are living relatively independently or in semi-supported accommodation options. The programme does require a degree of cognitive ability, especially the ability to move from the (concrete) learning environment to (abstract) generalised situations. This was the main test of the six new vignettes. For a small group of people appropriate responses and/or improvements were not noted (12 percent continued to provide incorrect responses at the post-post test phase). Because we were not able to test for adaptive ability (including IQ) it was not possible to single out who was and who was not able to generalise the material based on those parameters. However, the failure rate is not unlike those expected in most testing situations (for example the bell curve), and there is no indication that those who did not do well at the time of post-testing did not benefit from participation in the course. The programme offered both a safe place for people to meet and learn, and the expectations of the group provided opportunities for people to extend social networks. Further, those people running the programme noted that they were able to continue using the skills in the healthy relationships programme when reminding people of what might work best in real life situations.

Designing programmes for people with learning disabilities is inherently difficult because of the range of abilities and issues surrounding this group of people. It is known that there is a high rate of abuse and violence perpetrated against this group of people and it is known that people with learning disabilities have impoverished friendship networks. There may well be links between abuse that seems normalised for this group of people and a desire to maintain personal networks, even when these may be abusive. The advantage of the Healthy Relationships programme is that it can help people identify both the victims and the perpetrators of abuse. This is especially important if the participant is a victim or perpetrator but had never acknowledged or identified themselves as such.

The group work is the key factor that holds the programme together since it is here that people can discuss real life situations and rights. Linking these to the skills learned in the programme helps cement everything together. It is possible to learn the skills individually and a skilled teacher may be able to anchor these skills in the real world, but having a group of peers identify multiple examples that have resonance with most group members and their understanding of their rights is a much stronger system.

All of the components of the programme are interdependent. The programme would not work as well if choices were not possible from the range of scenarios presented in the CDrom. The skills would not be learned if they were not practiced using role plays and the skills would not easily be generalised if people did not have opportunities to compare the scenarios to real life situations. Further, the group work is essential to reinforce motivational factors such as developing an understanding of rights and overcoming learned helplessness.

The Healthy Relationships programme is one of the few violence and abuse prevention programmes readily available to people with learning disabilities and one of very few with quantitative reviews². It is a practical programme that can assist people to keep safe and can sit alongside general consciousness raising programmes aimed at self-advocates, service providers and the public generally. The programme is effective with people who are endeavouring to live more independently and who move about within their social circles and the community generally without support.

2 Barger, E., Wacker, J., Macy, R. and Parish, S. (2009). Sexual assault prevention for women with intellectual disabilities: a critical review of the evidence. *Intellectual and Developmental Disabilities* 47(4), 249-262.

Introduction and overview

There have been a number of studies over the past several decades that have investigated the prevalence and incidence of violence and abuse toward people with intellectual disabilities. Two crucial reviews, however, have indicated there is very little consensus in these studies due to the type of samples taken, the periods investigated, the methods used and the comparison groups (Huges, Bellis, Jones, Wood, Bates, Eckley, McCoy, Mikton, Shakespeare, Office, 2012; Horner-Johnson and Drum, 2006). For example, several studies focus primarily on children (Sullivan and Knutson, 2000, Vergudo, Bermejo, and Fuertes, 1995) or women (Powers, Curry, Oschwald, Maley, Saxton and Eckels, 2002). Some were taken from institutional samples (Rashick and Trajkovski, 2006) as opposed with people living in the supported accommodation in the community (McCabe and Cummins 1996), and some involved people visiting psychological services; and who therefore may have already high rates of abuse compared with other people (Beail and Warden, 1995). The time periods also varied with some studies focusing on the rate of new events (incidences) in the past calendar year while others used longer time periods or focused on prevalence (the proportion of people able to report a certain type of abuse or violence over longer periods). Most studies focused on certain types of violence or abuse which made comparisons difficult; for example, sexual abuse, physical violence, maltreatment and/or neglect. Furthermore, while most studies focused on general abuse by others, some focused on abuse by direct support workers (Powers et al., 2000).

It is generally accepted from all of the prevalence and incidents studies, however, that the rate of abuse and neglect for people with learning disabilities is several times higher than the general population and in relation to other disabled groups (see in particular, Horner-Johnson and Drum, 2006; Sullivan and Knutson, 2000). The research suggests high rates of abuse and neglect for people with learning disabilities are only exceeded by people with mental health or behavioural issues (Sullivan and Knutson, 2000).

One of the issues considered important in the rates of abuse and neglect for people with learning disabilities is the ability of this group of people to, (a) recognise a risky situation in a timely fashion, and (b) understand how to act in a prevention focused or vigilant manner to keep safe. Jenkinson (1999) indicated that the ability of people to act in a vigilant manner was strongly associated with learned helplessness. Jenkinson observed:

Individuals who experience this feeling are unlikely to believe that any action they make will affect the ultimate outcome of a decision, and they will not be motivated to seek a rational basis for a decision, (pp. 327)

Learned helplessness and motivational issues were core to a series of New York based papers by Khemka, Hickson and associates. In this series of papers it was first noted that people with learning disabilities often failed to recognise risky situations and were less likely to make prevention focused decisions than their non-disabled peers (Hickson, Golden, Khemka, Urv and Yamusah, 1998). Khemka (2001) discussed the role motivation plays in

assisting people to make clear and timely decisions in risky situations and hypothesised that any intervention training must include both cognitive and motivational components.

Khemka and Hickson (2000) used vignettes to understand how people with learning disabilities made decisions regarding problematic situations. They utilised 12 vignettes involving sexual, physical and psychological/verbal abuse and asked participants what they would do if they were the person in the story. Results indicated that participants were generally able to recognise the problem in each situation but only 45 percent suggested a direct method of prevention aimed at resisting or stopping the abuse. Participants were least likely to make prevention related decisions in situations involving psychological or verbal abuse (approximately half the rate when compared with physical or sexual abuse).

Khemka (2000) used a pre- and post-test design with three groups of women, two of which were trained either using cognitive or cognitive plus motivational training over ten sessions. The training included use of 12 vignettes not used in the research but which resembled the problems outline in the test vignettes. The training included instruction in identifying the problem in each vignette, instruction in decision-making strategies and discussion and time for participants to contribute their own problem situations or observations. The motivational group also had training in self-directedness that focused on personal goals and perceptions of control. The overall results of this research indicated that the two training groups performed significantly better on decision-making criteria than their pre-test scores and in comparison with the control group. Results indicated that the motivational group scored highest on decision making scores and were the only group to improve their scores for 'locus of control'. Khemka (2000) concluded that training in violence and abuse prevention should employ both cognitive and motivational strategies. Because of this they concluded motivational strategies assist individuals to be more empowered in making independent decisions in problematic situations.

Subsequently, Khemka, Hickson and Reynolds (2005) designed a programme termed 'An Effective Strategy Based Curriculum for Abuse Prevention and Empowerment' (ESCAPE). They tested the programme with a group of 36 women and found that they provided the higher rates of self-protective decision-making skills than the control groups. They also found that the women were able to identify or define examples of sexual and physical abuse (including rape) more often than people who were not involved in the programme, but they did not perform as well on definitions of verbal abuse. They argued, based on previous research, that the number of learning sessions was an important determinant of outcomes.

The present research draws on the New York work. The aim was to examine whether the skills learned in the Healthy Relationships programme were being transferred or generalised to other situations. To review this aim, the present research utilised six main and three supplementary vignettes, some of which were adapted from the New York studies.

The Healthy Relationships Programme

The researcher was not able to control the content of the Healthy Relationships Programme. However, the programme did provide some key elements that were identified in the New York studies. Namely:

- Individuals were assisted to recognise risky situations using four identifiers.
- Group work was important and included time for discussion of similar situations people had encountered and to talk about rights: Motivational aspects.
- Specific skills were employed to assist people to avoid or extract themselves from at risk situations and to seek assistance where needed: Cognitive aspects.

The Healthy Relationships programme was devised in New Zealand and utilises simple cartoons to enact scenarios drawn from real life situations. The programme begins with discussion of what healthy relationships and interactions are by highlighting four simple questions, “is it...:

Okay with both?
(or necessary for health and safety)



Safe?



A secret?
(or can others know?)



Allowed?”



The questions or identifiers are designed to start discussion about what is okay and what can cause problems in relationships and/or affect personal safety. For example, the question “is it okay with both?” refers to situations where the player must consider both people. The health and safety reference refers to situations where people may need to do something even when they don’t like it, such as getting a blood test. The question about safety is reasonably straightforward but the question about keeping secrets is not. This identifier is designed to generate discussion about keeping secrets through fear or because of embarrassment. In some of these situations people can be urged to talk with someone they trust. The question, “is it allowed?”, refers to rules in certain environments (such as school, the workplace or laws).

Once people have investigated the four questions using a number of scenarios they typically explore the remaining scenarios either alone or as a group. The remaining scenarios focus on specific skills that are common to all Kidpower, Teenpower and Fullpower courses and are often followed by the word “power”. For example, when you walk away from a situation you use your “walk away power” or when saying “no” or ask someone to stop you use your “stop power”.

The Healthy Relationships programme is divided into three sections of increasing complexity. The first section reviews scenarios relating to the four questions listed above and talks about healthy relationships, including making and keeping friends. The second section reviews speaking up, listening to what others want, and being a responsible person. The third section builds on earlier skills and adds when and where to get help, how to persist in getting help, and Understanding the right to appropriate support³.

Once people have explored the animated scenarios on the CD-ROMs and/or the booklets in some detail they will decide which scenarios they want to practice using role plays. Typically people choose scenarios that have the most relevance to their everyday lives. Thus, previous work has indicated that the “trouble on the bus” scenario is very popular, particularly with people who use the bus often. Likewise, the “holding hands” scenario was popular as it highlighted wanted and unwanted physical contact or sexual advances for many people (Wilson, 2013).

Previous qualitative research indicated that people really began to apply the Health Relationships skills through the role plays. The antagonist would always be played by a supporter (as opposed to a player or participant), and a coach would always be used who could cue lines for the actors of each role play. The role of the coach is generally taken by another player and is integral to learning the skills for many people. The qualitative research indicated that learning milestones occurred as people practiced the role plays and remembered lines and, more importantly, the Healthy Relationship skills. After several practice sessions (usually five or six) the groups were able to role play the scenarios they had chosen with relatively few prompts. Most importantly, however, they were able to name the skills and discuss what to do in situations that were similar. In discussing situations that were similar individuals were able to link the skills they were learning with real life (Wilson, 2013).

What was most apparent when observing the Healthy Relationships programme in operation was the fun people had when practicing the scenarios with peers. They particularly enjoyed video-taping themselves and several groups put together a presentation of their own videos when people graduated from the programme (along with completion certificates). Another, important element developed within the groups was the sanctity of discussions within the groups. There was a general view that what happened or was discussed within the group stayed within the group. This created a safe environment for people to identify similar situations they may have encountered in real life, discuss rights and identify how to respond should events like this occur again.

³ Fullpower NZ has indicated the updated version has these three themes in the three sections A, B, and C.

Methodology

This project utilised a pre- and post-test research design using six problem situations. The design was adapted from the New York research and utilised many of the same vignettes. Participants were asked to describe what they would do if they were the person in each vignette. The same vignettes were presented prior to and following the person's participation in the Healthy Relationships programme. Each response was recorded in writing in front of each person and in many cases the answers read back for clarity. Many individuals also agreed to allow their responses to be videotaped to assist with accuracy.

Responses were rated on a three point scale which included; (1) don't know/incorrect responses, (2) partially correct responses, and (3) fully correct responses. Each vignette and the expected responses for each category are provided in appendix 1.

All responses were rated by one person, although a trained second observer both assisted with the rating categories and independently rated 17 percent of all responses. Inter-rater agreement was conducted using Cohens Kappa and was calculated at an acceptable 0.83.

Providing responses to each vignette was entirely optional for each person. The two first vignettes had responses from all 42 participants. The remainder ranged from 30 to 39 respondents for both time periods.

Each vignette was provided on paper and read aloud to each participant. In some cases, the researcher paraphrased to provide clarity. Those that completed both phases of the research were those who were able to comprehend each of the problem situations being described.

The results for each vignette are listed as histograms (bar graphs) and were tested using the Wilcoxon or Mann-Whitney test for non-parametric statistics. This test assumes the data is ordinal (non-continuous).

The responses for each person for all of the vignettes they attempted were also added together for a combined total. The combined total scores were tested using the chi-square test statistic for testing the equality of multinomial distributions.

Three additional vignettes were added for people who wanted to attempt them primarily at the post-testing and post-post testing phase of the study. These were used to determine whether the spread in responses to these vignettes was similar to that found at the post-testing phase of the main six vignettes. These new vignettes had not previously been seen by the participants.

Eighteen people completed post-post testing at least six months after they had completed the Healthy Relationships programme. This utilised all six of the main vignettes and the three added vignettes. Post-post testing was used to determine retention rates over time and was tested using the chi-square test statistic for testing the equality of multinomial distributions.

The Participants

Five different organisations participated in this research. In four cases these services provided vocational programmes for people with learning disabilities and in one case, the organisation assisted with supported living options for people who were flatting either alone or with friends. Each group of potential participants were presented with information about the Healthy Relationships programme and then asked if they also wanted to participate in the research. Each person was provided with material to take home so that the project could be discussed with someone independent that they trusted. If an individual agreed to participate in the project then each signed consent forms and indicated they understood they could withdraw from the project at any time. Consent for video and photography was also sought at this time, although further agreement was also required if particular images were to be used in conferences and other presentations. Individuals could participate in the Healthy Relationship programme but not the research as desired. Every participant completed the consent forms themselves, although eight also chose to have someone else indicate they also agreed that it was appropriate for the individual to participate (e.g. guardian, parent, support worker).

Originally 60 people registered interest in participating in the project, three were dropped from the research due to comprehension issues and three chose not to continue with the project. At the time of pre- or post-testing 12 people were absent for various reasons or were unable to complete the project. The 42 people that were able to complete both the pre- and post-test phase included 20 men and 22 women. The average age of the participants was 35 years (35.07) with a range of 17 to 58 years of age. Men were slightly older on average than women (36 versus 34 years of age).

The participants were all individuals who would best be described as people in the mild to moderate range of intellectual disability, although no specific testing was provided to determine level of disability.

Results

The responses for all the vignettes combined are presented in figure 1 and indicate improved responding between the first presentation of the six main vignettes (pre-test) and the second (post-test). It was expected that a number of people would already have a good understanding of what to do in each problem situation and this is reflected in the 46 percent who gave a fully correct response at the time of the pre-test. This result is consistent with Khemka and Hickson (2000) and Hickson, Golden, Khemka, Urv and Yamusah, (1998) who found 45 and 50 percent (respectively) of respondents with learning disabilities made effective prevention focused responses to similar vignettes. For Hickson et al., this contrasted with 91 percent of respondents in their non-disabled sample. Partially correct responses may also appear vigilant in terms of the Hickson et al., (1998) research but this varies between specific vignettes and will be discussed in more detail in the following sections.

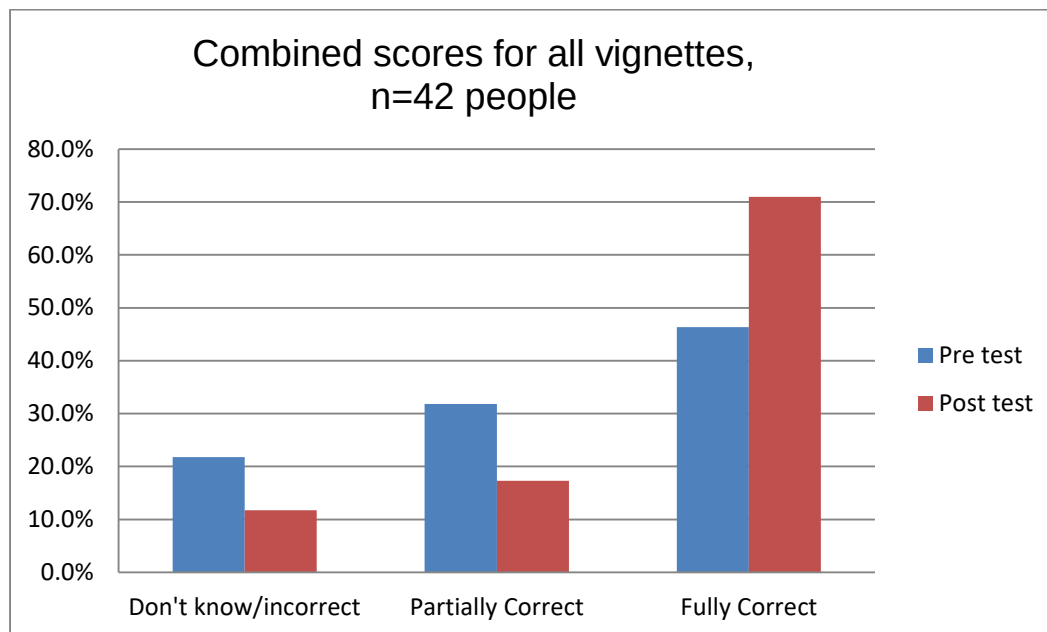


Figure 2: Combined scores for all vignettes combined, n=42 people

The variation in responses between the pre and post-test phase were significant at the 1 percent level, ($\chi^2=22.51$, $df=3$, $p<0.001$). There were no differences between men and women.

Fifty percent of all those who answered incorrectly at pre-testing for the six main vignettes provided a fully correct response at post-testing and 24 percent responded with a partially correct response. Likewise, 63 percent of the people who responded partially correctly at the time at pre-testing provided fully correct responses at post-testing.

Vignette 1: Group bully with threat

The first vignette highlighted a bullying situation involving youth at a tertiary institution or high school and was adapted from Khemka and Hickson (2000). The adaptation resulted in a vignette that did not include the violence suggested in Khemka and Hickson (2000) story; namely, “the guys begin to punch and hit William.” This statement was not added as we wanted people to understand they had options in situations involving a threat without violence.

William is student at [name local school].

William is often stopped by a group of guys that hang out near the library building.

Sometimes, the guys want William to smoke cigarettes with them.

One day, the guys threaten to beat up William because he does not smoke with them.

Figure 2 indicates that fewer people made no response or provided an incorrect answer once they had completed the Healthy Relationships programme than before. There was also a corresponding decline in the number of people providing a partially correct response and an increase in the number providing a correct response. This result was statistically significant at the one percent level, $z=-2.65$, $p<0.01$.

To provide a correct response the participant must first recognise the situation as a problem. This occurred in all cases that indicated partially correct or correct responses. It also occurred in almost all cases where responses were listed as incorrect, except where individuals dwelt on the ‘smoking’ as the fault not the bullying.

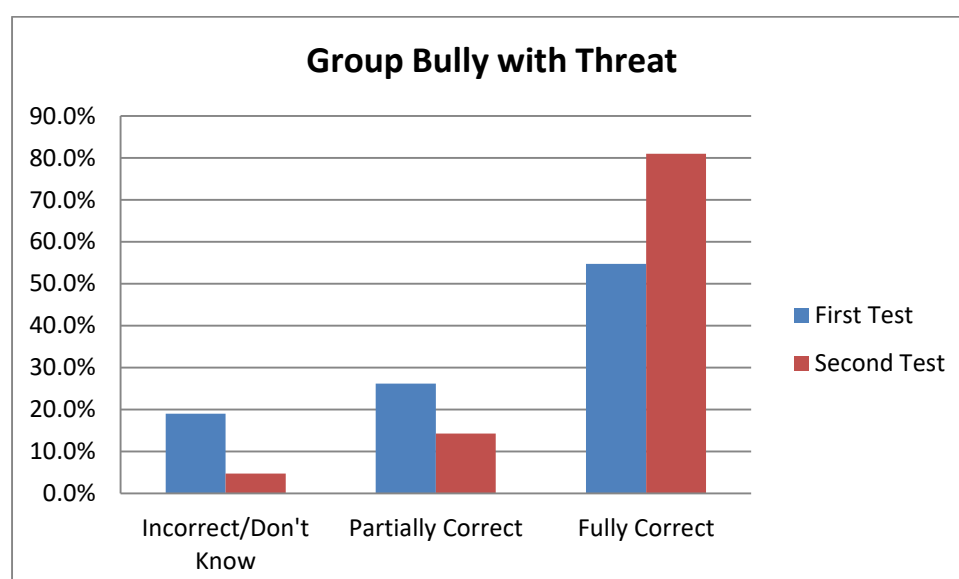


Figure 3: Group bully situation with threat

The range in responses for this vignette prior to participation in the Healthy Relationships programme indicated that many people were not sure what to do.

Incorrect responses were those where people simply stated they did not know what they would do or made a statement such as, “I don’t smoke”. Partially correct responses included statements such as, “walk away... just walk away”. In some cases people would state they would attempt to reason with the guys,

[Participant 1] [I’d] ignore them and say ‘don’t hit me’

[Participant 2] Tell them, the guys, ‘sorry I’m not interested in smoking’... ‘don’t threaten to beat me up.’

In the fully correct responses the participants say or add that they would get help or seek advice or assistance in some form:

[Participant 1] I would have gone to talk to somebody and ask them what to do.

[Participant 2] I would walk away from the group because smoking is not good for me... and I’d go talk to someone about what happened.

While not always explicitly stated, getting help implied the person would walk or get away somehow.

The Healthy Relationships programme provides several options in this type of situation. First, people can use their “walk away power”, to move themselves to safety. Second they can use their “stop power” (holding one or two hands up and staying ‘stop’ or ‘no’) or say “stop or I’ll tell”.

[Participant 1] I’d say, ‘stop, I don’t want a smoke and I’d walk away’...

[Researcher] Anything else?

[Participant 1] I’ll tell the police or something I got bullied.

[Participant 2] [I’d say] ‘Stop’ and [use my] walk power.

[Researcher] Anything else?

[Participant 2] Tell someone else... another adult.

Third, if they are feeling threatened and cannot get away, they can opt to smoke with them and seek help immediately afterward. Getting help or advice following a bullying situation such as this would be important.

In most cases, the participants understood that it was best to be polite with the bullies and not to antagonise the situation.

[Participant 1] Go and tell someone at the library...and say, ‘no’. ‘No thank you’ and get away from it.... Be polite but be firm.

[Participant 2] Just say, ‘no thank you’... its bad for you anyway.

In a very few examples, although people may have indicated a correct response, they also suggested in their style of response that they may actually antagonise the situation further.

[Participant 1] 'No!'

[Researcher] You'd say 'no'?

[Participant 1] Tell them to go away.

[Researcher] Anything else?

Participant 1] Tell somebody.

[Participant 2] Walk around the guys. Tell them to move back and ask them to move back...

[Participant 3] Belt them back

[Researcher] Anything else?

[Participant 3] 'Hey cut that out', or I'll walk away.

[Researcher] Which do you think would be better?

[Participant 3] Walk away

Overall the participants quickly understood the problem situation presented in this scenario and were able to indicate what they would do if they were the person in the situation. The positive trend toward people making a fully correct response once the Healthy Relationships programme was complete indicated that the course assisted with an understanding of what to do in this situation. The fact that a small number of people used the language of the Healthy Relationships programme indicated that for some, the skills were being transferred to new situations.

The vignette in this study cannot be easily compared with Khemka and Hickson (2000), as there was only the threat of violence, not actual violence. Further Khemka and Hickson (2000) were primarily interested in whether people were able to identify the problem situation, and what strategies they would use with a preference for prevention-focused decision-making at a single point in time. That is, for their study there was no intervention phase. They found that overall participants failed to provide a prevention focused response in 19 percent of cases. In our study, at the pre-test phase, the same percentage failed to indicate a strategy to keep safe and/or seek help (19 percent). However, this had dropped to 5 percent once the Healthy Relationships programme had concluded.

Vignette 2: Relationship with no coercion

The second vignette was one that was immediately recognisable by the majority of the participants. This vignette has no comparison with the vignettes used in the studies by Khemka, Hickson and associates but was drawn from similar stories in the Healthy Relationship programme itself. One story in the Healthy Relationships programme involves two people who are boyfriend and girlfriend, but who have different preferences when it comes to kissing:

Talib loves kissing his girlfriend, Aroha. He wants to give her great big kisses all the time. Aroha likes short kisses when they are on their own. Kisses have to be okay with both people.

This story is used in the programme to help people use one of the four identifiers of a potentially problem situation. Namely: Is it okay with both? The vignette used in the present study provides a similar story but includes the problem of what the person in the story should or could do.

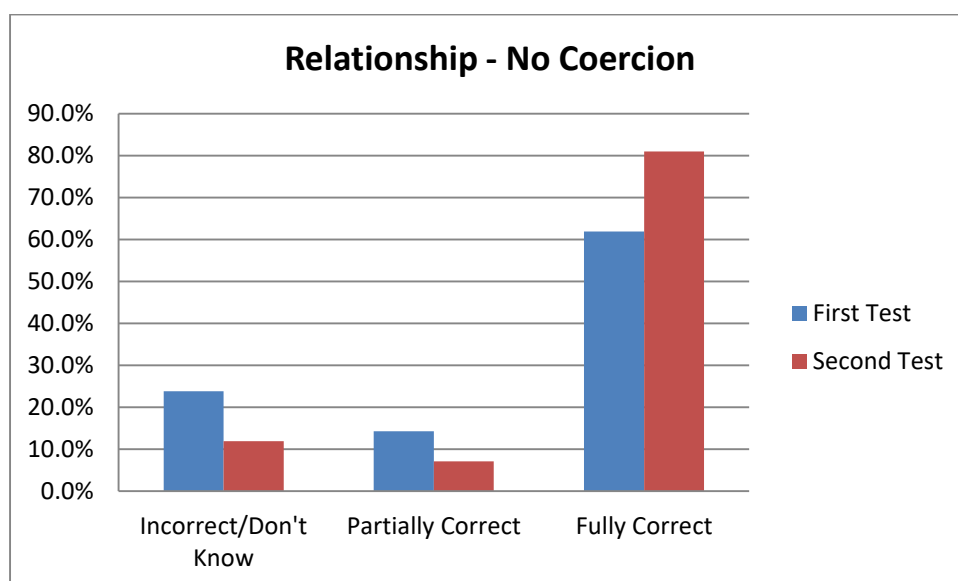
Lisa and Mike are boy and girl friend.

They often like to cuddle each other while looking at DVDs together.

Today Mike does not want to cuddle.

Lisa does not know this and tries to cuddle.

The participants were asked what they would do if they were Mike in this story. The story is described as a relationship problem with no coercion from either player. That is, Lisa is not attempting to force Mike to cuddle her but she does not have all the information she needs to make a clear decision. Before the Healthy Relationships programme started, 62 percent of participants immediately understood what to do, although 24 percent also indicated they did not know what to do or gave an incorrect response (see figure 3). Once the programme was completed there were visible gains in the number of people indicating they correctly understood what to do (up to 81 percent). This shift was statistically significant at the five percent level, $z=-2.20$, $p<0.05$.



[Figure 4:](#) Relationship problem with no coercion

What was interesting in the responses made were the number of people who used Healthy Relationships skills in reference to the vignette once they had completed the programme:

[Participant 1] 'She needs to Stop!' [Hand raised]
 [Researcher] But if you were Mike, what would you do?
 [Participant 1] I'd say 'Stop' [Hand raised] or I'll tell somebody else'.
 [Researcher] Even if it's your friend?
 [Participant 1] Yeap

[Participant 2] I'd say excuse me, I don't want to be cuddled... um. Stop.
 [hand raised] I like you but not tonight. [Hand still raised] I don't feel like it.

[Participant 3] I'd say, 'Stop'. I don't like it. Or walk away.

[Participant 4] 'Stop', and tell her you don't feel like it today.

[Participant 5] 'Stop' and walk away.

[Participant 6] Tell [the] girl friend to stop. Put hand out and say, 'stop' and tell her another day when I feel like it.

In four of these cases the individuals gave a correct response in the first test before the Healthy Relationships course and only one of these appeared to use skills similar to Healthy Relationships skills at that time. One person made an incorrect response at the time of the first test and one only provided answers at the time of the second test (after the programme had been completed).

Healthy Relationships skills include using your 'stop power' which involves saying 'stop' or 'no' with hands raised as a barrier. Another common skill is the 'walk away

power'. Combining the 'stop power' with telling the person how you feel or telling the person you 'will tell' is also practiced in the Healthy Relationships programme.

Other responses were less prescribed:

[Participant 1] Talk it over... try to pick ways of working things out together as a couple.

[Participant 2] 'Look, you can cuddle me later... It would be alright if you asked me later'.

[Participant 3] 'Excuse me Lisa, but please don't cuddle.'

The results indicate that people were able to generalise Healthy Relationships skills to situations not covered in the Healthy Relationships programme. The potential down side to using the skills rigidly is the possibility that they may seem provocative in a situation that would have worked best with a simple, "I don't feel like a cuddle right now", response.

Taking the Healthy Relationship skills too literally may be an issue in a small number of cases. One supporter noted that she had seen the skills used in the wrong situations. However, she also noted that once they had an opportunity to explain to the person(s) concerned they were able to clarify when it was best to use the skills and when it was not. Almost all of the supporters noted that they and the people who participated in the programme played with and used the skills outside the classroom.

The Healthy Relationships programme, as its name implies, has a number of scenarios that consider how to maintain good relationships with friends and colleagues. It covers topics such as recognising your friends can be friends with other people and do things you don't do, that it is important to get to know people before asking them out, and that intimate relationships require each person to be considerate of what the other wants or needs. Touch is an important consideration in the Healthy Relationships programme. For example, not being too intimate with friends who are simply friends (*hugs and kisses* scenario) and listening when your partner wants to make boundaries (*kisses that are too long* scenario and the *enjoying touch* scenario). All of these scenarios have similarities to the relationship vignette presented to people in this section. Overall, however, the participants in this research were already somewhat familiar with how to respect each other in the type of situation being described. The Healthy Relationships programme potentially reinforced these skills for most people.

Vignette 3: Workplace bully – by superior

The remaining four vignettes are set in the workplace. Seventy nine percent of the participants reported that they had current or past paid or voluntary jobs, while the remainder had not worked (18 percent) or did not provide this information (3 percent).

The third vignette focused on a boss who was being mean to or bullying an employee. This vignette was taken directly from Khemka and Hickson's (2000) research into how people with learning disabilities made decisions in different situations involving abuse. The vignette was also used in Khemka (2000) as a test vignette before and after decision making training. In this case, the vignette was one of 24 vignettes used in the research and was not singled out within the analysis.

Danny works in a shoe store.

Danny's boss often forces Danny to carry several shoeboxes at a time.

When Danny cannot keep his balance and falls down, the boss laughs at Danny and calls him useless and good for nothing.

Danny's boss makes fun of Danny and tells Danny that he will never be able to keep a job anywhere.

Analysis of the responses to this vignette over both time periods in figure 4 indicates that participant responses improved once they had completed the Healthy Relationships programme. This change was statistically significant at the 1 percent level, $z=-3.14$, $p<0.01$.

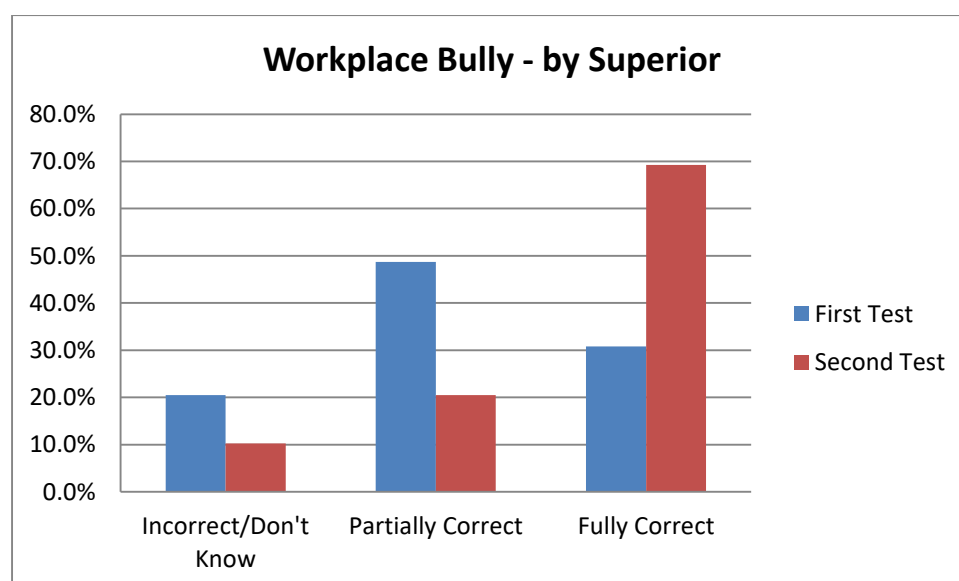


Figure 5: Workplace bully by a superior (Boss)

Before the Healthy Relationships programme five people stated they would carry fewer boxes or do as they were told (an incorrect response). After the programme

only two of the same people made this response, the remainder made fully correct responses. Before the Healthy Relationships programme 13 people stated they would try to reason with the boss, nine of these went on to say they would seek assistance after they had completed the course. Six people stated they would either leave the job, or threaten to leave the job before they started the course, for example one said:

[I'd say], 'look stop boss, if you treat me like shit or bad behaviour I'm going to walk out and find another job. I'd stick up for myself... If he still didn't want me to leave ... [I'd say], 'if you don't treat me right I'm still going to leave'.

After completing the programme four of these people only stated they would report the boss and one said he/she would threaten to leave *and* tell a superior. For example:

I'll say, 'excuse me boss, I don't like how you're treating me'. [I'd] stick up for myself. "I'm going to find another job"... and talk to his boss.

Khemka and Hickson (2000) reported that people were less likely to recommend direct prevention-focused decisions to vignettes involving psychological/verbal abuse than they were for those that featured physical abuse. They found that 57 percent of respondents failed to make prevention focused responses to these vignettes. They especially referred to the vignette involving Danny in their discussion, when stating:

In choosing to speak up against his managers, Danny would have had to risk confronting them and possibly even risk losing his job at the shoe store. Our participants seemed to value their jobs highly, and getting along with their coworkers [sic] and supervisors was very important to them. (pp 23)

Before the Healthy Relationships programme 21 percent of participants in the current study failed to provide a prevention focused response to the same vignette and a further 49 percent only indicated they would attempt to reason with the boss and/or leave their job. This figure dropped to 10 and 21 percent respectively once people had completed the programme.

Khemka and Hickson (2000) also indicated that people may not be making prevention-focused responses to situations of psychological or verbal abuse as they are simply used to it happening. Passive acceptance of abuse of this type may reduce the person's sense of control over their lives and environment. They also suggest that when such abuse is perpetrated by superiors, people may be more inclined to comply.

One of the few prevalence studies to separate emotional (psychological/verbal abuse) from other forms of abuse was a study of 40,000 school children (aged preschool to leaving age) by Sullivan and Knutson (2000). They found that emotional abuse amongst people with learning disabilities was at least four

times higher than that recorded for non-disabled people and it almost always occurred with other forms of abuse over multiple episodes. Since Sullivan and Knutson (2000) used only *reported* cases of emotional abuse and these occurred almost always in conjunction with other reported forms of abuse, the actual rate of emotional abuse is probably much higher (since many studies focus on particular types of abuse and not multiple forms of abuse). Perhaps because of the age of the sample, Sullivan and Knutson reported that the most frequent perpetrators of abuse were immediate family members, with the exception of sexual abuse, which occurred almost evenly within the immediate family or outside the family. Many adults with learning disabilities would also have experienced multiple forms of abuse in their lifetime, and since many are engaging with members of the community independently in a variety of settings there are expanded possibilities for experiencing abuse.

One of the skills learned in the Healthy Relationships programme is to throw unwanted comments into a virtual rubbish bin. It is a skill that is often referred to when talking with people about the programme and one that has been appreciated by supporters. A large part of the programme is to give people time to talk about their own situations and to link the Healthy Relationships skills to those situations. A first step in dealing with verbal abuse is to put the abuse in the virtual rubbish bin, remind yourself you are a good person and to discuss the incident with people you can trust. Most of the supporters noted that verbal abuse by people in the community (in particular) were areas that were of concern to people who were involved in the programme. The participants understood that in many of these situations it would be difficult to report the person(s) concerned to the authorities but they could bring it to people they could trust. Talking through problems such as this with friends in a safe environment had become an important part of the Healthy Relationship programme and one the supporters wanted to continue once the programme had been completed.

Vignette 4: Bullying with threat by colleague

The fourth story featured two work colleagues in the storage room of a supermarket. One of the workers takes (steals) an item off the shelf and when cautioned by Carol threatens her.

Carol goes for job training at a supermarket where she is learning to put things on the shelves.

One day, while Carol is working in the storage room, another worker named Jennifer comes in.

Jennifer says she likes the look of one of the things Carol is putting on the shelf and takes it.

Carol says, 'you can't take that!'.

Jennifer threatens Carol. She tells Carol she will hit her, if Carol tries to tell anyone.

The problem contrasts with the previous vignette where the antagonist is a superior. The participants immediately recognised both the issue of the theft and the subsequent threat. Seventy percent stated even before the Healthy Relationships programme began that they would immediately report someone who was behaving toward them in this way. There was a modest increase in responses to 83 percent, once the Healthy Relationships programme was completed, but it was not statistically significant at the five percent level, $z=-1.22$.

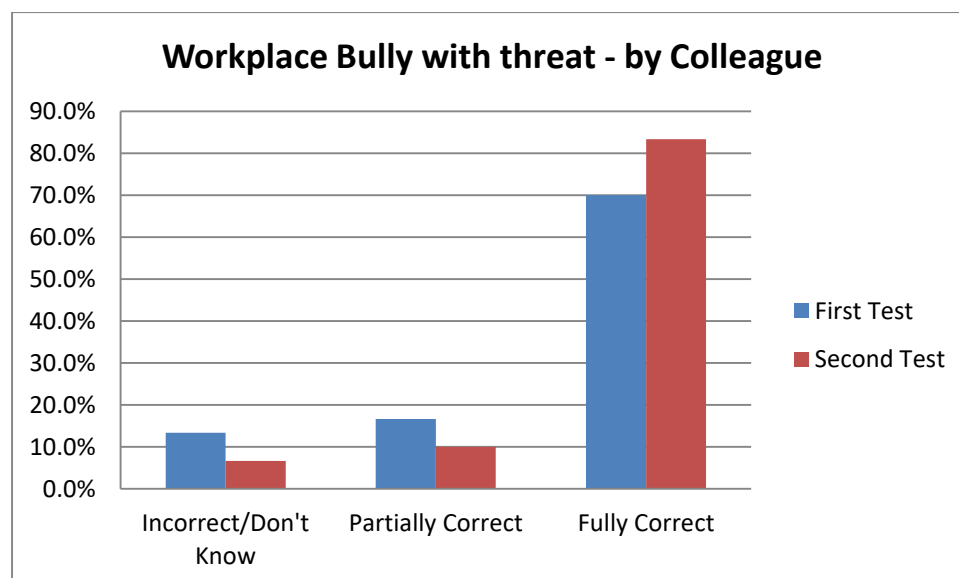


Figure 6: Bullying with a threat by work colleague

There are qualitative differences in the vignette involving a superior and the present one involving a peer. The vignette where the boss was simply being mean and

verbally abusing the person may be more subtle than one where there is a direct threat and where the antagonist has stolen an item. This coupled with the obvious differences in superiority may have influenced how people responded to both vignettes.

There is one clear example in the Healthy Relationships programme of bullying in the workplace. In this scenario the perpetrator, JoJo, always picks on Talib and calls him names;

JoJo tells Talib that he will get him fired and beat him up if he tells.

Talib feels scared.

To keep safe, he says he will not tell.

The story does not clarify whether the perpetrator is a colleague or a supervisor in the workplace, but it does set up a scenario where JoJo relies on the fear he creates to keep Talib quiet. This scenario has similarities to vignettes 3, 4 and 5, but the emphasis on colleague versus supervisor/boss may account for the variation in responses.

Vignette 5: Workplace bully with threat by superior

In vignette 5 there is a clear issue where a superior is doing something wrong. Most people in New Zealand are very aware of recent legislation against assaulting children even in situations where some people considered it discipline. For many the offense would seem even greater if a person outside a family hit a child. This vignette is therefore different from vignette 3 where the boss was bullying a worker since the problem was immediately apparent to most participants. The second issue in the vignette is the non-violent threat. Like vignette 3 the best course of action would be to inform someone else of the issue regardless of the threat (as was the case in vignette 4).

Gerald likes working with the children at a pre-school.

Gerald's supervisor sometimes hits the children.

Gerald feels it is wrong for his supervisor to hit the children and tells him.

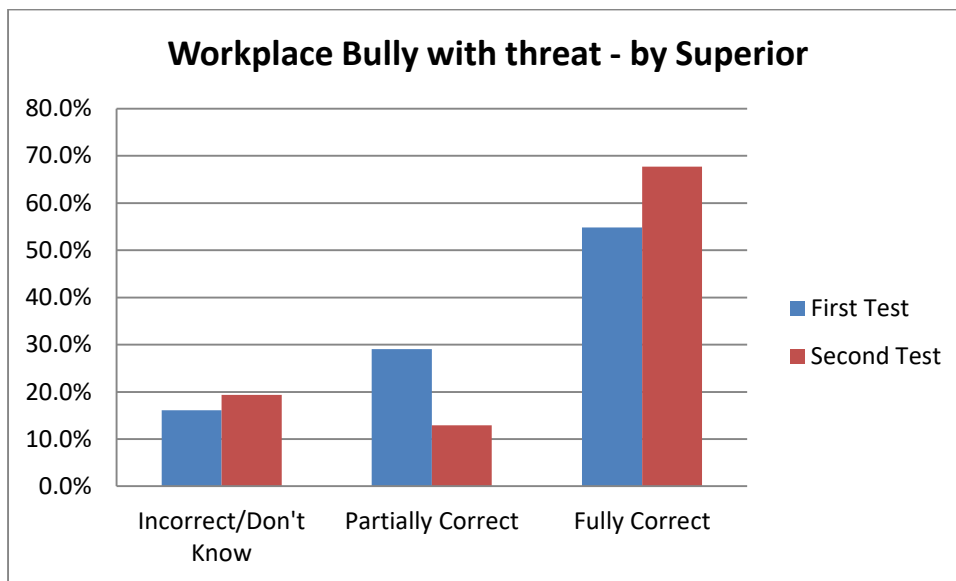
Gerald's supervisor says he is in charge and if Gerald makes trouble he will be fired.

This vignette was adapted from one used by Hickson et al., (1998), in a study where they were attempting to determine whether people were able to identify the problem of the supervisor hitting the children. Their vignette did not add the second part where Gerald tells the supervisor it was wrong and the subsequent threat. The participants in the present study were quick to identify the first part of the problem:

[Participant 1] Not allowed to hit children. I would say 'leave it, stop! [hand raised].

[Participant 2] Boss shouldn't be hitting children it is assault. Tell him he shouldn't be doing it and calm the children.

Hitting children is quite clearly a recognised offense in this country and many participants recognised the issue before the extra clues in the vignette were read. What to do about it was a more difficult issue.



[Figure 7: Workplace bully with threat by a superior.](#)

Figure 6 indicates that there were improvements in how many people made fully correct responses to this vignette between the pre and post-test phase of the research. Before the Healthy Relationships programme 55 percent of the participants believed they should report the supervisor to someone else (colleague, parent, higher superior, police etc.) compared with 68 percent once the course was completed. Partially correct responses included those where the person reiterated to the supervisor that he should not hit the children. Six of the nine people who gave a partially correct response before the course moved to a fully correct response once the programme was completed, for example:

[Pre-test] Tell him not to hit the children and tell him I'll keep my job... tell him that he's not in charge.

[Post-test] I'd say 'you can't hit the kids' [and I'd] report him to the manager.

Despite the visual differences between the pre and post-tests in figure 6 the results were very marginally short of significance at the five percent level, $z=-1.94$. It may well be the case that the degree of indignation with regard to the supervisor hitting children over-rode the intimidation attempted by the supervisor. It is not stated in either vignette 3 or the present vignette that the boss/supervisor had a higher boss or supervisor. This factor did not seem to alter the requirement felt by many participants to have this person reported. Possibilities included the child's parents, the police, Child Youth and Family, supported employment staff, other support staff, a higher boss, other staff/supervisors in the child care centre or simply a generic 'someone'.

Vignette 6: Sexual harassment in the workplace by a superior

The final of the main six vignettes involves another workplace and another superior. In this case, the superior offers to give the protagonist (the main character) money if she would kiss him. The problem in this scenario is sexual harassment and a bribe.

Joanne works in the fruit and vegetable department at the Supermarket.

One day, while Joanne is working in the storage room, Mr. Jones her boss comes in suddenly.

Mr. Jones offers to give Joanne some money if she will kiss him.

This was another situation where many participants immediately recognised the problem:

[Participant 1] That is wrong. That's um, um, sexual harassment. I think I'd better go to another higher person. I'd say 'no I don't like that and get somebody higher'.

[Participant 2] He's bribing her. I would say, 'sorry but no. It's wrong to do that...', and I would walk out or scream if somebody could hear me.

[Participant 3] That's like harassment isn't it.

[Participant 4] I'll say, 'leave me alone or I will ring the cops. I'm not your girlfriend. Now get out of here, get lost. You're trying to sexually abuse me.'

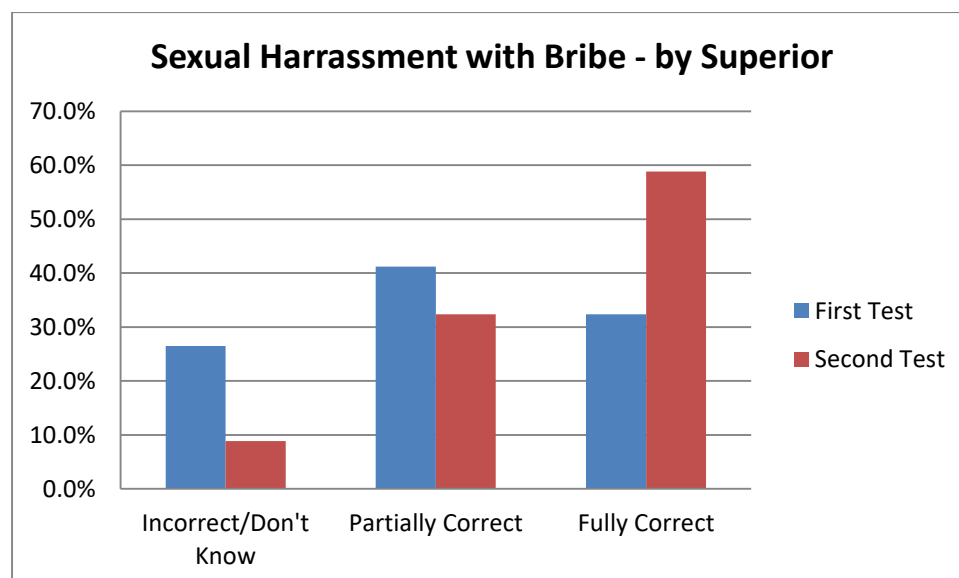


Figure 8: Sexual harassment in the workplace with a bribe, by a superior.

A partially correct response for this vignette is to refuse to take the money or offer another option (such as a handshake). A fully correct response would be one

whereby the person also reported the supervisor to someone else. The results in figure 7 indicate a drop in incorrect/don't know responses and a corresponding rise in fully correct responses at the time of post-testing. This result is significant at the one percent level, $z=2.41$, $p<0.01$. It was evident from the responses to this vignette that placing it in another setting, rather than a workplace, may have produced different responses. Participants seemed aware that certain behaviours are not acceptable in the workplace or related public spaces. It would be of interest to repeat this vignette using an immediate or extended family member as the perpetrator since it is acknowledged the most examples of sexual abuse occur with people known to the person.

A worrying side issue that arose from the pattern of responses to this vignette occurred when the respondents, mostly female, stated they would accept the bribe and kiss the supervisor. They stated:

[Participant 1] I'd be happy.

[Researcher] Why would you be happy?

[Participant 1] Cos I like kissing.

[Participant 2] He's just being friendly.

[Researcher] He's just being friendly?

[Participant 2] Yes.

[Researcher] You think it's an okay situation?

[Participant 2] Yes.

[Researcher] What about the bit where he's offering to give her money?

[Participant 2] No.

[Participant 3] \$20? I would kiss.

[Researcher] You'd kiss him?

[Participant 3] Yeah.

[Participant 4] Turn around and say I don't feel comfortable while we are working, can we meet up later?

Although only a small number of people indicated they would kiss the supervisor (with or without the bribe) it highlighted the difficulty for people who may have impoverished personal relationships. One person who did not complete the Healthy Relationships programme stated during the pre-testing phase that she would kiss the supervisor because few other people wanted to kiss her.

The research literature indicates that the rate of sexual abuse toward people with learning disabilities occurs at least once for about 25 percent of this population (Beail and Warden, 1995). McCabe and Cummins (1996) reported up to 33 percent of people in community residential homes experience unwanted sexual contact and this group had a poor knowledge of what constituted sexual abuse. Powers et al., (2002) found that 53 percent of women in a mixed sample of people with physical and intellectual disabilities reported instances of sexual abuse in their lives. Similarly, Pan (2007) reported 5.4 percent of people with learning disabilities had experienced

sexual abuse in Taiwan. The context for abuse in all of these studies varied between supported living options (in the case of Beail and Warden 1995, McCabe and Cummins 1996, and Powers et al., 2002) and family situations (Pan 2007). These figures are widely believed to be the 'tip of the iceberg', with many cases of sexual abuse either going unrecognised or unreported. The research indicates that reported cases of abuse typically involve people who are familiar with the person and most frequently a member of their own family.

Added vignettes

One of the effects we wanted to review was whether people were making correct responses once the Healthy Relationships programme was completed because they remembered the main six vignettes from the pre-testing phase. For most groups the gap between the pre and post-test was three to four months, for one group it was closer to six months (due to the Christmas period). It was expected that most people would not remember the response they made to their first exposure of each vignette. Obviously, a good way to determine this type of effect would be to run a control group, but logistically this proved to be too difficult as recruiting groups in the first instance and retaining participants had its own problems. Another method is to present vignettes they had not previously experienced. In these cases it would be hoped that responses were similar to the post scores on the main six vignettes. Twenty nine of the 42 respondents were presented with additional vignettes. Twenty seven of these made responses to the bullying at the bus stop story and 18 each made responses to the remaining two vignettes (see figure 8 below).

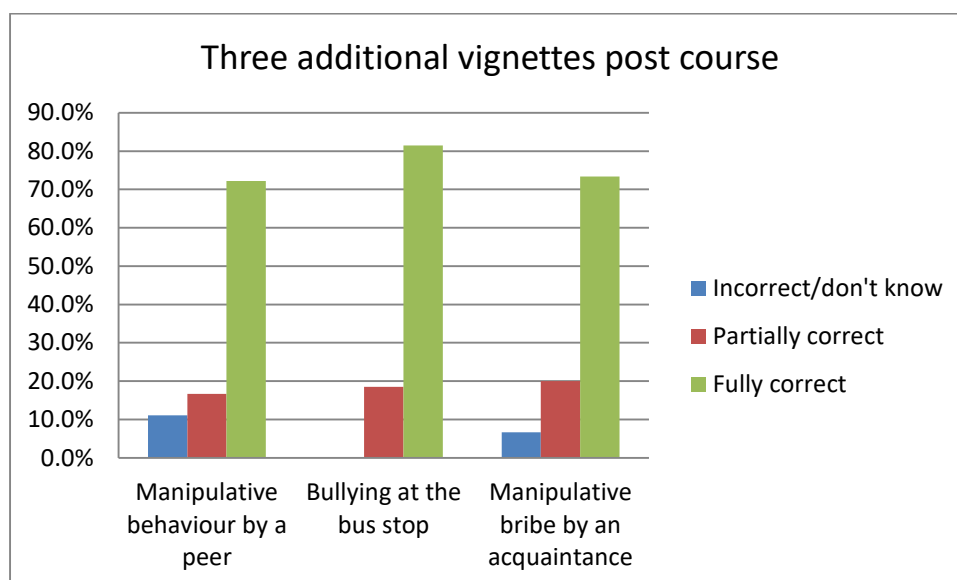


Figure 9: Three additional vignettes presented after the Healthy Relationships programme was completed.

Unlike several of the main six vignettes none of the additional vignettes were set in the workplace.

Manipulative behaviour by a peer

The first vignette involved a group of friends going to ball. Some schools and services such as IDEA often host an annual or bi-annual ball that is well attended. People will often prepare for these dances over a period of weeks, if not months. The story in the vignette is about a young man who is very keen to dance with Valerie. However, when she refuses to dance with him he becomes angry and demands she comply. The story is staged from the perspective of Valerie.

Gregory has gone to ball with a group of his friends. He is keen to dance with Valerie. He has liked Valerie for some time.

When he asks Valerie for a dance she says, “no, thank you”. Gregory gets very upset and yells at Valerie. He says she is being very mean and should dance with him.

This vignette was constructed after the researcher witnessed a class discussing an up-coming school ball with reference to the Healthy Relationships skills they had been using in class. This group was not part of the present research. The teacher was attempting to convey that it is okay for someone to say, ‘no thank you’ when asked for a dance. He was also trying to show that it is important for the person who asked for the dance to recognise that it is the individual’s right to say ‘no’. We added the story that Gregory gets upset and manipulative to see if participants would act assertively.

Figure 8 indicates that 72 percent of the participants indicated that they would not dance with Gregory even when he was angry with them.

[Participant 1] I don’t like people shouting at me. I’d stick to my guns. I would say no thank you in a nicer way.

[Participant 2] ‘No I don’t want to dance with you. Can you go away?!’

Those people that got this item partially correct were people who stated what Gregory should do but not what Carol should do in response to Gregory. The incorrect responses were either people who didn’t know what to do (1) or chose to dance with Gregory (1).

Bullying at the bus stop

The second of the additional vignettes was chosen as this was a real life situation described by a previous participant of a Healthy Relationships programme. In the vignette Matthew is waiting for a bus when he sees a man with his baby arrive in a stroller. Matthew is an acceptable distance from the child and smiles at the baby. The Father's response to Matthew is hostile and the words he used are verbatim.

Matthew is waiting for a bus at the bus stop. He sees a man with a baby in a pushchair. He stays where he is but looks at the baby and smiles. The baby is very pretty.

The man stands up and tells Matthew to go away. He threatens Matthew. "Go away or I'll smash you one".

There were two parts to this vignette. If people indicated they would walk away then they were scored as a correct response. In the second part of the vignette the researcher explained that Matthew did walk away, to the next bus stop but the man followed him.

Matthew walks to the next bus stop, away from the man and his baby. But the man follows Matthew and says, "if I see you around here again, I'll smash you one".

All but two of the people who answered correctly to the first part of the vignette also gave correct responses to part two. What was expected was that they move away again to seek assistance or move away and talk about the situation later with someone they trusted. One of the two people who did not answer the second part correctly stated she would 'just ignore it', while the other said she did not know what she would do.

An interesting trend in the pattern of responses to this vignette was the number of people who referred directly to the skills in the Healthy Relationships programme.

[Participant 1] 'Stop' [uses hand] not safe. Walk away. Get away. Let others know. I would tell a staff and if he does not, 'stop or I'll tell'.

[Participant 2] He shouldn't do that. Just back off or tell the bus driver. We did that role play about the bus the last time. The bus driver would put the person off the bus cos that's what they did in the role play.

[Participant 3] That assaulting again too... Matthew needs to put his hands out, 'stop!' He [the man] shouldn't be violent.

Matthew should stand up for this right to be trusted. If he [the man] doesn't stop then you need the police involved....

[Researcher reads part two] I've got news for him. Matthew should turn around and say 'stop, you should not follow me', and tell an adult straight away.

Four people stated they would seek assistance from a bus driver. The *Trouble on the Bus* scenario in the Healthy Relationships programme was a popular one that was practiced by every group. Therefore, it is not surprising that people remembered the scenario when dealing with this problem situation. Other Healthy Relationships skills noted in the responses to this problem situation is the use of "walk away", the verbal "stop!" with hands raised, and seeking assistance. Another skill used in Healthy Relationships is warning the antagonist that they would seek help if they continued. For example:

Ring [my] parents or the cops. Ring the cops or ring mother.
[Researcher] Would you do anything else?
Tell him 'it's alright he's not doing anything.'
[Researcher reads part two]
'If you touch me I'll call the cops.'

Another popular Healthy Relationships scenario is the *Adam wants to hold hands* story. In this story Adam does not acknowledge Marama's first "please stop" statement and becomes annoyed. Marama then makes a fence with her hands and says, "Stop!" Then Adam attempts to bribe Marama. At this point Marama says, "Stop! I will tell". Because this story is so popular with participants it is common to see people use the "stop or I will tell" statement when responding to some of the vignettes, and according to supporters, when interacting with peers.

Manipulative bribe by an acquaintance

The third vignette involved a story that sparked the series of papers by Khemka and colleagues. It was a true story involving a young woman who was shooting baskets at a local park:

Emily is having a good time shooting baskets by herself at the park.

When Jeff came along with a group of guys and asked Emily to come with them to his friend's house.

Emily said, "No!"

Then Jeff who had often made fun of Emily in the past put his arm around her and promised Emily a date with his handsome older brother if she would just come to his friend's house.

Emily wanted a date with Jeff's brother; but Emily was afraid of Jeff and his friends.

In their early research Hickson et al (1998) found that only half of the women and 17 percent of the men in their sample gave safe or vigilant responses. Once people in our research had completed the Healthy Relationships programme, 93 percent or 14 of the 15 people who were presented with the vignette gave vigilant responses (e.g. "she should not go with them") with most of this group adding that she should also tell someone what happened or check with someone if it is okay to go with them. There were no differences overall between the women and the men.

Although the sample size was small for this vignette the overwhelming response not to go with Jeff and his friends was reassuring. It is possible, however, given the intimacy of the situation and the fact that Emily may well have been swayed by the desire to meet up with Jeff's older brother that if this happened in real life people may have responded differently; as was the case in the real life example.

Overall the responses to all three of the additional vignettes were similar to the pattern of responses to the six main vignettes once the Healthy Relationships programme had concluded. The most prevalent responses were for the *bully at the bus stop* vignette and a high rate of correct responses was provided. Many of the responses to the *bully at the bus stop* vignette (in particular) indicated people were using Healthy Relationships skills to solve the problem situation.

Retention rates after six months: Post-post test phase

A smaller number of people participated in post-post tests for the six main vignettes. The smaller sample size meant that we could not present data on each vignette but instead provide the combined total for all six of the main vignettes.

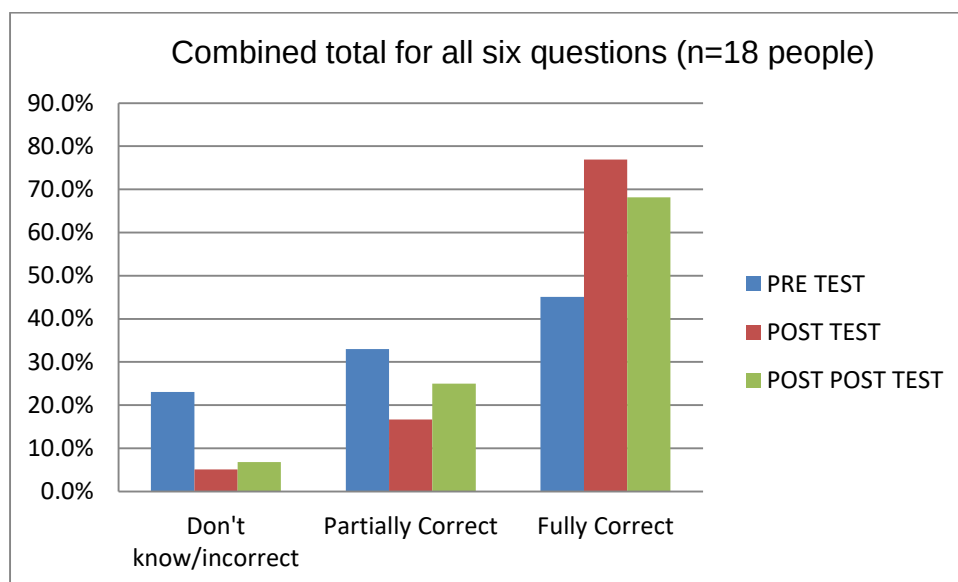


Figure 10: The combined totals for participants at the pre and post-test phase and six months after completing the Healthy Relationships programme (post-post test phase).

Figure 9 indicates that there was very little variation in the overall scores between the post-test and post-post test phase of the research. These figures differ significantly from the pre-test phase and indicate that retention has been good, $\chi^2=28.00$, $p<0.001$. These results suggest that retention rates were good at least six months after the Healthy Relationships programme had concluded. The retention rates may have been added somewhat by continued reference to Healthy Relationships skills within the support services attended by the participants of this study. It is noteworthy that all of the supporters indicated a desire to continue to use the Healthy Relationships programme with new groups and stated they wanted past graduates to act as co-supporters during these sessions. The supporters also stated that many of the skills were referred to in situations they encountered at their service and people were often asked, 'what skill from Healthy Relationships would you use in this situation?' The continued reference to the programme by supporters and the people who participated in the programme would probably contribute to the high retention rate reported in figure 9.

Discussion

The findings indicate that the Healthy Relationships programme results in a general improvement in responses to new problem situations. Being able to generalise to new situations suggests participants may also be able generalise Healthy Relationships skills to real life events. The results were statistically significant for four of the six vignettes and for combined totals for all individuals. These results were maintained at post-post testing at least six months after completing the Healthy Relationship programme. The results also indicate that during the post- and post-post testing phase people readily made direct reference to skills learned in the Healthy Relationships programme; in particular, the ‘stop power’ (generally accompanied by raised hands) and the ‘walk away power’. Getting assistance in most problem situations was also very popular with respondents and integral to the Healthy Relationships programme.

The Healthy Relationships programme emphasises the importance of having another person to talk with about situations that are worrying and getting immediate help when it is necessary. The New York studies de-emphasised seeking help or going to another person to seek advice since this was seen as less effective than acting to extract oneself from or avoid risky situations, and was considered, to some extent, less empowering. Khemka (2000) placed greater emphasis on immediate person-based solutions with a clear understanding of future consequences (vigilant responses). This could include but was not limited to seeking help or support from others. Lowest scores included accepting the status quo, complying, or getting another person to decide what to do (rather than knowing what to do). However, the role of other people in the Healthy Relationships programme is not viewed as dis-empowering but rather a natural response to difficult situations. Having someone around that a person identifies as trustworthy is seen as important, since people are less alone. This view was reinforced in research by Northway and colleagues in Wales where self-advocates identified personal strategies they could use to prevent or avoid abuse, and highlighted a desire to have a person they trusted to talk to in situations where abuse had occurred (Northway, Bennett, Melsome, Flood, Howarth, and Jones, 2013).

It was noted during testing that some people would immediately say “I would go to the bus driver” or “go and tell the police”. Khemka (2000) would have not graded these responses as fully vigilant as the participant did not state what they would do to extract themselves from the situation. However, in the present study we chose to grade these statements as fully correct since getting help implied getting away from the situation. During post-post testing some participants were asked to clarify their answers when they gave this type of response. For example, they were asked, “what would you do first?” or “what is the very first thing you would do?” In all but a few cases the participants stated they would get away from the situation. In response to vignette 1, where William was faced with a group of bullies, one participant stated:

[Participant] He should talk to the police and talk to someone he knows – like a friend.

[Researcher] What would be the very first thing you would do?

[Participant] Walk away.

At the close of the study the researcher talked with people about the expected responses to the vignettes and explained the results. It was noted that in many cases, people would say, 'oh, I meant to say that!' when some detail was missed from an answer. It is possible that for many of the responses people needed more time to think through their answers, or if given another opportunity, provide a fuller response. There was also a suggestion with one or two people that they needed to be more confident when responding. At least two people for example gave quite unclear responses during pre-testing but their answers at post-testing were very clear and precise. This was emphasised further when people indicated confidence in using the Healthy Relationship skills, especially the physical barrier (holding hands-up in a stop gesture) and the 'stop' statement.

One issue that may influence the utility of the Healthy Relationships programme is the rigidity of some of the Healthy Relationships skills. It was noted the literal use of some skills such as the "stop power" (with hands raised) was perhaps not appropriate in situations that required more finesse. A case in point would be the relationship situation between Mike and Lisa. Also, in other situations such as the bully at the bus stop, use of skills such as "stop or I'll tell", may actually inflame the situation not just because of the threat to tell on the person but also because the statement may seem artificial or unusual. For someone like the father of the child at the bus stop, the unusualness of a reply like this could reinforce already held prejudice. It was noted by supporters that on occasion they saw graduates of the programme use Healthy Relationships skills in situations that did not warrant that particular approach. They added, however, that when this was observed it was a simple matter of reiterating when it would and would not be appropriate to use the skills. This was not considered a huge issue as the number of people who used the skills rigidly in this was relatively small. However, it will be an important consideration as the programme is reviewed and developed. It is also an important consideration for group work since it is here that many more situations can be discussed and strategies considered.

The New York studies were clear that there is a need to link the cognitive aspects of a programme, such as the Healthy Relationship skills to motivational training. Motivational training reinforces rights and assists people to be confident or assertive in their approach. There are elements of this training when people participate in role plays and act as coaches to people who are acting in the role plays. There are also elements of this training when graduates of the programme become co-supporters themselves. Such roles require confidence. It is also in part addressed in the group work within the Healthy Relationships programme as there are ample opportunities to discuss rights. It may be useful for the developer to consider expanding descriptions of what can be achieved in the group discussion without becoming too prescriptive.

The Healthy Relationships programme is one of the few violence and abuse prevention programmes readily available to people with learning disabilities and one of very few with quantitative reviews (see Barger, Wacker, Macy and Parish, 2009). It is a practical programme that can assist people to keep safe and can sit alongside general consciousness raising programmes aimed at self-advocates, service providers and the public generally.

The Healthy Relationships programme utilises trainers/supporters who know a particular group of people well and as such is very cost effective. Further it emphasises and promotes the potential of utilising Healthy Relationships graduates to then act as co-supporters for new groups. This process reinforces the skills used in the Healthy Relationships programme for experienced hands and provides valued role models and leaders.

The present research could well be repeated for younger participants (under the age of 18) and include a control group. It would also be useful to revisit many of the groups that have completed the programme in the coming months to see whether people have applied the Healthy Relationships skills in real life situations. Some evidence that this does occur was gained from the qualitative study (Wilson, 2013). It would also be useful to determine whether past graduates are assisting with or even running some or all of the programme for new groups.

The programme is one possible tool in what should be a box of many tools for this very important area. However, in reality there is very little being done in the disability sector in New Zealand to either equip people to live safer lives or inform others of the very real violence, abuse and neglect that is occurring for many disabled people. There is a real need to raise awareness of abuse toward people with learning disabilities among support workers, families, schools, the police, the medical profession, government agencies and the public generally; through targeted training and through anti-violence media campaigns. Self-advocate organisations such as *People First* and DPA (the Disabled Persons Association) are in the process of attempting to raise awareness and *People First*, in particular, have embarked on their own 'keeping safe' campaign. Much more needs to happen with a heavy emphasis on disabled people taking the lead with the full support of Government agencies.

Other programmes

A programme available in Victoria Australia is a peer led programme called, *Living Safer Sexual Lives: Respectful Relationships* run by *disAbility Connections*. As the name suggests this is a programme aimed at preventing sexual abuse.

Another violence and abuse prevention programme called *Staying Safe: A Workshop for People with Learning Disabilities* was developed in England and is available in PDF format through google.

People First New Zealand are currently using a programme called *Keeping Safe, Feeling Safe*. This programme was developed by *People in Partnership* in conjunction with *People First* in the United Kingdom. *People First* in New Zealand state:

We want to change the way people with learning disability are seen and treated across the police and social services when they report bullying, harassment and abuse... We want to see every adult in New Zealand being more aware and being able to stand up and speak out when they see abuse happening, in their community, in their workplace, in their home environment and on the street. (<http://www.peoplefirst.org.nz/keeping-safe-feeling-safe-project-gets-the-go-ahead>)

Money Smarts Made Easy was developed through Massey University in New Zealand and has one module that focuses on financial abuse.

References

- Barger, E., Wacker, J., Macy, R. and Parish, S. (2009). Sexual assault prevention for women with intellectual disabilities: a critical review of the evidence. *Intellectual and Developmental Disabilities* 47(4), 249-262.
- Beail, N. and Warden, S. (1995). Sexual abuse of adults with learning disabilities. *Journal of Intellectual Disability Research*, 39, 382-387.
- Greenspan, S. (2008). Foolish Action in Adults with Intellectual Disability: The Forgotten Problem of Risk-Awareness. *International Review of Research in Mental Retardation*, 36(1), 147-194.
- Hickson, L., Golden, H., Khemka, I., Urv, T., and Yamusah, S. (1998). A closer look at interpersonal decision making in adults with and without mental retardation. *American Journal on Mental Retardation*, 103, 209-224.
- Hickson, L. and Khemka, I. (2001). The role of motivation in the decision making of people with mental retardation. In Switzky, H.N. (ed) *Personality and motivation differences in Persons with Mental Retardation*. Pp 199-255. Lawrence Erlbaum Associates Pub., Mahwah, NJ.
- Horner-Johnson, W. and Drum, C.E. (2006). Prevalence of Maltreatment of people with intellectual disability: a review of recently published research. *Mental Retardation and Developmental Disabilities Research Reviews*, 12, 57-69.
- Huges, K., Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: a systemic review and meta-analysis of observational data. *Lancet* doi 10.1016/S0410-6736(11)61851-5. Published on-line 28th February 2012.
- Jenkinson, J.C. (1999). Factors affecting decision-making by young adults with intellectual disabilities. *American Journal on Mental Retardation*, 104, 320-329.
- Khemka, I and Hickson, L. (2005). The role of motivation in the decision making of adolescents with mental retardation. *International Review of Research in Mental Retardation*, 31, 199-255.
- Khemka, I. and Hickson, L. (2000). Decision Making by Adults with Mental Retardation in Simulated Situations of Abuse. *Mental Retardation*, 38(1) 15-26.
- Khemka, I., Hickson, L. and Reynolds, G. (2005). Evaluation of a decision making curriculum designed to empower women with mental retardation to resist abuse. *American Journal on Mental Retardation*, 110, 193-204.

- Khemka, I (2000). Increasing independent interpersonal decision-making skills of women with mental retardation in simulated interpersonal situations of abuse. *American Journal on Mental Retardation*, 105, 387-401
- Healthy Relationships*, (2011). Kidpower Teenpower Fullpower (New Zealand). <http://www.kidpower.org.nz/healthyrelationships>
- Mansell, S., Sobsey, D., and Moskal, R. (1998) Clinical findings among sexually abused children with and without developmental disability. *Mental Retardation*, 36(1), 12-22.
- McCabe, M.P. and Cummins, R.A. (1996). The sexual knowledge, experience, feelings and needs of people with mild intellectual disability. *Education and Training in Mental Retardation and Developmental Disability*, 31, 13-21.
- Northway, R., Bennett, D., Melsome, M., Flood, S., Howarth, J. and Jones, R. (2013). Keeping safe and providing support: A participatory survey about abuse and people with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disability*, 10(3), 236-244.
- Powers, L. E. Curry, M. A., Oschwald, M., Maley, S., Saxton, M., and Eckels, K. (2002). Barriers and strategies in addressing abuse: A survey of disabled women's experiences. *Journal of Rehabilitation*, 68(1), 4-13.
- Pan, Shu-Man. (2007). Prevalence of sexual abuse of people with intellectual disability in Taiwan. *Intellectual and Developmental Disabilities*, 45(6), 373-379.
- Rashick, O. and Trajkovski, V. (2006). Sexual abuse of people with mental retardation. *Journal of Special Education and Rehabilitation*, 3/4, 57-67.
- Sullivan, P.M. and Knutson, J.F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child abuse and neglect* 24, 1257-1273.
- Verdigo, M.A. Bermejo, B.G. and Fuertes, J. (1995). The maltreatment of intellectually handicapped children and adolescents. *Child Abuse and Neglect*, 19, 205-215
- Wilson, C.S. (2013). Report on the Healthy Relationships Programme for people with Intellectual Disabilities. Unpublished report submitted to the Ministry of Justice, NZ.

Appendix One

1

William is student at Weltec.

William is often stopped by a group of guys that hang out near the library building.

Sometimes, the guys want William to smoke cigarettes with them. [but he does not smoke]

One day, the guys threaten to beat up William because he does not smoke with them.

Full	• William finds a way to get away and tells someone. • William says 'Stop or I tell' and tells someone. • William smokes a cigarette (i.e., he feels threatened) and tells someone.
Partial	• William finds a way to get away but does not tell anyone. • William says, 'Don't hit me or I'll tell' but does not tell. • STOP (hands) and don't hit me or I'll tell (ie not telling anyone)
Incorrect	• William smokes with them and does not tell anyone • Ignore them. • He says, 'Don't hit me'. • He explains he doesn't smoke etc. • Beat them up/call them names (antagonise).

2

Lisa and Mike are boy and girl friend.

They often like to cuddle each other while looking at DVDs together.

Today Mike does not want to cuddle.

Lisa does not know this and tries to cuddle.

Full	• Mike says 'Please stop, not right now'. • Mike tells Lisa that he does not like cuddling today. • Mike simply tells Lisa – communicates.
Partial	• Mike puts some space between himself and Lisa but does not tell her that he does not want to cuddle.
Incorrect	• Mike lets Lisa cuddle him and says nothing.

3

Danny works in a shoe store.

Danny's boss often forces Danny to carry several shoeboxes at a time.

When Danny cannot keep his balance and falls down, the boss laughs at Danny and calls him useless and good for nothing.

Danny's boss makes fun of Danny and tells Danny that he will never be able to keep a job anywhere.

Full	• Danny tells someone who can help him. • Danny tells his boss that he does not like it and that he wants him to stop and tells someone. • Do as she says and tell someone.
Partial	• Danny stops working at the shoe shop and tells someone after stopping. • Danny quits. • Tells his boss he doesn't like it/explains he can't carry that many boxes.
Incorrect	• Danny says nothing and does not tell anyone. • Does as the boss asks. • Alters what he is carrying (fewer boxes, one at a time).

4

Carol goes for job training at a supermarket where she is learning to put things on the selves.

One day, while Carol is working in the storage room, another worker named Jennifer comes in.

Jennifer says she likes the look of one of the things Carol is putting on the shelf and takes it.

Carol says, 'you can't take that!'

Jennifer threatens Carol. She tells Carol that if she tries to tell anyone Jennifer will hit her.

Full	• Carol tells someone. • Carol tells Jennifer that she can't do that again, and tells someone. • Carol says 'OK I won't tell' but goes and tells someone.
Partial	• Carol tells Jennifer to put it back but does not tell anyone (Telling is important because Jennifer threatened Carol). • Ask her not to hit (attempt to defuse).
Incorrect	• Carol does not tell anyone. • Snatch it back / start a fight (provoke).

5

Gerald likes working with the children at a pre-school.

Gerald's supervisor sometimes hits the children.

Gerald feels it is wrong for his supervisor to hit the children and tells him.

Gerald's supervisor says he is in charge and if Gerald makes trouble he will be fired.

Full	Gerald tells someone / gets help.
Partial	Gerald says that it's wrong again but does not tell anyone.
Incorrect	Gerald does not tell anyone. Leave job and/or do nothing.

6

Joanne works in the fruit and vegetable department at the Supermarket.

One day, while Joanne is working alone in the storage room, Mr. Jones her boss comes in suddenly.

Mr. Jones offers to give Joanne some money if she will kiss him.

Full	• She refuses and tells someone.
Partial	• She lets him kiss her but tells someone. • Tells him to shake hands instead. • Say no – raise hand and say no – explain it is wrong but does not tell anyone.
Incorrect	• She lets him kiss her and does not tells anyone. • She takes the money, lets him kiss her and does not tell anyone. • Agree to meet somewhere else – not a work and does not tell anyone.

7

Emily is having a good time shooting baskets by herself at the park.

When Jeff came along with a group of guys and asked Emily to come with them to his friend's house.

Emily said, "No!".

Then Jeff who had often made fun of Emily in the past put his arm around her and promised Emily a date with his handsome older brother if she would just come to his friend's house.

Emily wanted a date with Jeff's brother; but Emily was afraid of Jeff and his friends.

Full	• Emily gets away/walks away and tells someone. • Emily says she'll first tell her friend/ parents/guardians/care givers where she is going, does that, and does not go with Jeff.
Partial	• Emily says she'll first tell her friend/ parents/guardians/care givers where she is going, leaves the situation, but does not tell anyone. • Emily says no • Emily walks away.
Incorrect	• Emily goes with them and does not tell anyone.

8

Part One

Matthew is waiting for a bus at the bus stop. He sees a man with a baby in a pushchair. He stays where he is but looks at the baby and smiles. The baby is very pretty.

The man stands up and tells Matthew to go away. He threatens Matthew. "Go away or I'll smash you one".

Part two

Matthew walks to the next bus stop, away from the man and his baby. But the man follows Matthew and says, "if I see you around here again, I'll smash you one".

Full	• [Part One] Matthew moves away from the man and his baby and may talk with someone about the bully or seeks assistance. • [Part Two] Matthew moves away again and talks with someone about the bully or seeks assistance.
Partial	• Matthew attempts to reason with man or apologises.
Incorrect	• Matthew antagonises the situation by threatening back or raising his voice.

9

Gregory has gone to ball with a group of his friends. He is keen to dance with Valerie. He has liked Valerie for some time.

When he asks Valerie for a dance she says, “no, thank you”. Gregory gets very upset and yells at Valerie. He says she is being very mean and should dance with him.

Full	- Valerie says, ‘no’. ‘No means no’. - Valerie moves away from him and/or seeks assistance from others.
Partial	Valerie says, ‘not now maybe later’.
Incorrect	Valerie dances with him.