THE PSYCHOSOCIAL ADJUSTMENT OF SEXUALLY ABUSED AND ABUSING ADOLESCENT BOYS

Bryn Thomas Roy Williams

Thesis submitted for the Degree of Doctor of Philosophy

May 1995

Behavioural Sciences Unit
Institute of Child Health
Abstract

Adolescent boys who sexually abuse other children have been described as socially isolated. The individual's ability to initiate and maintain relationships with the peer group during adolescence is important for psychological well-being. Those children who are excluded by their peers and find it difficult to sustain intimate close friendships are thought to be at risk of later adjustment difficulties.

The aim of the study is to investigate the psychosocial characteristics of the boys who are victims and perpetrators of sexual abuse. This study provides the first attempt to systematically investigate the sociometric status of these boys within a classroom context. The sample consists of four groups, aged between 11 and 15 years, who are victims of sexual abuse, victimised perpetrators, non-victimised perpetrators, and one comparison group of boys who are neither victims nor perpetrators, but display antisocial behaviour.

Sociometric techniques and measures of close friendship have been selected to assess social relationships. Information collected on the general population boys is included in the analysis for purposes of comparison with the study boys. Peer, parent and teacher ratings of psychological adjustment were obtained, in addition to measures of social competence, cognitive functioning and demography.

The results suggest that the study boys are significantly more rejected by their peers than boys in the general population, and this is associated with aggression.
Whilst there are few between group differences on psychosocial characteristics, the evidence indicates that sexually abused boys have higher externalising and internalising problems than adolescent perpetrators, and are more like antisocial boys. It is suggested that externalising psychological disturbance might function to militate against the development of sexually abusive behaviour in boys who have been the victims of sexual abuse.
Acknowledgements

I am especially grateful to Dr. Jim Stevenson who has been my supervisor throughout the preparation of this thesis. His guidance, teaching and support in all areas of the study is greatly appreciated. I am equally grateful to Professor David Skuse as supervisor in providing encouragement and clinical guidance during the study.

I would also like to express my thanks to the child sexual abuse research and clinical team at the Institute of Child Health and Great Ormond Street Hospital for Sick Children NHS Trust. A special word of thanks to Dr. Aron Bentovim and Dr. Jill Hodges for providing clinical management of the boys seen in the study.

The administration of the study and the preparation of the thesis would not have been possible without the skills, support and friendship of Jennifer Smith. I would also like to recognise Jackie Moore, Jenny Ashford, Joy Watkins and all of the secretaries at Great Ormond Street for their efficient and friendly support in administrating the study.

Thanks are also due to my colleagues in the department who have provided constructive criticism and have challenged me throughout the study. Special thanks to Michelle New, as a fellow student and a clinical psychologist, who has not only assisted directly in the administration of the study, but has been a source of companionship, friendship and support. Sheena Reilly who has spent time reading
drafts of the thesis and made working at the Institute most enjoyable.

The sociometry required hundreds of hours of data entry and for their help in entering hours of data I would like to thank Niven Conker, Dean McMillan, Rita Woo, and Sam Boyles. In addition a special thank you to Tim Ramsdale and Mo Houlden for writing the sociometry programme, and for their friendship.

I would also like to thank Dr. John Coleman, fellow PhD. students at NPRA, Dr Duane Buhrmester for their time and support in the study.

On a personal note I would like to say thank you to my parents, sisters Heidi, Joanna & Hannah; brothers Dominic and Vess; and Sion and Bethan for their interest, curiosity, care, support and love during the study. Also to my grandmother Gwen, in loving memory, who died October 1993. In addition thanks to Pauline, Annalee, June, Fran, The Mischs, The Murrays and all my friends for their contribution and support during the study. I also want to say a big thank you to my partner Alice, who I would not have met were it not for embarking on this study.

Most of all my thanks go to the parents, social workers, teachers and the boys themselves for trusting me and sharing their experiences with me.
To my parents

Huw and Jackie

with love and thanks
# Table of Contents

## Chapter One

1. Literature Review ................................................................. 1
   1. Introduction ................................................................. 1
   1.2 Social isolation of adolescent sex perpetrators ................. 2
   1.3 Historical Overview .................................................... 4
   1.4 Prevalence of Sexual Abuse .......................................... 5
   1.5 Definitions of Sexual Abuse ........................................... 7
   1.6 Nature of sexually abusive behaviour ........................... 10
   1.7 Sexual development of adolescent perpetrators .............. 13
      1.7.1 Normal sexual development .................................... 13
      1.7.2 Sexual deviance in normal populations .................... 16
      1.7.3 Sexual experiences of adolescent perpetrators .......... 18
   1.8 Impact of Sexual Victimisation ..................................... 22
      1.8.1 Sexual victimisation of males ............................... 22
      1.8.2 The negative impact of sexual abuse for males .......... 23
      1.8.3 Adolescent perpetrators as victims of sexual abuse ..... 27
      1.8.4 Cycles of sexually offending behaviour ................... 29
      1.8.5 The sexual assault cycle ....................................... 30
   1.9 Delinquency as a path to sexually perpetrating behaviour ...... 34
   1.10 Demographic characteristics ....................................... 38
   1.11 School and Cognitive Factors ....................................... 40
   1.12 Psychosocial Adjustment ............................................ 41
### Chapter Two

Peers and Friendship in Psychosocial Adjustment

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Theoretical Perspectives</td>
<td>50</td>
</tr>
<tr>
<td>2.2 Definition of Psychosocial adjustment</td>
<td>51</td>
</tr>
<tr>
<td>2.3 Theoretical perspectives on the importance of social relationships</td>
<td>52</td>
</tr>
<tr>
<td>2.4 Peer Relationships Versus Friendship</td>
<td>55</td>
</tr>
<tr>
<td>2.5 Theory of Social Provisions</td>
<td>61</td>
</tr>
<tr>
<td>2.6 The impact of the peer group on adjustment</td>
<td>64</td>
</tr>
<tr>
<td>2.7 Risk factors associated with peer rejection</td>
<td>68</td>
</tr>
<tr>
<td>2.8 Application of Sociometric Methodology to Abused and Neglected</td>
<td>70</td>
</tr>
<tr>
<td>Children</td>
<td>73</td>
</tr>
<tr>
<td>2.9 Evidence for a causal relationship between social status and adjustment</td>
<td></td>
</tr>
<tr>
<td>2.10 The impact of dyadic friendship on adjustment</td>
<td>80</td>
</tr>
<tr>
<td>2.11 The question of a causal relationship between friendship and</td>
<td></td>
</tr>
<tr>
<td>adjustment</td>
<td>86</td>
</tr>
<tr>
<td>2.12 The Measurement of Peer Relationships and Friendships</td>
<td>87</td>
</tr>
<tr>
<td>2.12.1 The Peer Nomination Method</td>
<td>88</td>
</tr>
<tr>
<td>2.12.2 The Peer Rating Method</td>
<td>89</td>
</tr>
<tr>
<td>2.12.3 The reliability and stability of social status</td>
<td>90</td>
</tr>
<tr>
<td>2.13 Measurement of Friendship</td>
<td>91</td>
</tr>
</tbody>
</table>
2.14 The relationship between social adjustment, social competence and psychological adjustment ................................................................. 97

2.15 Summary. ................................................................. 108

Chapter Three ................................................................. 110

The Study ................................................................. 110

3.1 Issues relating to the psychosocial adjustment of adolescent boys who sexually abuse other children ................................................................. 110

3.1.1. Adolescent Sexual Perpetrators and the At Risk Hypothesis ................................................................. 110

3.1.2. Peer Relationships and Intimate Friendship ................................................................. 112

3.1.3. Correlates of Social Maladjustment ................................................................. 114

3.2. Summary and Aims of the study ................................................................. 116

3.3 Hypotheses ................................................................. 118

Chapter Four ................................................................. 120

Methodology ................................................................. 120

4.1. Design ................................................................. 120

4.2. Sample ................................................................. 120

4.2.1 Sexual Abuse Cases ................................................................. 121

4.2.2 Comparison Group ................................................................. 122
4.3. Generalisability ................................................................. 124
4.5. Inclusion/Exclusion Criterion .............................................. 124
4.6. Procedure ............................................................................... 126
4.7. Instruments ........................................................................... 132
   4.7.1. Sociometric Assessment ................................................. 132
   4.7.2. Friendship Material ...................................................... 136
   4.7.3. Sociometric Nomination Checklist (SNC) (Parker & Asher,
          1993) ................................................................. 139
   4.7.4. Friendship Validation Data Sheet (FVDS) (Designed for
          current study) ........................................................ 140
4.8. Ratings of Behaviour and Affective Problems ..................... 140
   4.8.1 Child Behaviour Checklist (CBCL4/18) & Teacher Report
       Form (TRF) (Achenbach, 1991a & b) ................................ 140
   4.8.2 Peer Behaviour Ratings .................................................. 141
4.9. Social Cognition ................................................................... 144
   4.9.1. Nowicki-Strickland Locus of Control Scale for Children
          (Nowicki & Strickland, 1973) ...................................... 145
   4.9.2. Interpersonal Reactivity Index (Davis, 1983) ................. 147
4.10. Intelligence ......................................................................... 148
4.11. Demographic Information .................................................. 149
4.11. Sexual Abuse Profile and Severity of Sexual Abuse Index ..... 151
4.12 Ethical Considerations ........................................................ 153
4.13. Analysis .............................................................................. 154
Chapter Five .................................................................................................. 157

Results .......................................................................................................... 157

5.1 Part One: Description of Sample ................................................ 157

5.1.1. Demography ................................................................ 157
5.1.2. Ethnicity ........................................................................ 158
5.1.3. Socioeconomic status ..................................................... 159
5.1.4 Osborne Social Index ..................................................... 160
5.1.5 Domicile at time of Referral .......................................... 160
5.1.6 Education ........................................................................ 161
5.1.7 Sexual Abuse Information .............................................. 162

5.2. Psychosocial Adjustment ............................................................ 176

5.2.1 Sociometric status of sample compared to the general
    population .................................................................. 176

5.2.2 Sociometric status of four groups ................................. 177
5.2.3 Mean rating of Social Inclusion ...................................... 177

5.3 Friendship .................................................................................. 179

5.3.1 Friendship Intimacy ......................................................... 179
5.3.2 Interpersonal Competence .............................................. 180
5.3.3 Friendship Validation ..................................................... 182

5.4. Behavioural and Emotional Adjustment ............................... 184

5.4.1 Child Behaviour Checklist - Parent ................................. 184
5.4.2 Teacher Report Form - Teachers ................................. 187
5.4.3 Peer Behavioural Ratings ................................................. 189
5.5 Social Competence .............................................................. 192
5.6 Cognitive Ability ................................................................. 193
5.7.1 Factor Analysis Data Reduction ......................................... 195
5.7.2 Results of Factor Analysis .................................................. 197
5.8 Correlates of Poor Social Adjustment .................................... 201
5.9 Multivariate comparison of groups on psychosocial construct ... 204

Chapter Six ................................................................................. 207

Discussion .................................................................................. 207

6.1 Introduction ............................................................................. 207
6.2 Summary of aims of study ....................................................... 207
6.3 Summary of results ................................................................. 209
  6.3.1 Sample characteristics ...................................................... 210
  6.3.2 Psychosocial dimensions ................................................... 210
  6.3.3 Psychosocial constructs and multivariate results ................. 214
6.4 Limitations of the study .......................................................... 216
  6.4.1 The sample and issues of generalisability ......................... 216
  6.4.2 Causal relationship between psychosocial adjustment and
        perpetrating behaviour ...................................................... 219
  6.4.3 Methodological limitations ............................................... 221
6.5 Theoretical and methodological implications of study .......... 224
  6.5.1 Evaluation of results in relation to hypotheses .................. 224

xii
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5.2 Summary</td>
<td>233</td>
</tr>
<tr>
<td>6.5.3 Evaluation of theoretical and methodological implications</td>
<td>236</td>
</tr>
<tr>
<td>6.6 Conclusions</td>
<td>240</td>
</tr>
<tr>
<td>References</td>
<td>242</td>
</tr>
</tbody>
</table>
List of Tables and Figures

Table 1.1 National Children's Home Report on Sexually Abused Children and Adolescents who Abuse other Children ...................................................... 9

Table 1.2 Nature of Sexually Abusive Behaviour .................................................. 12

Table 1.3 Sexually Victimised Perpetrators ......................................................... 28

Table 1.4 Emotionally, Physically and Sexually Abused Perpetrators 29

Figure 1.1 Cycles of Victimisation. ................................................................. 33

Table 1.5 Antisocial Behaviour of Adolescent Perpetrators of Sexual Abuse . . . 34

Table 1.6 Methods employed to assess the psychosocial adjustment of adolescent perpetrators of sexual abuse ......................................................... 42

Figure 2.1 Multidimensional Constructs of Social Relationships ......................... 56

Figure 2.2 Furman & Robins (1985) Theory Of Social Provisions ..................... 62

Figure 2.3 Causal Model - Parker & Asher (1987). ........................................... 75

Figure 2.4 Incidental Model - Parker & Asher (1987). ........................................ 76

Table 2.1 Studies of Peer Relationships, Friendships and Adjustment . . . 100

Figure 4.1 Design of Study ........................................................................... 120

Table 4.1 Scoring of Sociometric Status .......................................................... 134

Table 4.2 CBCL & TRF Subscales and Problem Dimensions ............................ 141

Table 4.3 CBCL & TRF Thresholds for Problems ..................................... 141

Table 4.4 Parkhurst & Asher (1992) Peer Behaviour Ratings: Behavioural Description and the Four Interactional Qualities ..................................... 144

Table 4.5 Classification of father's occupation (OPCS) by Osborn Social Index (OSI) ................................................................. 150

Table 3.1 Hypotheses of study 119
Table 5.17 Gender of victims ................................................................. 171
Table 5.18 Mean age of victims ............................................................. 171
Table 5.19 Nature of abuse ................................................................. 172
Table 5.20 Number of victims ............................................................. 172
Table 5.21 Time scale over which abuse took place ......................... 173
Table 5.22 Context in which abuse was disclosed ............................ 173
Table 5.23 Boy’s level of acknowledgement of behaviour ............... 173
Table 5.24 Extent to which boy regards victim as responsible for sexual
behaviour (clinical rating by psychiatrist/psychotherapist) ............... 174
Figure 5.5 Sociometric status - boys vs. general population .......... 176
Table 5.25 Sociometric Status by Group ........................................... 177
Table 5.26 Social Inclusion by Group ............................................... 178
Table 5.27 Friendship Intimacy mean subscale and total intimacy scale 179
Table 5.28a Adolescent Interpersonal Competence Questionnaire mean scores of
subscales and total competence score: for boys perception of himself . 180
Table 5.28b Adolescent Interpersonal Competence Questionnaire mean scores of
subscales and total competence score: for boys perception of friend . 181
Figure 5.6 Significant other friendship validation ........................... 182
Figure 5.7 Reciprocal Friendship Nomination ............................... 183
Table 5.29 Child Behavior Checklist mean scores and ANOVA scores for four
groups ................................................................................................. 186
Table 5.30 Teacher Report Form mean scores and ANOVA scores for four groups
............................................................................................................. 188
Table 5.31 Study Boys vs. Population Boys Peer Behavioural Ratings . . 190
Table 5.32  Group differences on peer behavioural ratings ............................... 191
Table 5.33  Rejected boys vs Rejected population peer behavioural ratings . . 192
Table 5.34  Rejected boy group differences on peer behavioural ratings . . . 192
Table 5.35  Social Competence ................................................................. 193
Table 5.36  Cognitive ability by group ...................................................... 194
Table 5.37  Factor Analytic Design ............................................................ 196
Table 5.38  Factor score coefficient matrix for total sample (n=70) on Friendship
                        after principal components extraction and varimax rotation . . . 198
Table 5.39  Factor score coefficient matrix for total sample (n=70) on behavioural
                        dimensions after principal components extraction. .................. 199
Table 5.40  Factor score coefficient matrix for total sample (n=70) on emotional
                        dimensions after principal components extraction. .................. 199
Table 5.41  Factor score coefficient matrix for total sample (n=70) on social
                        competence dimensions after principal components extraction. .... 200
Table 5.42  Correlates of Poor Social Relationships ................................. 202
Figure 5.8  Design of Multivariate Analysis ............................................ 205
Table 5.43  Psychosocial constructs by group - mean scores and standard deviations
 ............................................................................................................. 206

xvii
### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Referral Letter to Social Work Departments</td>
<td>258</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Referral Letter for Antisocial Group</td>
<td>261</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Screening Questionnaire</td>
<td>264</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Friendship Validation Data Sheet (FVDS)</td>
<td>269</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Friendship Intimacy Questionnaire</td>
<td>273</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Interpersonal Competence Questionnaire</td>
<td>275</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Interpersonal Reactivity Index</td>
<td>279</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>Nowicki Strickland Locus of Control Scale for Children</td>
<td>282</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>Consent Form</td>
<td>285</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>Adolescent Interpersonal Questionnaire - Teacher Version</td>
<td>287</td>
</tr>
<tr>
<td>Appendix 11</td>
<td>Example of Sociometry Questionnaire</td>
<td>291</td>
</tr>
<tr>
<td>Appendix 12</td>
<td>Instruction for administering Sociometry</td>
<td>303</td>
</tr>
<tr>
<td>Appendix 13</td>
<td>Sociometry Nomination Checklist</td>
<td>305</td>
</tr>
<tr>
<td>Appendix 14</td>
<td>Osborn Social Index (OSI)</td>
<td>308</td>
</tr>
<tr>
<td>Appendix 15</td>
<td>Severity of Sexual Abuse Index</td>
<td>311</td>
</tr>
</tbody>
</table>
Chapter One

Literature Review

Adolescent Boys as Victims and Perpetrators of Sexual Abuse

1. Introduction

When a case of sexual abuse is reported involving a child or adolescent, society's response is typically one of sympathy for the victim and revulsion for the perpetrator. Over the past ten years there has been a revolution in protecting, treating and preventing child sexual abuse. Child protection laws (Working Together - Children Act, 1991) have been created to protect children at risk. Research into the impact of sexual abuse on the child has been generated to further our understanding of the impact of abuse on the individual (Kendall-Tackett, Williams and Finkelhor, 1993), and treatment facilities for survivors of abuse and projects designed to minimise the risk of abuse, such as Childline (1994).

But what happens when the perpetrator of abuse is a child or early adolescent? What role does the law play in punishing the young perpetrator? Is the young perpetrator to be regarded as a child in need or is he or she to be managed in the same way society manages the adult perpetrator? Clearly there are many questions for professionals and policy makers and society in a wider context. A question which is important for psychologists concerns what factors place adolescent boys
at risk of engaging in sexually abusive behaviour?

Davis & Leitenberg (1987) commented that there is 'considerable clinical law' (pp.425) about factors which motivate the young perpetrator to commit an offence. There is a paucity of research into the genesis of sexually abusive behaviour, even though the need to understand the characteristics of the perpetrator has become more important with the recognition that such behaviour has its origins in childhood and adolescence. It is difficult for any one study to consider in detail all aspects of the perpetrator's individual, familial and social functioning simultaneously. The psychosocial adjustment of the adolescent perpetrator has been highlighted as an area of particular concern, and yet few studies have attempted to systematically investigate this topic.

1.2 Social isolation of adolescent sex perpetrators

Davis & Leitenberg (1987) state:

"Clinicians who have worked with adolescent sex offenders have suggested that various social deficits might be causally linked to the commission of a sexual offence." (pp. 422)

Adolescent perpetrators of sexual abuse have been described as having problems in their psychosocial adjustment. Social isolation has been highlighted as being one of the most noticeable and discriminating characteristics of the adolescent perpetrator (Fehrenbach, Smith, Monastersky & Deisher, 1986; Stenson & Anderson, 1987) although few studies have systematically investigated this issue.
This absence of information is of concern when presented with the evidence that peer relationships play a significant role in adjustment (Hartup, 1983; Dodge, 1993), and that those children who are rejected by their peers are 'at risk' of adjustment difficulties (Parker & Asher, 1987). Recent evidence from studies of peer relationships suggest that peer rejection is associated with social isolation and withdrawal, as well as with aggressive behaviour (Parkhurst & Asher, 1992).

It is also suggested that sexual victimisation and antisocial behaviour are important factors in the development of sexually abusive behaviour (Becker, 1990; Ryan, Lane, Davis & Issac 1987). Boys who are victims of sexual abuse are known to be at risk of becoming abusers themselves (Watkins & Bentovim, 1992). Although not mutually exclusive from sexual victimisation, it has been suggested that sexually abusive behaviour may be acted out within a more global pattern of antisocial behaviour (Kavoussi, Kaplan & Becker, 1988).

The aim of this study is to investigate the psychosocial adjustment of four groups of adolescent boys: who are i. victims of sexual abuse, ii. victims who are also perpetrators, iii. perpetrators who have not been abused, iv.a comparison group of antisocial boys. The main focus of the study will be to understand the psychosocial characteristics of boys who engage in sexually abusive behaviour. The first chapter will review what is currently known about sexual abuse and the genesis of offending behaviour. Chapter two will present a theoretical model that will be used to investigate the psychosocial adjustment of this population. Chapter three will set out the aims and hypotheses of the study and chapter four describes
the methodology. Chapter five presents the results of the study and chapter six considers the implications of the findings and conclusions.

1.3 Historical Overview

Whilst adolescents who abuse other children have been described as a 'relatively new' problem by the National Children's Home (NCH UK, 1992), it is evident from the literature that the problem has existed for a long time. Pierce & Pierce (1987) report that as early as 1943 Doshay examined the relationship between sexual acting out during adolescence and becoming an adult offender. Doshay played an important role in addressing the psycho-educational needs of adolescent perpetrators. In 1941 Waggoner & Boyd argued that 'perverse' sexual behaviour which began during adolescence could be attributed to prior victimisation by adults. They suggested that young perpetrators were more likely to come from disadvantaged homes and their sexual behaviour was part of a global pattern of delinquency. Twenty years later, in 1962, American Juvenile Probation Officers and Psychiatrists were being asked to work with adolescent sexual perpetrators (Shoor, Speed & Bartelt, 1966): They wrote:

"Over the years, an increasing number of boys have been seen who are potential as well as actual menaces to children in the community" (pp. 783)

Ryan (1986) presents reasons why it has taken so long to recognise the problems of adolescent perpetrators. She argues that abusive behaviour has been rationalised as experimentation and exploration, in essence part of normal psychosexual development, and it has been considered acceptable for boys to behave in this way (National Children's Home, 1992). This argument is supported
by a feminist philosophy, which states the reason why the majority of sexual
offences are committed by men is due to their position within society, which gives
rise to the abuse of their power (Cook & Taylor, 1991).

1.4 Prevalence of Sexual Abuse

Since the early 1980s it has become well documented that adolescents are
responsible for committing a significant proportion of all reported sexual offences.
The most recent figures in the United Kingdom indicate that of the 8,400
prosecutions for sexual offences 30% of offenders cautioned or prosecuted were
under the age of 21, 14% aged 17-20 years, 12% aged 14-16 years and 4% aged
10-13 years (Home Office, 1992). Whilst national figures in Britain are limited,
regional studies endorse the size of the problem. In Liverpool it was reported that
36% of sexual abuse allegations were attributed to adolescents and children: with
ages ranging from 7 to 17 years; 59% of these offences were committed by those
aged 13 to 17 years (Horne, Glasgow, Cox & Calam, 1991). Similarly in
Northern Ireland 36% of perpetrators were under the age of 19 (Research Team,
1990). The relationship between the victim and perpetrator has also been
recorded. Kahn & Lafond (1988) report that 95% of incarcerated juvenile sex
offenders were either related to their victims or had been placed in a position of
authority over them. Johnson (1988) reports that sibling incest accounted for 48%
of sexual offences committed in a sample of 50 abusive adolescent males.

Information from the United States suggests that 20% of all sexual offences and
30-50% of sexual offences against children, are committed by adolescents, with
95% of them being male (Davis & Leitenberg, 1987; Brown, Flanagan & McLeod, 1984; Deisher, Wenet, Paperny, Clark & Fehrenbach, 1982). The United States Department of Justice indicates that there are 50 arrests for forcible rape per 100,000 male adolescents (UCR, FBI 1985), as reported by Becker (1990). However, official statistics underestimate the actual prevalence of sexual offences committed by adolescents (Davis & Leitenberg, 1987).

The prevalence of sexual offences committed is also likely to be higher than reported as a result of the numbers of victims of adolescent perpetrators who do not disclose their abuse. In support of this position Becker (1988) reported that 20% of an incarceratated sample of adolescent sex offenders did not disclose that they had been victims of sexual abuse themselves, and suggests that prevalence is under-reported. Finkelhor (1979) reports that approximately one third of children who are sexually abused do not tell, and as a consequence it is likely that a large number of perpetrators of all ages are not held accountable for their behaviour. Groth & Loredo (1981) have argued that for sexual abuse which involves adolescents as the perpetrator, the child or the family may be more reluctant to report the incident, because as previously highlighted by Ryan, (1986) it is common to regard such behaviour as experimentation and exploration rather than a criminal offence.

The National Children's Home (NCH, UK. 1992) reported that in cases of sexual abuse involving children, many victims feel guilty and ashamed of the role they played in abuse and are often reluctant to inform someone they trust. Equally
threats are commonly made against the victim which prevents disclosure taking place. The exact prevalence rates of adolescent perpetrators of sexual abuse are therefore difficult to establish. It is generally accepted that between 30 and 50% of all sexual offences are attributable to adolescents.

These findings have challenged the belief that sexual abuse is only committed by adults, and that adolescent sexual behaviour is an expression of normal psychosexual adjustment (NCH, UK. 1992; Becker, 1990). This evidence also highlights the importance of developing knowledge and understanding of adolescent perpetrators in order to develop appropriate treatment and prevention strategies (Fehrenbach et al., 1986; Saunders, Awad & White, 1986).

1.5 Definitions of Sexual Abuse

Whilst the law provides clear rules about sexual acts between adults and children, there is confusion over what constitutes sexual abuse when a sexual act occurs involving a minor under the age of 16. Given that there has traditionally been a degree of acceptance within society about sexual experimentation during childhood and adolescence, when sexualised behaviour which could be considered abusive occurs, parents and professionals are often reluctant to label young people as offenders. This results frequently in a caution by the police, with no further treatment being offered (Groth, 1977; Becker, 1990). One of the major difficulties in providing a definition of sexually abusive behaviour is the lack of agreement about what constitutes normal sexual behaviour during adolescence, a subject to be discussed later in this chapter.
Authors of the National Children's Home (NCH UK, 1992) report on children and young people who abuse other children recognised that it is highly problematic to produce an all inclusive, unambiguous and precise definition of what is meant by abusive behaviour. The National Children's Home report suggests that issues of coercion, abuse of power, consent and aggression are important factors in any definition of adolescent sexual perpetration. This is well illustrated by Ryan (1986) who defines the adolescent perpetrator as:

"A youth, from puberty to legal age of majority, who commits any sexual act with a person of any age, against the victim's will, without consent, or in an aggressive, exploitative or threatening manner." (pp. 131).

Issues of consent, power imbalance and exploitation are also included in the NCH definition of sexual abuse. The authors suggest that true consent should be regarded as 'informed' rather than 'forced', in addition 'equality' within the relationship is considered fundamental, and that any sexual activity must take place without 'financial or other inducements' (NCH, UK. 1992). Hall (1990) emphasises the 'unwanted' nature of the sexual contact between the perpetrator and victim as central to a definition of abuse, implying that coercion and force are being used to some degree in an abusive situation.

The age disparity between the victim and perpetrator has also been subject of some discussion in the literature. Davis & Leitenberg (1987) argue that an abusive context must be considered when sexual activity takes place between an 'adolescent' and a 'much younger child' (pp.417). Historically professionals have used an age difference of five years between the victim and perpetrator in assessing whether the activity was experimentation or abusive (Watkins &
Bentovim, 1992). More recently the nature of the abusive behaviour has been regarded as more important than the age difference and subsequently an age range of two years is now considered a more appropriate threshold by some clinicians (Johnson, 1988; 1989). Furthermore Cantwell (1988) dispenses with an age differential altogether, focusing exclusively on the nature of the sexual behaviour and whether it is considered abusive.

The authors of the NCH report state whilst most professionals working in the sexual abuse field have a relatively clear idea about what constitutes abuse, the situation becomes complicated when the case is 'borderline' between normal sexual development and sexual abuse. They conclude that consideration of each case of sexual activity between two minors needs to address the issues outlined in table 1.1:

| * | What is the nature of the relationship between the perpetrator and the victim. |
| * | Is the activity age appropriate for both victim and perpetrator. |
| * | Over what period did the behaviour occur |
| * | Has the behaviour changed over time, for example becoming more frequent or deviant. |
| * | Is there evidence of bribery, coercion or overt aggression. |
| * | What is the victims experience of the abuse, for example has the victim blamed themselves for the activity taking place. |
| * | Is there evidence that the victim has been encouraged to keep the behaviour secret |
| * | Does the abuser target any particular type of victim. |
| * | What are the nature of his fantasies which may have implications for future abuse. |

Whilst this is a complicated and relatively exhaustive list of questions to be
addressed in deciding whether abuse has occurred, it demonstrates how difficult it
is to provide a clear and precise definition of sexual abuse.

1.6 Nature of sexually abusive behaviour

The term 'sexual perpetrator' suggests a homogeneous group of individuals, and
yet it is misleading to think of sexual perpetrating as constituting a single pattern
of behaviour or having the same aetiological basis. In other words is the
adolescent boy who rapes an adult female on one occasion the same as a boy who
repeatedly seeks out prepubescent boys, forcing them to engage in oral genital
sex? Commentaries and studies describing sexual abuse (see table 1.2)
demonstrate convincingly that the sexual behaviour takes many forms and that the
boy perpetrator becomes characterised as a 'type' of offender depending upon his
sexual behaviour. Although it is important to consider the actual behaviour in
attempting to understand the aetiology of sexual deviance, the different 'types' of
adolescent sex offenders are more commonly discussed, as presented in table 1.2.

Whilst confusion can arise from the use of the same language being used to
describe different concepts, three groups emerge from the evidence on the basis of
the nature of sexual behaviour (Kempton & Forehand, 1992). The first refers to
sexual behaviour which does not include physical contact between the victim and
perpetrator, including exhibitionism, voyeurism and obscene telephone calls. The
second represents adolescents who sexually abuse peers and adults, typically in the
form of coercive sexual activity, which may include penetration of their victim.
The term rape is often used inconsistently. It is used in a number of studies
described in table 1.2 to describe coercive sexual activity against a specific age group. It is also a legal definition describing penetration of the victim's vagina with the perpetrator's penis. The third group are adolescents who sexually abuse children who are, in the main, at least 5 years younger than themselves. The abuse of children may include penetration, but also all other forms of sexual behaviour with a minor. Faller (1989) identifies fondling of intimate parts, oral-genital sexual contact, digital penetration and placing objects into the anus or vagina.

One important issue which arises from considering the nature of sexual behaviour is the development of a fixated pattern of sexual behaviour. Abel (personal communication, 1993) suggested that just as one would not expect a normal adolescent to have a developed as solid a sexual identity as an adult, nor would one expect to find an adolescent who has coerced a child into sexual behaviour to have the same established arousal patterns as an adult with a sexual orientation towards children. The Diagnostic and Statistical Manual for Mental Disorder, version IV (American Psychiatric Association, 1994) includes a classification of what are considered abnormal sexual behaviours, known as paraphilias.
Table 1.2  
Nature of Sexually Abusive Behaviour

<table>
<thead>
<tr>
<th>Study</th>
<th>Definitions of Perpetrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saunders et al. (1986)</td>
<td>Non-Contact abuse (exhibitionism, voyeurism)</td>
</tr>
<tr>
<td></td>
<td>Sexual Assaults (peer or adult)</td>
</tr>
<tr>
<td></td>
<td>Paedophilic Offences (molestation of children, 4 yrs. younger)</td>
</tr>
<tr>
<td>Fehrenbach et al. (1986)</td>
<td>Rape (all ages)</td>
</tr>
<tr>
<td></td>
<td>Indecent Liberties (all ages)</td>
</tr>
<tr>
<td></td>
<td>Non-Contact abuse (all ages)</td>
</tr>
<tr>
<td>Groth (1977)</td>
<td>Rapist (adult or peer)</td>
</tr>
<tr>
<td></td>
<td>Child Molester (significantly younger children)</td>
</tr>
<tr>
<td>Becker, Cunningham-Rathner &amp; Kaplan (1987)</td>
<td>Rapist (victim less than 5 years younger)</td>
</tr>
<tr>
<td></td>
<td>Paedophiles (victim more than 5 years younger)</td>
</tr>
<tr>
<td>Deisher et al. (1982)</td>
<td>Rapist (rape of peer 5 years older and adult)</td>
</tr>
<tr>
<td></td>
<td>Child Molester (child)</td>
</tr>
<tr>
<td>Kavoussi et al. (1988)</td>
<td>Rapist (Adult women)</td>
</tr>
<tr>
<td></td>
<td>Child Molesters (Girls &amp; Boys under 11 years)</td>
</tr>
<tr>
<td>Longo &amp; Groth (1983)</td>
<td>Rapist (adult victims)</td>
</tr>
<tr>
<td></td>
<td>Child Molesters (child victims)</td>
</tr>
<tr>
<td></td>
<td>Other Adolescent Offenders</td>
</tr>
<tr>
<td>Seghorn, Prentky &amp; Boucher (1987)</td>
<td>Rapists (victim 16 years or older)</td>
</tr>
<tr>
<td></td>
<td>Child Molester (child younger than 16 years)</td>
</tr>
<tr>
<td>Stenson &amp; Anderson (1987)</td>
<td>Juvenile Rapist</td>
</tr>
<tr>
<td></td>
<td>Juvenile Child Molester</td>
</tr>
<tr>
<td>Davis &amp; Leitenberg (1987)</td>
<td>Coercive sexual activity with peer or adult</td>
</tr>
<tr>
<td></td>
<td>Coercive sexual activity with a prepubescent child</td>
</tr>
</tbody>
</table>

Paedophilia is one of the listed disorders which describes sexual arousal towards children. Whilst there is convincing evidence from the reports of adult paedophiles that their sexual arousal to children begins in early adolescence (Becker et al., 1987; Longo & Groth, 1983), it remains to be established whether the adolescent who sexually abuses a child will be a paedophile in adult life on a case by case basis. Therefore, whilst the presence of sexual arousal to young children in adolescence should not be minimised, a developmental perspective on
the perpetrators sexual arousal patterns should be considered. Having described
the nature of the sexual abuse committed by adolescent perpetrators it is intended
to examine factors associated with early adversity experienced by this population
which may predispose them to become sexually abusive.

1.7 Sexual development of adolescent perpetrators

In order to understand the significance of sexually abusive experiences in the lives
of adolescent perpetrators it is first necessary to understand what is known about
normal sexual development in males.

1.7.1 Normal sexual development

Whilst there is information available on late adolescent and early adult sexual
behaviour, there is a paucity of knowledge about sexual development from puberty
to mid-adolescence (Katchadourian, 1992). A recent publication on adolescent
sexuality (Gullota, Adams & Montemayor, 1993) illustrates this point clearly. In
the course of eight chapters including discussion of anatomy and physiology, sex
education, sexually transmitted diseases, sexual abuse, pregnancy, and
homosexuality, only one chapter addresses the development of sexual behaviour in
early adolescence. It is not that these issues above are unimportant, on the
contrary they have enormous implications for the majority of adolescents.
However very little information is available on the sexual development and
behaviour of early adolescents.

Though Coleman & Hendry (1990) provide detailed figures on the proportion of
males who have experienced sexual intercourse, all the studies address young men aged 17 and upwards. Methodological and ethical restrictions prevent researchers from conducting controlled studies, observational studies, and interviews. The difficulties in understanding more about this field are compounded by societal and parental reluctance to give ethical permission for inquiring about early adolescent sexual activity. In relation to understanding young adolescent perpetrators more knowledge about normative sexual development is required (Becker & Abel, 1984).

However, from information which is currently available it is clear that with the onset of puberty, around the age of 11 years for boys, social maturation relating to sexuality begins. It is suggested that the prevalence, explicitness and intensity of erotic fantasy increases dramatically following the onset of puberty (Bancroft, 1989). Coles & Stokes (1985) concluded from their adolescent study that erotic fantasy along with masturbation is extremely common once puberty is reached, although they suggest that over two-thirds of young people report feeling uncomfortable and guilty about their masturbatory activity.

Katchadourian (1992) argues that fantasy and masturbation are a source of sexual arousal, which provide pleasure and act as substitutes for sexual needs which are unattainable. It is also suggested that solitary sexual behaviour provides an opportunity for young people to explore their sexuality, recognising their desires, impulses and, through discussion with their peers, commonalities. Sorenson (1973) reports that most boys have masturbated to orgasm by the age of 14 and
that 89\% reported that they use fantasy when masturbating.

In summary, there is evidence that during early adolescence, sexual activity is largely solitary. Miller, Christopherson & King (1993) studied the development of normal heterosexual behaviour. Following the onset of puberty around the age of 12 years, sexual behaviour gradually becomes more reciprocal during adolescence. McCabe & Collins, (1984) describe the ordering of sexual behaviour, suggesting that behaviours develops through hand holding, light physical embraces, necking, deep kissing, general body contact, mutual masturbation and simulated intercourse. Similarly Smith & Urby (1985) examined the development of sexual behaviour comparing white and black American teenagers between the ages of 12 and 15 years. They concluded for white young people there was a gradual progression from 'necking' to fondling through clothes, followed by feeling of the genital area unclothed and then intercourse. In contrast black adolescents tended to engage in intercourse before engaging in exploratory petting behaviour. In addition Smith & Urby (1985) found that the rates at which young black people engage in intercourse over a two year period was twice that of their white peers. This study suggests that peer group behaviour and cultural expectations play an important role in sexual development.

Studies which have examined the development of sexual behaviour during adolescence are often inconsistent. Whilst sexual intercourse and other sexual activity is not infrequent in adolescents older than 15 years, Coles & Stokes (1985)
argue that only 12% of boys under the age of 15 had actually had a coital experience. Orr, Wilbrandt, Brack, Rauch, & Ingersoll (1989), however, presenting evidence from a study on the sexual behaviour of 677 American high school students, aged 12 to 16 found that 55% of students reported having experienced sexual intercourse. A difference between male and female behaviour is apparent, and they suggested that sexually inexperienced boys were in a minority by the age of 13 and girls by the age of 15. Whilst they accept that their results are based on self report by adolescents, and that the true prevalence of sexual activity is difficult to establish, 37% of 12 year olds, 66% of 13 year olds and 88% of 14 year olds report having experienced coitus at least once. This study is based on self-report questionnaires and the high rates of premature sexual behaviour raises questions about the validity of the results.

Katchadourian (1992) argues that homosexual activity during adolescence is not uncommon, but that such encounters are typically exploratory and transient. He suggested that whilst the majority of adult homosexuals trace their sexual preference back to adolescence, homosexual encounters during the formative years are not necessarily a precursor to an adult homosexual orientation.

1.7.2 Sexual deviance in normal populations

Templeman & Stinett (1991) have investigated the prevalence of sexual deviance within normal populations, and highlight how common some abnormal sexual behaviours are within the general population. Using a broad definition of abuse they examined the sexual histories and arousal patterns of 60 college men in the
United States, notably asking about sexual activity after their sixteenth birthday. They concluded that 65% had engaged in some form of sexual misconduct, ranging from rape and child molestation to non-contact behaviour, such as voyeurism. Although only 3% of the sample had been arrested for committing sexual offences, 10% of the sample reported some sexual arousal to children under the age of 12 years. They also concluded that the young men were sexually aroused by a wide variety of stimuli and engage in a range of activities, some of which are illegal. Only two of the subjects were victims of sexual abuse, two had a history of arrest for sexual offences, and a further two had been reprimanded by parents and employees because of their sexual behaviour.

In relation to the type of sexual activity experienced by their sample, Templeman & Stinett (1991) reported that 42% had committed acts of voyeurism, 35% frottage, 8% had made obscene telephone calls, 5% had initiated coercive sexual contact, and 5% engaged a minor in sexual activity. Fromuth et al. (1991) examined the sexual histories of 582 college students in the United States. The results suggest that 3% of the population studied had committed sexual offences which met the criteria of sexually abusive behaviour and which they defined in terms of both contact and non-contact abuse.

It can be concluded thus far that the emergence of sexual feelings during adolescence is normal, and that sexuality plays an important part in the lives of adolescent boys. Whilst the majority engage in fantasy, masturbation and mutual exploration as outlets for their sexual feelings until they are capable of forming
reciprocal relationships in early adulthood, a minority are unable to do so.

From the literature reviewed it is evident that sexual arousal begins with the onset of puberty and that for the majority of males their sexual experiences are initially solitary. The evidence also suggests that mutual sexual experimentation often commences during early adolescence and that for a proportion of males this may involve sexually deviant acts. What is also clear however from the review of this literature is that little information is available concerning the sexual fantasies and arousal patterns of early adolescents. This has important implications for understanding the deviant arousal patterns described in work with adolescent sexual perpetrators.

Davis & Leitenberg (1987) question why some adolescents commit sexual crimes and others do not. From the sociocultural perspective that males use sexual aggression to intimidate and control females, they suggest that most adolescents are capable of rape. However, the majority of men are not sexual perpetrators and it is therefore necessary to consider the characteristics of those who commit offences in order to understand more about the genesis of sexual deviant behaviour.

1.7.3 Sexual experiences of adolescent perpetrators

Longo (1982) suggests that the majority of adolescent sexual perpetrators do not have a typical history of psychosexual development. From a study of adolescent perpetrators he reports that 76% had experienced their first sexual contact before
the age of twelve, suggesting that the nature of their early sexual experiences are
different from non-offending boys. Whilst factors which are thought to be
important in the development of sexually deviant behaviour will be discussed in
detail later in this chapter, it is first necessary to examine the evidence relating to
the deviant sexual behaviour of adolescent perpetrators.

Masturbation has already been highlighted as a common activity in adolescent
boys. Longo & Groth (1983) report retrospectively on 74 adult perpetrators of
sexual offences. They conclude that compulsive masturbation was present in over
30%, particularly in young men who commit offences against children. Providing
a definition of compulsive masturbation is problematic, however persistent
stimulation at times of anxiety and depression was described by the perpetrators
themselves as 'compulsive' (Longo & Groth, 1983). Whilst solitary masturbation
is common in all adolescent males, it might be suggested that the compulsive
nature of masturbatory activity in sexual perpetrators is an important differential
between normal and abnormal behaviour.

One quarter of the adult offenders described by Longo & Groth (1983) reported
engaging in non-contact sexual behaviour, such as exhibitionism and voyeurism,
during adolescence. In support of this data, Longo & McFadin (1981) reported
that of 84 convicted sexual offenders, 62% had engaged in repetitive exhibitionism
and voyeurism during their adolescence, peak age being 14.5 years. Whilst it is
evident that non-contact sexually deviant behaviour is not so uncommon in normal
populations, it appears to play an important role in the sexual experiences of
perpetrators. To highlight this argument further, Longo & Groth (1983) conclude that whilst the majority of adult sexual perpetrators do not show an escalation in the nature of sexual crime, at least one third of adolescent perpetrators progress from non-violent crime to more serious assaults during adulthood.

Longo (1982) suggests that adolescent perpetrators are obsessively concerned about their sexuality, exaggerate their problems and that this leads to poor self concept and a sense of male inadequacy. Sexually abusive behaviour committed by adolescent males is associated with poor self image, low self esteem, feeling helpless, anxious, confused and feeling of little value (Ryan, Metzner & Krugman, 1990). The causal relationship between poor self image and sexually abusive behaviour may not be so straight forward. It is plausible that poor self concept is a potentially an important risk factor in the origins of abusive behaviour. The relationship between self concept and abuse may become reciprocal, in that the compulsion to maintain an abusive pattern may be fostered by an increasingly fragmented self concept.

In relation to sexually explicit material, it is recognised that sexual images and pictures are part of everyday life and that looking at pornographic material during adolescence is common. However, Becker & Stein (1991) present evidence relating to the impact of sexually explicit material in the commission of a sexual offence. Reporting on a study 160 adolescent male perpetrators they argue that sexually explicit magazines were used by 35% of the subjects, videotapes by 26%, erotic television programmes by 15%, and reading explicit material by 13%.
They concluded that only 11% of the perpetrators did not report using any pornographic material. Interestingly, whilst 21% reported it had no effect, 67% stated that it had increased their sexual arousal. However, it is also reported that 70% of the subjects believed that the use of explicit material had not influenced their abusive behaviour. It is important to note that none of the subjects reported using explicit material which contained abusive sexual activity. Equally it is difficult to compare the impact of sexually explicit material in adolescent perpetrators without adequate information about the use of pornography in the general adolescent population.

Whilst a significant proportion of adolescent perpetrators have seen explicit pornography, the impact on their behaviour may be limited. Furthermore, methodologically it is problematic to establish a causal relationship between the use of pornography and deviant sexual behaviour. Becker & Stein (1991) argue that by definition sexual crimes cannot be observed in experimental conditions, and information concerning pornography is based on retrospective reporting and the use of police records. It is problematic to draw a clear distinction between the sexual behaviour of normal adolescents and perpetrators. The evidence suggests that engaging in sexual activity, for some compulsively and possibly with the use of adult material, a proportion of adolescent perpetrators are more sexually aware and active than their non-offending peers.
1.8 Impact of Sexual Victimisation

1.8.1 Sexual victimisation of males

A significant proportion of adolescent perpetrators of sexual abuse are reported to be victims of sexual abuse themselves, and this is widely recognised as an important factor in the development of sexually deviant behaviour. Before considering the relationship between sexual victimisation and perpetrating behaviour, it is first necessary to consider the impact of sexual abuse on males. It is suggested that male children account for 25% of all victims of sexual abuse (Rogers & Terry, 1984). However, there is considerable variation in the prevalence figures presented in the literature. Peters, Wyatt & Finkelhor (1986) conclude that between 3 and 31% of male children and adolescents in clinically referred populations are victims of sexual abuse, compared to a range from 6 to 62% for females. Furthermore, Finkelhor (1984) suggests that in the general population between 2.5 and 8.7% of males have been sexually abused at some time.

Watkins & Bentovim (1992) argue that the figures may reflect an under-reporting of male victimisation compared to females which could be attributed to a number of factors. First, they suggest that anxiety of being seen as a male unable to protect himself and being primarily targets of homosexual abuse, means that a proportion of male victims never come forward for help. Furthermore, boys are not seen as in need of protection in the same way that girls are. Second, they argue that the emotional response to abuse by males may be different from that of females. Males appear to externalise or 'act out' their feelings. Girls appear to
internalise their response into anxiety and depression, which may elicit a more sympathetic response, a subject to be discussed in detail shortly. Third, boys are more likely to be abused by strangers and those outside the immediate family. They suggest that the lack of supervision of males, compared to females, increases the likelihood of abuse which is often unreported and less likely to be detected. Fourth, reporting on the work of Sebold (1987), Watkins & Bentovim suggest that the mechanisms for recognising abuse in females are well established and that this is perhaps not the case for males. Finally, they suggest that sexual abuse perpetrated by women has not been seriously recognised until recently. Because of a belief in the 'male monopoly' on sexual abuse, boys who were victims of female perpetrators were not readily believed or helped. Similarly father-son incest and abuse by child and adolescent perpetrators have equally been thought of as extremely rare and therefore victims of such abuse have not been recognised.

1.8.2 The negative impact of sexual abuse for males

The negative impact of sexual abuse on boys is well documented (Kendall-Tackett, et al., 1993; De Jong, Emmett & Hervada, 1982). Finkelhor & Browne (1986) argue that sexual abuse traumatises children through four distinct mechanisms, which may account for the response the individual has to that abuse. The four mechanisms include traumatic sexualisation, powerlessness, stigmatisation and betrayal.

Traumatic sexualisation refers to heightened sexual awareness, preoccupation and extreme anxiety about sexual activity, this may also include repetitive sexual
behaviour; powerlessness is associated with symptoms present in Post Traumatic Stress Disorder where the individual feels overwhelmed and frustrated by their inability to control the situation they are in or to master their fear of the memories of the abuse; stigmatisation relates to the individual's self-image which is affected by the shame, guilt and rejection the child may experience as a result of the abuse; betrayal concerns the individual's loss of trust and confidence in people they trusted and thought protected them. Whilst this theoretical model has been proposed, it has been argued that these constructs are difficult to operationalize in research and have therefore been largely unexplored in the clinical field (Kendall-Tackett et al., 1993).

However, Kendall-Tackett et al., (1993) in a review of the impact of sexual abuse on children suggest that post-traumatic stress disorder, behaviour problems, elevated sexualized behaviour, and poor self-esteem are common factors in victims of sexual abuse, although no single underlying traumatic process sufficiently describes the response to an abusive experience. Similarly Beitchman, Zucker, Hood, DaCosta & Akman (1991) suggest that commonly reported sequelae of sexual victimisation include sexual dissatisfaction, promiscuity, homosexuality and increased risk for revictimisation. In support of the trauma associated with sexual abuse Friedrich (1993) argues that increased sexual behaviour is a common symptom in male victims of sexual abuse.

In addition to the sexualized behaviour of victims, emotional and behavioural difficulties have been proposed as typical responses to abuse. Watkins &
Bentovim (1992) present a model for understanding the different response males and females have to sexual abuse, based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (1994), in which it is suggested that boys are prone to 'act out' or externalize whereas girls tend in 'act in' or internalize. It is argued that behavioural problems (externalized disorders) are more common in boys, whilst anxiety or depressive disorders (internalized) are more common in girls. The focus of attention here is the tendency for boys to respond to sexual victimisation by externalizing their symptoms in a similar way to coping with other adversity.

The evidence to support this position has been documented in a number of studies. Friedrich (1988) found that sexually abused boys were similar to conduct disordered boys on both externalising and internalising dimensions. The only significant discriminating factor between victims of sexual abuse and those with conduct disorder, but not known to be sexually abused, was elevated sexual problems and high aggression respectively. Conte & Schuerman (1987) report that aggression accounted for 14% of the total number of problems experienced by sexually abused children, with police problems accounting for 3% and shoplifting and sexual victimising others at 2%, based on a symptom checklist. In comparison however, low self esteem and fear of abuse both accounted for over 30% of problems and emotional disturbance and sleeping difficulties accounted for over 20% of problems. Whilst this study illustrates the presence of both internalizing and externalizing problems, no gender differences were made in this study and it is possible that the proportion of problem behaviour would be
accentuated in males.

Sansonnet-Hayden, Haley, Marriage & Fine (1987) argued that sexually abused boys met the criteria for conduct disorder whereas girls were more likely to be diagnosed as being depressed. Similarly Tong, Oates & McDowell (1987) report on a two and a half year follow-up of male and female victims of sexual abuse from Australia. They concluded that both genders had a high incidence of reduced confidence, aggressive behaviour, and poor school performance. In addition all of the subjects scored within the clinical range on the CBCL.

Briere, Evans, Runtz & Wall (1988) examined the symptomatology of men and women who were molested as children, and concluded that suicidal tendencies and psychological disturbance were high. They also suggest that male victims may be more prone to act out their trauma, in comparison to women who tend to turn their trauma inward by committing self destructive acts. Burgess, Hartman & McCormack (1987) in support of this position report on a group of young people who were abused within an organised sex ring. They suggest that criminal and delinquent behaviours were associated with sexual victimisation experienced by the group. Whilst these studies demonstrate the adverse effect sexual abuse has on the individual, there is very little information available on the characteristics of the male victims of abuse who become abusers, compared to male victims who do not abuse (Freeman-Longo, 1986).
1.8.3 Adolescent perpetrators as victims of sexual abuse

The proportion of male victims of sexual abuse who become perpetrators is unknown. Watkins & Bentovim (1992) review of the evidence suggest that approximately 20% of victims of sexual abuse become perpetrators of abuse during adolescence. Friedrich, Beilke & Urquiza (1988) argue that 13% of boy victims in their study became perpetrators of abuse, however this was based on a sample of only 31 victims. Conte & Schuerman (1987) reported that 2% of the victims in their study became perpetrators, although this included a mixed gender sample which may underestimate the proportion of males who become abusers. Sansonnett-Hayden et al.s (1987) study of six adolescent boys, report that 50% of them became perpetrators. The studies presented are limited in their generalisability due to the small number of subjects, however the general conclusion is that the majority of male victims of abuse do not externalize their response to the abuse by becoming abusers themselves. Watkins and Bentovim (1992) argue that the impact of abuse on perpetrating behaviour does not fit a direct causal pattern, and as suggested by Becker (1988), a combination of individual, family, social factors may contribute to the victim becoming a perpetrator. Watkins and Bentovim (1992) propose that whilst most victims of sexual abuse do not become perpetrators, the relationships between victimisation and perpetration should not be overlooked.

From an examination of the material concerning adolescent perpetrators it is evident that a significant proportion of them are victims of sexual abuse (Freeman-Longo, 1986; Longo, 1982; Longo & Groth, 1983).
Table 1.3 describes studies which report the percentages of adolescent perpetrators who are themselves victims of sexual abuse:

**Table 1.3**

<table>
<thead>
<tr>
<th>Study</th>
<th>Percentage of sexually abused adolescent perpetrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson &amp; Shrier (1987)</td>
<td>60</td>
</tr>
<tr>
<td>Ryan et al. (1990)</td>
<td>30 to 70</td>
</tr>
<tr>
<td>Prendergasts (1979)</td>
<td>90</td>
</tr>
<tr>
<td>Kahn &amp; Lafond (1988)</td>
<td>60</td>
</tr>
<tr>
<td>Longo (1982)</td>
<td>47</td>
</tr>
</tbody>
</table>

"Whilst other studies have found smaller percentages of perpetrators who have been sexually abused, they conclude that perpetrators are also often victims of emotional and physical abuse as well as sexual abuse. Table 1.4 describes studies which report the percentages of adolescent perpetrators who are victims of sexual abuse and who have also experienced emotional, physical and sexual abuse:"

**Table 1.4**

<table>
<thead>
<tr>
<th>Study</th>
<th>Percentage of Sexual Abuse</th>
<th>Percentage of Emotional, Physical &amp; Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith (1988)</td>
<td>32</td>
<td>56</td>
</tr>
<tr>
<td>Becker &amp; Stein (1991)</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>Fehrenbach et al. (1986)</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Lewis, Shankok &amp; Pincus (1979)</td>
<td>-</td>
<td>77</td>
</tr>
<tr>
<td>Pierce &amp; Pierce (1987)</td>
<td>48</td>
<td>63</td>
</tr>
<tr>
<td>Seghorn et al. (1987)</td>
<td>35</td>
<td>58</td>
</tr>
</tbody>
</table>

In relation to the histories of adult sex offenders Vizard (personal communication,
1992) commenting on a population of British offenders suggested that as many of
80% were themselves victims, and that the remainder were severely emotionally
and physically abused.

1.8.4 Cycles of sexually offending behaviour

Whilst it is the case that a significant proportion of sexual perpetrators were
themselves victims of abuse, a causal relationship between being a victim and
becoming a perpetrator needs to be established. Longitudinal controlled studies
need to compare the characteristics of adolescent boys who are only victims of
sexual abuse with those who, following victimisation, become perpetrators. The
notion of cycles of offending behaviour, whereby victims become perpetrators is
gaining increasing credibility in the sexual abuse field, although the processes by
which this occurs remains largely unknown. Freeman-Longo (1986) suggests that:

"Among researchers and clinicians working with child victims of physical
abuse and neglect, there is a general acceptance of the notion that there is a
cycle of abuse." (pp.411)

Kaufman & Zigler (1987) present evidence concerning the intergenerational
transmission of abusive behaviour, and suggest that 35% of victimised children
will go on to abuse and neglect their families. This background information on
the cycle of abuse has implications for understanding adolescent sexual
perpetrators, because it provides a useful construct for understanding the
progression from victim to perpetrator in the adolescent male. Widom (1989)
considers the intergenerational transmission of abuse and neglect. She concludes
that whilst abused and neglected children are significantly at risk of later
psychopathology, the progression from victim to perpetrator does not provide a
comprehensive explanation for the majority of abused and neglected children and therefore the transmission of violence and abuse is not inevitable. She states that further investigation of individual, family and social factors is required to gain an understanding of the multiple pathways which may enforce the cycle of violence and to understand the protective factors which buffer children against later adjustment difficulties.

One area which has received increasing interest is the role of attachment in early childhood and its consequence for later adjustment. Developed from the work of Bowlby, current attachment theory proposes that the internal representations children make of their experiences with their 'attachment figure(s)' in early childhood influences how they respond to interpersonal relationships throughout life (Holmes, 1993). Crittenden (1988) argues that the representations children make of the world around them effects the way they behave, the way they engage in relationships and their self perception.

Crittenden presents evidence indicating that relationships in maltreating families are distorted. She found that whilst 'adequate' mothers are sensitive and secure in their relationships with partners and children, 'abusing' and 'neglecting' mothers experience considerable interpersonal difficulties. 'Abusing' mothers are described as 'controlling' and 'hostile' and have angry and often violent relationships partners and superficial relationships with other adults. 'Neglecting' mothers are described as 'enmeshed' in affectionless relationships with partners and family. Mothers who are both 'Abusing and Neglecting' are characterised as being unresponsive and controlling with their children, involved in angry and withdrawn
relationships with partners and unpredictable and unstable in their relationships with other adults.

It is suggested that through poor and various types of insecure attachment that children develop potentially pathogenic 'representational models' of relationships (Crittenden, 1988; Bretherton, 1985; Ainsworth, Blehar, Waters & Wall, 1978 (see Holmes, 1993). These internal working models guide expectations of relationships through which perceptions of the environment and the reactions of others are organised (and for the disturbed individual 'distorted'). As internal working models become more organised they are less available to 'conscious awareness' and consequently less available to change. Instead new experiences become assimilated into already established patterns. Therefore, attachment theory can be usefully considered in understanding the intergenerational transmission of dysfunctional family patterns and individual functioning.

1.8.5 The sexual assault cycle

A number of models have been presented conceptualising the transition from victim to perpetrator, each reflecting the potential processes or mechanisms involved. Within Finkelhor & Browne's (1986) generalised trauma theory, discussed earlier, the traumatic sexualisation concept describes sexual preoccupation and behaviour as symptoms of sexual victimisation. It has been argued that the sexual compulsion, as a consequence of abuse, may provide the
motivation for the individual to gain control or 'mastery' over their victimisation (Ellis, Piersma & Grayson, 1990). In relation to perpetrators of sexual abuse, Freeman-Longo (1986) describes the aetiology of sexually offending behaviour in victims of abuse as a reaction to the experience of victimisation. Without providing empirical evidence to support this theory it is argued that the compulsion to become a perpetrator is based on three primary factors:

1. A desire to replicate their own victimisation.
2. An anger reaction to the abuse.
3. The victimising experience provides a model for future sexual experiences.
Summit (1983) emphasises the impact of anger and hostility in male victims of abuse who go on to offend. It is argued that perpetrating behaviour is based on a 'legacy of rage' which develops in response to having been sexually abused. Similarly, Seghorn et al. (1987) have described revictimisation in terms of the child identifying with the abuser and internalising the sexual activity as an ego-syntonic part of themselves, thereby providing a self-justified pattern of abuse against other children. This psychodynamic interpretation suggests that hostility and poor self-concept may be important factors in understanding the process whereby a victim becomes a perpetrator.

Ryan (1989) present a model describing the process whereby a victim recapitulates his experiences as a victim, and becomes a perpetrator. This is a heuristic model used primarily as a framework for treatment within a cognitive/behavioural milieu, see figure 1.1. Within this model the perpetrator first feels rejected and powerless and has a low self esteem, possibly as a result of his own victimisation. In response to this when the individual relates to other people he anticipates rejection and either actively sabotages the situation so he is rejected, or he simply withdraws. Once isolated he resorts to fantasy to make himself feel he is in control and to enhance his sense of self. In the case of sexual perpetrators Ryan (1989) suggest these fantasies may involve a sexual theme, although the primary goal is to make the individual feel powerful and provide a sense of self efficacy. The fantasies may include denigration of identified victims, in what Ryan (1989) describe as "controlling, overpowering, defiling and degrading" thoughts. In addition the fantasy leads the individual to believe the victim either wants to be, or
deserves to be assaulted. The next stage of the cycle is to create and plan a situation in which the abuse may occur. This may include watching the proposed victim, or simply fantasizing about what is likely to happen.

The abusive act finally occurs, during which the fantasies from earlier in the cycle are enacted. The degree of violence, aggression or coercion are related to the mechanisms of the fantasy. Following the assault the perpetrator feels powerful and rejected. Ryan (1989) argues that fears of being caught or confronted in relation to the actual assault creates a sense of losing power and control, rather than feeling empathy with the victim. Ultimately the perpetrator recognises the possible negative impact his behaviour may have and he is once again left feeling powerless and rejected. This is a potentially useful way of understanding the process by which a victim becomes a perpetrator. Evidence to support such a model depends upon identifying a complex interaction between measuring the individuals response to sexual victimisation and subsequent behaviour. To date the model is a conceptual framework and whilst incorporated into therapeutic milieu when working with sex offenders, it is void of scientific evidence.

From the evidence presented thus far it can be argued that whilst the majority of victims do not become abusers, a significant proportion of adolescent sexual perpetrators have themselves experienced sexual and/or physical abuse during childhood. The sexual abuse cycle is an important contribution to understanding the process and context in which sexual offending behaviour occurs, and it provides one pathway which requires serious consideration. However, this model
Figure 1.1  Ryan's Cycle of Abuse

Poor self-esteem
feeling bad about self
feeling like a victim

Promise to
never re-offend

Expectation of
rejection/failure

Feeling afraid,
guilty fear
of being caught

Isolation/
withdrawal

Committing
a sexual offence

Anger: attempts
to blame and/or
control other

Planning
retaliation
to make himself
feel better

Fantasies: 'I'm bigger,
I'm better, smarter,
sexier'
should not be overstated because it fails to provide an all inclusive causal explanation for sexually offending behaviour. Prior victimisation is not present in as many as fifty percent of sexual perpetrators and therefore alternative explanation for the origins of this behaviour has to be explored.

1.9 Delinquency as a path to sexually perpetrating behaviour

Becker (1990) has suggested that whilst a proportion of adolescent perpetrators have deviant sexual arousal patterns which form the basis of their abusive behaviour, others may act out sexually within a pattern of general antisocial behaviour. She cites the example of a group of adolescent boys who commit a robbery and when they find a women in the house, they rape her. A number of studies provide evidence to support the position that sexually offending behaviour is set within a pattern of antisocial, delinquent behaviour. Table 1.5 represents the percentage of perpetrators who, in addition to their sexual problems, display prior delinquent behaviour.

Table 1.5
Antisocial Behaviour of Adolescent Perpetrators of Sexual Abuse

<table>
<thead>
<tr>
<th>Study</th>
<th>Percentage of adolescent perpetrators with prior behavioural problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van Ness (1984)</td>
<td>86%</td>
</tr>
<tr>
<td>Fehrenbach et al. (1986)</td>
<td>44%</td>
</tr>
<tr>
<td>Becker et al. (1987)</td>
<td>29%</td>
</tr>
<tr>
<td>Kavoussi et al. (1988)</td>
<td>67%</td>
</tr>
<tr>
<td>Smith (1988)</td>
<td>55%</td>
</tr>
</tbody>
</table>
Studies which have focused on incarcerated, older and more violent offenders have found delinquency (often labelled conduct disorder, DSM-IV) to be more prevalent than in studies which have concentrated on clinical populations (Van Ness, 1984). Lewis et al. (1979) compared incarcerated sexual offenders with other violent offenders in a secure unit and concluded that there were few differences between the two groups in terms of psychiatric diagnosis and neuropsychological assessment. Similarly Tarter, Hegedus, Alterman & Katz-Garris (1983) argue that sexual offenders did not differ from juvenile violent and non-violent offenders on a range of cognitive and neuropsychological measures, who were all being assessed in a short-term residential setting. Both studies include populations which had predominantly committed violent rape and no mention was made about the history of sexual victimisation in any of the subjects.

The emphasis in these studies draws on similarities between sexual perpetrators and other juvenile delinquents, in line with Becker's (1990) argument that delinquency is one pathway towards sexually offending behaviour. All of the studies presented in table 1.5, except for Van Ness (1984), focused on outpatient treatment services for sexual perpetrators and found a lower incidence of delinquency than studies investigating incarcerated adolescent perpetrators. It is interesting to note that Kavoussi et al. (1988) found that 75% of a group of adolescents who raped adult women had a psychiatric diagnosis of conduct disorder, whilst only 38% of those involved in other sexually deviant behaviour met the same criteria. They conclude that conduct disorder may be a factor which leads adolescents to rape women and that, therefore, other factors may exist.
for adolescents who engage in other inappropriate sexual behaviour.

In contrast to the evidence presented thus far Kempton & Forehand (1992) concluded that incarcerated adolescent sex offenders had fewer externalising and internalising problems than both violent offenders and non-violent offenders. Blaske, Borduin, Henggeler & Mann (1989) earlier work contradicts these findings by arguing that adolescent perpetrators show higher levels of internalising problems compared to violent delinquents, non-violent delinquents and non-delinquent peers. However both studies suggest that a proportion of sexual perpetrators are different from other delinquent populations in that they display lower externalising aggressive behaviour.

The discrepancy between the first argument that some sexual perpetrators are similar to other delinquents (Tarter et al., 1983; Lewis et al., 1979) and the second position that the symptomatology of some perpetrators is not explained through models of delinquency, once again supports the argument that adolescent perpetrators are a heterogeneous population. In the same way that experiences of sexual victimisation provide one pathway to perpetrating behaviour, it is evident that sexually abusive behaviour set within an overall pattern of delinquent behaviour is an equally plausible pathway. Thus far there has been no attempt to develop a comprehensive classification system which identifies specific pathways to sexually offending behaviour.

Whilst delinquency and sexual victimisation are presented as two common factors
in the profiles of adolescent perpetrators, the extent to which they differentiate between two 'types' of perpetrator should not be overstated. For example it has been noted that male victims of abuse, who may become a perpetrator, may also show aggressive externalising behaviour in response to being sexually abused themselves. In this case it is problematic to ascertain whether the victimisation is a cause of the delinquent behaviour and furthermore which of the two factors are responsible for triggering the abusive behaviour.

In essence sexual victimisation and delinquent behaviour are two areas repeatedly identified in the histories of adolescent perpetrators and are important indicators which may provide a framework for understanding the genesis of offending behaviour (Becker, 1990). The causal relationship between victimisation and delinquency has yet to be established. Research into understanding the aetiology of sexually offending behaviour is in its infancy. There is an absence of evidence to support an explanation of the possible causal mechanisms, and much of what is known is based on small scale clinically based projects. Much of the descriptive material presented in the literature is based on clinical samples, and therefore subject to sample biases which are inherent in studies which do not include controlled comparison groups.

Having considered the impact of sexual victimisation and delinquency on the commission of sexual offences it is now intended to consider other evidence which may assist in understanding what causes adolescent boys to become perpetrators of sexual abuse. It is intended to review information about the characteristics of
adolescent perpetrators including demographic factors, family characteristics, cognitive ability and school performance, before focusing on the psychosocial functioning of this population as the central area of investigation in this thesis.

1.10 Demographic characteristics

Demographic information concerning adolescent sexual perpetrators is largely unavailable in the United Kingdom. However, from the United States Ryan et al. (1990) and Becker (1988) argue that adolescent sexual perpetrators are a heterogenous group, and do not offer an 'identifiable profile'. Whilst it is useful to illustrate this from American data, its comparability to Britain must be questioned. It is also important to note that all knowledge about adolescent perpetrators is limited to those who are referred to clinical services or processed within the judicial system.

Fehrenbach et al. (1986) reporting on the study of 305 inpatient adolescent perpetrators argue that the mean age of the males was 14.8 years, ranging from 11 to 17 years. Fifty-eight percent of the sample were over 15 years old. Similarly Blaske et al., (1989) report from a study of 60 adolescent perpetrators that the mean age was 15.1 years. Based on the Hollingshead Two-Factor Index of Social Position, they concluded on a sample of 189 cases that the perpetrators came from all social and economic backgrounds. This finding was supported by Deisher et al. (1982) who concluded that adolescent perpetrators are found in the entire range of social classes.
Importantly, they found that less than one third of the sample lived with their biological parents, whilst others came from reconstituted families, children's homes, or foster families. Ryan et al. (1990) found that over 70% of their sample of perpetrators were living at home with their parents, however two thirds of these were also reconstituted. Blaske et al. (1989) report that 61% of their subjects were from father absent families.

In relation to ethnicity, crime statistics from the United States indicate that black adolescents represent the largest number of offenders. Of all sexual crimes committed during 1980 and 1981 64% of the perpetrators were white and 36% were black, for forcible rape 42% were white and 58% were black, as reported by Davis & Leitenberg (1987). Becker and Stein (1991) reporting on a population of adolescent perpetrators who were outpatients to a Sexual Behaviour Clinic, found that 62% were black, 26% were hispanic and only 12% were white. Two points are worth noting here, first Davis and Leitenberg (1987) caution against over estimating the representation of black adolescent sexual perpetrators, which exceeds prevalence in other crime figures. They argue that it is premature to attribute race as a factor in the commission of sexual offences, suggesting that prejudices within the judicial system of the United States might account for the discrepancy. In addition they highlight the, as yet unknown, relationship between socioeconomic status, adverse living conditions, the nature of abuse, and the commission of a sexual offence.

Second, in relation to the disparity in the figures between all sexual offences and
forcible rape, it is worth considering the argument, using Becker's (1990) definition, that forcible rape rather than child sexual abuse, is one element within an overall pattern of delinquency. As prejudice and lack of understanding of black culture leads to over-representation in psychiatric conduct disorders and crime statistics in delinquency, this might also be particularly true in relation to sexual offences. This argument is supported by Ryan et al. (1990) who suggests that no single ethnic or religious group is accountable for a significant proportion of sexual offences. Similarly Abel, Becker, Mittelman, Cunningham-Rathner, Rouleaux & Murphy (1987) argue that the sexual abuse of children is found in all sections of society.

1.11 School and Cognitive Factors

Despite the paucity of evidence concerning cognitive ability and school performance it is suggested that a proportion of adolescent perpetrators have learning difficulties and achievement in school is poor (Fehrenbach et al., 1986; Pierce & Pierce, 1987; Rowe-Lonczynski, 1991). Epps (1991) reporting on a study of eighteen incarcerated adolescent perpetrators, suggested that 44% had learning difficulties. Half of the group had been in schools for children with special needs and one third had received specialist language and speech support. Wechsler (1992) has suggested that children suffering from emotional and behavioural disturbance are more likely than the norm to be deficient in verbal skills and not achieving their potential in the school environment. Therefore whilst sexualized behaviour cannot be associated with an identified age of onset, socioeconomic group, ethnic and religious background, there is evidence that
family dysfunction and poor school performance may be common characteristic for a significant proportion of perpetrators.

1.12 Psychosocial Adjustment

Adolescent sex offenders are commonly described as isolated young people, with poor social skills, who experience difficulties in making and maintaining good interpersonal relationships with their peers. Furthermore Davis and Leitenberg (1987) have argued that:

"Clinicians who have worked with adolescent sex offenders have suggested that various social deficits might be causally linked to the commission of a sexual offence." (pp. 422)

However much of the evidence to support this argument is based on clinical anecdote rather than empirical studies which compare the peer relationships and friendships of sexual perpetrators with other adolescent groups. Listed below in table 1.6 are commentaries and studies which address the issue of peer relationships and friendships of adolescent perpetrators and the methodology used:

As outlined by the table above few studies have undertaken a systematic investigation of the peer relationships and friendships of adolescent perpetrators using an empirical design. Those that have attempted a systematic investigation have relied on the validity of self-report measures and interview reports with adolescent offenders.
### Table 1.6
Methods employed to assess the psychosocial adjustment of adolescent perpetrators of sexual abuse

<table>
<thead>
<tr>
<th>Study</th>
<th>Methodology for assessing peer relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saunders et al. (1986)</td>
<td>Clinical Interview</td>
</tr>
<tr>
<td>Blaske et al. (1989)</td>
<td>Parent &amp; Teacher Peer Assessment&lt;br&gt;Comparison with delinquent and normal control group</td>
</tr>
<tr>
<td>Fehrenbach et al. (1986)</td>
<td>Structured Interview&lt;br&gt;Peer ratings on interviewer judgments</td>
</tr>
<tr>
<td>Shoor et al. (1966)</td>
<td>Clinical Interview - Parent and Adolescent reports</td>
</tr>
<tr>
<td>Groth (1977)</td>
<td>Clinical Assessment</td>
</tr>
<tr>
<td>Deisher et al. (1982)</td>
<td>Clinical Assessment and School report</td>
</tr>
<tr>
<td>Fagan &amp; Wexler (1988)</td>
<td>Research Interview</td>
</tr>
</tbody>
</table>

NB: Does not include all studies described in text some of which are cited in Dissertation Abstracts.

As early as the 1960s Shoor et al., (1966) argued that the adolescent perpetrator is essentially a 'loner', who does not engage in peer group activities with either sex, but is more likely to enjoy the company of younger children. This position has been repeatedly stated by those working with this population. Stenson & Anderson (1987) describe the adolescent perpetrator as a 'nice' and 'quiet' young man, someone who is likely to ask to babysit and he is a 'loner', his social isolation being one of the most noticeable characteristics. Similarly, Smith (1988) argued that perpetrators had significant psychosocial problems, including 'social isolation' and 'immaturity'. Becker (1990) highlighted the impact of social isolation from the peer group by suggesting that sexual activity took place between the adolescent perpetrator and his younger victims because of his inability to form age appropriate peer relationships.
The clinical evidence does support the position that adolescent perpetrators are socially isolated. In studies which have addressed the issue more systematically Fehrenbach et al. (1986) reported that 65% of perpetrators in their study experienced significant social isolation, 32% had no friends at all and of the 34% who did report having friends, they suggested they were not very close. Likewise Saunders et al. (1986) suggested that over 60% of the sample overall had no close friends. In this study which compared different types of sexual perpetrators they concluded that 60% of adolescents engaging in non-contact abuse and 72% of those involving sexual abuse of children reported being socially isolated. In comparison 74% of those who committed rape reported having acquaintances and being part of a loose group of friends.

Vizard, Monck & Misch (in press) reported on a study by DeNatale (1988) which compared sexual perpetrators with non sex-offending delinquents and concluded that the perpetrators were significantly more shy, timid and withdrawn than the delinquents. In a similar design Chewning (1990) compared 60 boys in three groups: perpetrators, delinquents, and controls. Perpetrators had fewer female friends, fewer friends in general and found it difficult to experience intimacy with peers. Similarly Fagan and Wexler (1988) report that sexual perpetrators were more socially isolated and sexually insecure than a comparison of chronic violent offenders. Rowe-Lonczynski (1991) compared two clinical groups, one sexual perpetrator and the other emotional disturbed, with a normal control group. Youth self report and parent reports of behaviour were collected with a measure of social competence and social integration. The results indicated that social incompetence
variables did not distinguish the groups, although the perpetrators were significantly more isolated.

Blaske et al. (1989) compared one group of sex offenders with violent, non-violent delinquent and non-delinquent peers and suggested that in comparison to all three control groups the sex offenders showed low emotional bonding to peers, based on parent reports. Additionally the delinquent groups were described as having aggressive relationships with like minded peers, compared to both sex offender and non-delinquent groups. This study and the previous report by Saunders et al. (1986) suggests that different types of sex offender may have different friendship patterns. Whilst the adolescent perpetrator who commits sexual abuse within a pattern of antisocial behaviour may indeed have a loose friendship network, as described by Saunders et al. (1986) those who engage in other types of sexual abuse, notably with children, may be genuinely socially isolated, as suggested by Blaske et al. (1989). In contrast Groth (1977) has suggested that rapist tend to be 'loners' who have difficulties in establishing close meaningful relationships with peers, whilst child molesters are immature and find it easier to identify with younger children than with peers. This latter argument supports Becker (1990) position outlined above, who suggests that sexual abuse of children by adolescent is related to their inability to establish age appropriate relationships. All of the studies discussed thus far have examined psychosocial adjustment in adolescent perpetrators within a more general investigation of the characteristics of this population.
Katz (1990) compared a group of 31 adolescent perpetrators in a treatment programme with 34 non-sex offending delinquents in a correctional facility and 71 normal adolescents on a range of standardised social adjustment instruments. These included measures of assertiveness, competence in interacting with the opposite sex, social distress, loneliness, self-consciousness, self-esteem, depression and general maladjustment. It was hypothesized that the sexual perpetrators would show more global maladjustment than the normal group and social incompetence and anxiety than the delinquent group. Sixty-one percent of the perpetrators reported being victims of sexual abuse. The perpetrator group were described as having a mean age of 15.5 years, predominantly white, who had abused either a sibling or a child known to them. Abuse activity ranged from fondling to oral sex and intercourse.

A discriminant function analysis was employed to identify variables which best predicted membership to one of the three groups. The results indicated that the perpetrators and delinquents had poor social adjustment. They were more aggressive, had difficulties with authority, negative self-concept, and were angry and restless in comparison to the normal group. More importantly the perpetrators were reported to be more socially inadequate and felt threatened during interactions with their female peers. In addition the perpetrators were more socially maladjusted than the delinquents and tended to place responsibility for their behaviour beyond themselves. Whilst this study provides conformation of the issues identified in previous clinical work, two methodological issues are noted. First the design of the study is based on self-report measures and besides
being subject to common issues around validity and reliability, no attempt was made to provide reports from parents, teachers or peers. Second it is a cross-sectional investigation which prohibits any conclusion about causation. Katz (1990) suggests that it is as plausible to argue that the perpetrator’s responses are as a result of being caught committing a sexual offence as it is to assume the psychosocial deficits were responsible for the behaviour.

Insufficient evidence is available to illuminate this issue further. In summary dysfunctional peer relationships and friendships appear to be present in adolescent perpetrators. Whilst, different conclusions have been reached in the small number of studies, two points are noted. First some adolescent perpetrators who show aggressive and antisocial behaviour may have an associated groups of friends who also display antisocial behaviour. Second, some adolescent perpetrators who engage in sexual abuse with children may find difficulty in making friends with children their own age and therefore engage with younger children. It is the second group which form the basis of the current investigation.

1.13 Summary

Thus far evidence has been presented exploring factors which may explain the origins of sexually abusive behaviour in adolescence. Historically health professionals working with adolescent boys have been aware that sexually abusive behaviour may begin at a relatively young age. Prevalence figures indicate that adolescent perpetrators of sexual abuse are responsible for committing 30% of all sexual crimes, and that around 50% of all adult sex offenders begin their abusive
behaviour during adolescence. Recent concern about the impact of sexual abuse on mental health may have been influenced by society’s changing definitions of sexually abusive behaviour. The acceptance of exploratory sexual behaviour by adolescent males may have prevented families and professionals from addressing the dangerousness of some young men. Clear guidelines are now available for defining what constitutes sexual abuse, and provide a structure for differentiating between normal psychosexual development and sexually abusive behaviour.

In terms of the actual sexual offences committed two main themes emerge from the evidence reviewed. Previous research has drawn a distinction between sexual abuse of children from that of peers or adults. At times the arguments become confused when terms like rape and paedophile are used to describe the different types of sex offenders. Nevertheless a distinction is justified based on sexual abuse of children (in any form, including penetration) and sexual abuse of adults (which may include rape, but may also include, for example, molestation). Sexual arousal to children is regarded as distinct from sexual crimes against adults, primarily women. Understanding what motivates sexual abuse may also be important when it comes to identifying appropriate treatment.

The origins of sexually abusive behaviour in adolescent males is a difficult process to understand. However a number of arguments have been presented which identify potential risk factors towards offending behaviour. Sexual abuse in the histories of adolescent perpetrators has been discussed. Around 50% of adolescent perpetrators of sexual abuse are known to be victims of sexual abuse themselves.
In addition emotional, physical abuse and neglect is discussed. Models attempting to understand the process from victim to perpetrator of sexual abuse focus on cycles of offending behaviour and suggest that sexual offences committed by adolescent sexual perpetrators are related to their own experiences of abuse. The impact of sexual abuse on males and the way in which they respond to it has also been discussed. One important model (Watkins & Bentovim, 1992) suggests that males respond to the traumatic experience of sexual abuse by externalising their response. Evidence from studies of sexual abuse of males supports this model by describing the elevation in delinquent and aggressive behaviour following abuse. Further exploration of the characteristics of victimised perpetrators is therefore important.

The fact remains however that whilst a proportion of sexually abused boys become perpetrators themselves, the majority do not. Longitudinal studies are needed to follow-up cohorts of victims to ascertain what proportion do become perpetrators. It is therefore important to understand which other factors interact with the experience of sexual abuse, which differentiates victims who do abuse from those who do not. Protective mechanisms may play an important role in this process, yet any understanding these mechanisms remains largely unknown.

Whilst the impact of sexual victimisation in the aetiology of abusive behaviour should not be underestimated, it is clear from the evidence presented that as many as 50% of adolescent perpetrators have not been sexually abused. Alternative explanations have been proposed suggesting that adolescent perpetrators of sexual
abuse act out within a context of delinquency. However some of the evidence presented suggests that sexual perpetrators tend to be less aggressive and delinquent than other non-sexual violent and non-violent offenders. Nevertheless it is important to investigate factors which motivate an adolescent to commit a sexual offence when there has not been a history of sexual victimisation. This process requires an understanding of the differences between boys that are known to have emotional and behavioural difficulties, but who are not known to have committed a sexual offence.

A number of hypotheses have been presented suggesting that family factors, cognitive factors, and psychosocial factors may help identify potential risk factors in the origins of sexually abusive behaviour. Having considered the current concerns surrounding the genesis of sexually abusive behaviour in adolescent males, the need to employ strict empirical methodology to gain a greater understanding of individual psychological processes, family factors and psychosocial adjustment is recognised. In order to address the complexity of each issue adequately independent and detailed studies are required. Of these the psychosocial functioning of adolescent perpetrators is perhaps the least well explored. The remainder of this study will focus on the psychosocial adjustment of adolescent perpetrators, in particular introducing the perceptions of parents, peers and teachers who are uniquely placed to provide a more valid picture of the suggested social deficits of adolescent perpetrators.
Chapter Two

Peers and Friendship in Psychosocial Adjustment

2.1 Theoretical Perspectives

Having introduced the literature on adolescent perpetrators of sexual abuse and highlighted the problems of social isolation and social incompetence, chapter two presents a model within which the psychosocial adjustment of this population can be investigated. Within social-developmental theory it has been argued that social relationships, in both a dyadic and group context, play an important role in the adjustment of children and adolescents (Piaget, 1932; Sullivan, 1953; Youniss, 1980; Hartup, 1983; Dunn & McGuire, 1992; Dodge, 1993). Poor peer relationships are associated with maladaptive outcomes (Bukowski & Hoza, 1989) and adolescents who fail to engage actively with their peer group are at risk of developing adjustment difficulties (Parker & Asher, 1987; 1993).

It has been reported that social rejection is a unique predictor of later maladjustment such as delinquency (Coie, Lochman, Terry & Hyman, 1992; Dodge, 1993; Kupersmidt & Coie, 1990; Ollandick, Weist, Borden & Greene, 1992; Parker & Asher, 1987/1993). Whilst much of this evidence concerns aggression and its relationship to later maladjustment, the impact of peer rejection on socially withdrawn children may have a similar role in predicting psychopathology (Parkhurst & Asher, 1992; Coie et al., 1992; Rubin, LeMare & Lollis, 1990). The cross-sectional study reported in this thesis precludes the use of retrospective and prospective data on the psychosocial adjustment of adolescent
perpetrators of sexual abuse. However, the theoretical model to be discussed provides a framework for exploring the psychosocial deficits in this population. It is intended to introduce the theoretical position that social relationships play a critical role in the development of psychosocial adjustment, to consider the different levels of social relationships and to review the evidence concerning the impact of social relationships on adjustment. The 'at risk' hypothesis will be evaluated as a predictive measure of maladjustment, and a model for investigating adolescent social adjustment, social cognitive skills and psychological adjustment as an overall measure of psychosocial adjustment will be presented. Implicit in this discussion is the proposition that psychosocial maladjustment may be an important risk factor in the prediction of sexually abusive behaviour in adolescence.

\section*{2.2 Definition of Psychosocial adjustment}

In order to investigate the association between social relationships and their potential impact on development, \textit{psychosocial adjustment} is defined on three levels, each of which are referred to throughout the remainder of the study as being discrete, yet interrelated concepts. First, \textit{social adjustment} refers to the individual's degree of involvement with his peer group and his friendships. Second, \textit{social competence} is defined in terms of social cognition, including locus of control, empathy and perspective taking. Third, \textit{psychological adjustment} concerns the degree of psychopathology; specific attention will be given to behaviour problems, affective disorders, and the extent of which problems are externalised or internalised. \textit{Maladjustment} is defined in terms of poor peer relationships, absence of friendship, social competence deficits, and a high
incidence of externalising or internalising problems.

2.3 Theoretical perspectives on the importance of social relationships

Bukowski & Hoza (1989) within social developmental theory argue:

"that experiences with peers are an important, if not necessary, context for the development of several fundamental skills required for social interaction." (pp. 17)

With reference to the acquisition of appropriate sexual behaviour Hartup (1977) suggests:

"that without an opportunity to encounter individuals who are co-equals, children do not learn effective communication skills, do not acquire the competencies needed to modulate their aggressive actions, have difficulties with sexual socialisation, and are disadvantaged with respect to the formation of moral values." (pp. 1)

Savin-Williams & Berndt (1992) support this argument suggesting that adolescent friendships are 'critical bridges' which carry them towards psychological maturity.

Kelly & Hansen (1987) suggest that making friends and being part of the peer group is important in providing settings for experimentation, which is necessary for developing sexual attitudes and behaviour, acquiring moral and social norms and for enhancing ones self esteem. Hartup's position, supported by others, has provided a basis for gathering evidence to support the relationship between social interaction and psychosocial adjustment.

Social relationships are an important source of stable companionship, which contribute increasingly to the social development of young people in the late twentieth century as a result of changes in family constitution. Secular trends suggest that the influence of relationships outside the nuclear family is perhaps
more important now than at any other time (Asher, 1990). Over the last twenty-five years there have been a number of studies which have explored the specific role of social relationships during adolescence (Coleman & Hendry, 1990). Much of this work has focused on the increased attention peers command during the adolescent years, in comparison to other stages throughout the lifespan.

Studies of peer conformity (Constanzo & Shaw, 1966; Coleman, 1974; Berndt, 1982; Smith & Cowie, 1993) suggest that during mid-adolescence, around the ages 11 to 15 years, belonging to a group of same age peers and behaving in line with the norm is more important to the individual than either before or after this time. Constanzo & Shaw’s (1966) study demonstrated in a laboratory experiment the adolescent’s preference for agreeing inaccurately with their peers, rather than choosing the correct answers, in order to be seen as part of the peer group. Interestingly Berndt (1982) in a study similar to Constanzo & Shaw (1966) found that conformity to antisocial behaviours also followed this pattern. Coleman (1974), cited in Coleman (1990), concluded that the desire for group membership was at its highest during mid-adolescence. He describes the influence peers place upon one another to conform as 'peer pressure', and suggests peer pressure is the 'price of group membership' (pp.120) which in itself fosters development and individual identity.

The role peer relationships play in the psychosocial adjustment of the individual has its origins in the work of the philosopher and developmental psychologist Jean Piaget (1932) and the psychiatrist Harry Stack Sullivan (1953). In a well cited
review of their theories Youniss (1980) describes how adults play an important but limited role in the young person’s development, and that adolescents’ friends and peers provide a healthy and effective context in which socialisation takes place. In essence both theorists argue that as a child reaches adolescence it becomes necessary to establish their own sense of identity which has throughout childhood been determined by adults.

Piaget, besides being well recognised for his contribution to our understanding of cognitive development, was also concerned with the individual’s ability to master his social environment. Whilst attempting to explain the development of moral reasoning he suggested that the peer group provides a context in which the common benefit of all is put before the needs of the individual. Twenty years later Sullivan argued that experiencing reciprocal and mutually intimate relationships with friends during pre- and early adolescence is fundamental to healthy development. He believed that feeling understood, validated and cared for by friends are essential components in the development of appropriate social competencies, such as providing emotional support to friends, being able to cooperate and compromise in social relationships, and being able to effectively resolve conflicts (Buhrmester, 1990; Shantz, 1986).

The main similarity between these two theories concerns the importance of learning interpersonal skills through interaction with peers and friends during early adolescence. Both are stage theories emphasising the move from dependency on adults which exists up until the ages of 8 to 10 years. Piaget argues that it is not
until children have reached the stage of concrete operations, around the age of 7 to 8 years, that peers are able to demand that the group perspective be taken into account by the individual. Sullivan proposed a detailed developmental sequence in interpersonal relationships. Following interactions that are dependent upon adult involvement (2 to 5 years) and interaction between playmates in which self fulfilment is the primary goal (4 to 8 years), the child aged 8 to 11 years begins to develop intense attachments to same-sex friends, most commonly known as ‘chumships’. These relationships are described as intimate and reciprocal in nature (McGuire & Weisz, 1982).

McGuire & Weisz (1982) argue that Piaget’s position emphasises the importance of being included and popular within the peer group as central to the development of perspective taking skills. Conversely Sullivan’s theory focuses on the importance of belonging to the peer group until pre-adolescence, followed by the development of a dyadic relationship between two ‘chums’ as the structure in which the acquisition of social skills takes place. Whilst there is a distinction made between studying either dyadic friendships or social status within the peer group it is evident from the literature that this distinction has not always been clearly addressed.

2.4 Peer Relationships Versus Friendship

In defining what is understood by social relationships Furman (1989) has described four types of social interaction which he describes in the following way: firstly the ‘interactional level’ which requires individual encounters between two peers,
secondly the 'dyadic relationship' which concerns an ongoing interaction between
two peers, thirdly the 'group level', which relates to a coherent set of relationships
and fourly the 'global network' which includes the entire set of social
relationships. The focus in this study will be on the two dimensions which include
an ongoing dyadic relationship with one or few close friends and how the
individual is regarded by a coherent group.

Likewise Bukowski & Hoza (1989) suggest that "social relationships" is not a
unitary concept and that a distinction needs to be drawn between social status or
'popularity' and 'friendship'. Popularity is defined as being 'liked' and 'accepted'
as a member of the peer group, whilst friendship refers to experiencing a 'close',
'mutual', 'dyadic' relationship with one or a few individuals. Conceptually the two
constructs use different reference groups and include different methods of
measurement as shown in figure 2.1:

<table>
<thead>
<tr>
<th>Popularity</th>
<th>Friendship</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Specific</td>
</tr>
<tr>
<td>Group</td>
<td>Dyadic</td>
</tr>
<tr>
<td>Unilateral</td>
<td>Bilateral</td>
</tr>
</tbody>
</table>

It is argued that social status (being included by the peer group) and having
intimate friendships are independent and can be conceptualised as independent but
correlated dimensions. This is described by McGuire & Weisz (1982):

"investigators who study peer relations must not equate friendship with
popularity. A child's degree of involvement with a friend appears...to be
virtually unrelated to his or her level of popularity." (pp. 1483).
The authors came to this conclusion from a study of 293 ten to twelve year olds who were assessed on measures of social inclusion, friendship and social competence. The children were requested to write down the names of five children who they considered friends in order of preference, and three weeks later repeated the exercise. The Mannarino Chumship Checklist (Mannarino, 1976), which will be discussed in relation to his work later in this chapter, was administered to assess friendship quality. Subjects included in the friendship experimental group had to meet the following criteria: first, a child’s choice of either first or second friend had to be reciprocated by one of the nominations. Second, friendship stability between the reciprocated friendship had to remain constant over the three weeks. Third, the score on the Chumship Checklist had to be above the mean for the entire sample.

Popularity was determined by rank order and frequency on the friendship nomination lists, with first choice scoring 5 and fifth choice 1. For example if a child received 3 second rating nominations and 1 third, the score was 15. Subjects in the top 30% were considered popular and the bottom 30% unpopular. Cognitive perspective taking skills and altruism were assessed as markers of adjustment. The children were engaged in games designed to assess both skills, in addition teacher ratings of altruism and altruism-observations by independent researchers were employed. The results indicated that children with friends were significantly more able to identify the emotions of others and understand the consequences of their behaviour in their social interactions (McGuire & Weisz, 1982). Furthermore, level of popularity was unrelated to either level of altruism.
or perspective taking. This study is important because it demonstrates empirically that a distinction between the peer group and dyadic relationships is justified.

However, Bukowski & Hoza (1989) suggest that understanding the influence of social relationships on adjustment has been based largely on the peer group, rather than dyadic friendships. They argue this is due to the failure of some researchers to consider the different levels of social relationships. Furthermore, McGuire & Weisz (1982) and Bukowski & Hoza (1989) argue that the assessment of the peer group has at times confused acceptance by the peer group with friendships; notably when inclusion is based simply on the nomination of a limited number of children who are liked (typically three) and children they dislike. This important point was repeated more recently by Parker & Asher (1993) who suggested that limiting peer inclusion to the selection of three liked and three disliked peers actually prevents the individual from nominating people they like but do not consider their friends. Furman & Robins (1985) argue that by focusing only on the peer group it is has not been possible to assess the extent to which children without dyadic friendships are at risk of later adjustment difficulties or whether they are at greater risk than individuals not included by the peer group.

Parker & Asher (1993) have investigated the relationship between friendship and the peer group on adjustment. Except for a limited amount of evidence (McGuire & Weisz, 1982; Bukowski & Newcomb, 1984), to date each construct has largely been considered independently and the proposed relationship between the two is
therefore only theoretical. Parker & Asher (1993) examined the friendships of a sample of 881 North American school children aged 9 to 11, with a specific interest in those who were least well accepted by the peer group. The quality and degree of satisfaction within a dyadic relationship was measured, as was loneliness and social dissatisfaction using self-report instruments. The degree of peer group acceptance was measured using peer ratings on a 1 to 5 Likert scale, asking each child to rate how much they like to 'play' with each of their classmates. Standardised scores were used to produce three categories 'high accepted' (standard score greater or equal than 1), 'low accepted' (standard score less than or equal to -1), and 'average accepted' (all other children). Friendship was measured on two levels, first asking children to nominate their three 'best friends' from the class register, and second each child had to select one of the three as their 'very best friend'. Children were considered to have a very best friend if the child they had chosen as 'very best' had also included that child in his or her list of three friends.

The results indicated that 78% of the children had at least one friend, however only 55% of the sample had a 'very best friend'. In addition the likelihood of having a friend and very best friend increased the more accepted the child was by the peer group, similarly the least accepted children had far fewer friends. Using logit analysis it was established that whilst 93% of high-accepted and 82% of average-accepted children had friends, only 45% of low-accepted had friends. Similarly when the 'very best friend' criterion was included in the analysis, whilst high and average-accepted groups had 70% and 58% respectively, only 29% of
low accepted children had very best friends. Gender differences were also found. Low-accepted girls were twice as likely to have a very best friend (39%) as boys (19%). This result is important because it suggests that over 80% of boys who are not well accepted by their peers do not have close friends, and may therefore be at risk of later adjustment difficulties. It also raises the issue that at least one fifth of rejected boys do have friends and this may acts as an important protective factor in psychosocial adjustment.

The researchers also noted that 75% of low-accepted children who were involved in friendships were matched with children who were average-accepted. In relation to friendship quality and satisfaction, all dyadic friendships were equal with respect to how much recreation and companionship they perceived in their relationships. Nevertheless, low-accepted children were significantly less caring, helpful and supportive of their friends and had more difficulty in resolving conflicts than either of the other groups. Whilst the low-accepted group showed less satisfaction with their friends, the differences between groups were not significant. With respect to loneliness, absence of a friend significantly influenced feelings of social isolation. Children without friends were more lonely than those with friends, irrespective of level of acceptance by peers. Furthermore friendship quality and satisfaction equally predicted loneliness. These results led Parker & Asher (1993) to support McGuire & Weisz’s (1982) conclusion that peer group acceptance and friendship are independent dimensions. Thirty percent of high-accepted children do not have very best friends, and 45% of low-accepted children have at least a reciprocated friendship, the majority of whom were in the average
group. They suggest:

"it would be 'incorrect' to characterize all low-accepted children as children without friends." (pp.619)

In addition they suggested that children without friends were more lonely than children who had friends, irrespective of degree of acceptance. They concluded that together a combination of being excluded by the peer group, not having a best friend, or having a friend who fails to meet important needs are factors influencing loneliness and social dissatisfaction.

Thus far it has been suggested that social relationships are better understood within a bi-axial model, with the peer group and friendships existing along independent but correlated dimensions. However the question remains as to which aspects of social interaction influence psychosocial adjustment.

2.5 Theory of Social Provisions

Furman & Robins (1985) have suggested that peer group relationships and friendships have different influences on the individual. Building on the work of Weiss (1974) Furman & Robins (1985) have proposed a model of 'social provisions' in which eight social provisions are both sought and given by children and adolescents in their social relationships. As suggested in figure 2.2 below some are sought and provided by either the peer group or dyadic friendships, others by both.
Studies of the peer group have focused almost exclusively on 'inclusion' or being accepted by the peer group (Coie, Dodge & Coppotelli, 1982; Asher & Dodge, 1986), and investigations of friendship have used elements of this model in the design of questionnaires (Buhrmester, 1990). Not surprisingly with the lack of empirical evidence concerning the impact of friendship on adjustment, studies of the relationship between the two concepts is inevitably underinvestigated. At this stage in our understanding it is necessary to suggest that peer group inclusion and friendship serve different functions in socialization, as described by Furman & Robins (1985). Therefore the group and the dyad play important, but different, roles in adjustment. Parker & Asher’s (1993) study suggests that a combination of deficits in either area may be detrimental. This study highlights the need to evaluate both dimensions of social relationships, because concern for the individual excluded from the peer group may be overstated if that child has a good close
friend and vice versa. The evidence concerning the influence of the peer group and friendship on social adjustment will now be discussed and an assessment made of the relationship between social adjustment, social competence and psychological adjustment.

2.6 The impact of the peer group on adjustment

Much of the evidence relating to the impact of peer relationships on adjustment has been concerned with the outcome for children and young people who experience different levels of inclusion by their peer group with, not surprisingly, most attention being focused on those who are excluded (Williams & Gilmour, 1994). The development of sociometric methodology (to be discussed in detail later in this chapter) has produced different profiles of children and adolescents who are highly popular, average or actively excluded. Sociometric methodology usually classifies children into one of six different social status groups: popular, controversial, neglected, rejected, average and other. Whilst there is a paucity of information reported about the proportions of children who fall into these categories, it is argued that one fifth of children are thought to be at risk of being ostracised by their peer group (Cillessen, van IJzendoorn, Lieshout & Hartup, 1992).

Within standard sociometric classification, popular status is associated with pro-social behaviours (Ladd, Price & Hart, 1990; Dodge, 1983; Coie & Kupersmidt, 1983). Popular children are regarded as helpful and considerate, they are respectful of authority and the rules which govern their peer group. They are
often actively engaged in positive interaction with other peers (Coie, Dodge & Kupersmidt, 1990). *Controversial* status children receive both high negative and high positive nominations. Cairns, Cairns, Neckerman, Gest & Gariepy (1988) suggest that being disliked by some peers for bullying or victimising is not the same as being totally ostracised by the entire social network hence these children should not be classified as rejected or neglected. *Controversial* children are often described as being disruptive and aggressive, but they may also acquire a certain popularity because they have leadership qualities, and have a high impact in their peer group (Coie et al., 1982; Cairns et al., 1988).

*Neglected* status children have historically been described as those who engage in solitary play. When observed in social interaction they are less aggressive than others, including popular children (Coie et al., 1990). Neglected children are not thought to be a group at risk of later adjustment difficulties (Parker & Asher, 1987; Rubin et al., 1990; Ollendick et al., 1992; Ollendick, Greene, Francis & Baum, 1991; French & Waas, 1985; Kupersmidt & Coie, 1990). Recent work suggests that neglected children do not differ from popular or average status groups in behavioural characteristics (Coie & Dodge, 1988). The usefulness of neglect as a sociometric status category has therefore been questioned; in the past such children were regarded as being at risk. *Average* children by virtue of being neither viewed as highly popular or unpopular, serve as a reference point for the other sociometric categories. *Other* children are those who fail to fit into the sociometric classifications as defined, and what these children are like remains unexplained. Salzinger, Feldman, Hammer & Rosario (1993) have modified the
classification to include the *other* category within *average* status allowing all children to be allocated a sociometric status.

It has been suggested that children who are *rejected* by their peers are at risk of later adjustment difficulties. The relationship between rejected social status and later adjustment difficulties has been reported by several investigators (Parker & Asher, 1987; Coie et al., 1990). The search for risk factors associated with rejection and isolation has focused considerable research attention onto the correlates and causes of peer rejection status (Coie et al., 1990). It has been reported that between 10% and 20% of children are rejected by their peers (Coie et al., 1982; Newcomb & Bukowski, 1984; Cillessen et al., 1992).

The behavioural correlates and social competence of rejected children are discussed extensively in the sociometric literature. Coie et al., (1982) have argued that aggression is the single most important correlate of rejection, although they suggest that aggressive behaviour becomes more complex throughout development. Dodge (1983) found rejected children engaged in rough play and aggressive behaviour in play groups. In a study investigating the behavioural correlates of social status Coie & Kupersmidt (1983) also found rejected children to be more aggressive.

Cillessen et al., (1992) describe rejected children as 'aggressive, impulsive, disruptive, dishonest, hypersensitive and non-cooperative’ (pp. 902). In this study 98 boys aged five to seven years were assessed on the stability of
sociometric status over 1 year. Behaviour was assessed from teacher and peer based ratings. Observational material was also collected. Using the cluster analysis statistical procedure the results indicated that a subgroup of rejected boys (48%) were significantly more likely to be aggressive than popular boys. They emphasise that in comparison to aggressive children who are not rejected by their peers, this subgroup is highly impulsive and disruptive. French & Waas (1985) found rejected children had behaviour problems at home and school; Dodge, Coie, Pettit & Price (1990) found aggressive/rejected children displayed both aggressive reactive behaviour and instrumental aggression.

Whilst aggression and antisocial behaviour are most closely associated with rejected status (Newcomb, Bukowski & Pattee, 1993; Bierman, Smoot & Aumiller, 1993) only 40% to 50% of rejected children are seen as aggressive (Cillessen et al., 1992; French, 1988). Early studies of peer relationships suggested the existence of a number of rejected subtypes (Roff, 1961) and more recent studies have also discovered that the composition of this status group is markedly heterogeneous (Olweus, 1989; Cillessen et al., 1992; Rabiner & Gordon, 1992; Parkhurst & Asher, 1992; Bierman et al., 1993). It has been suggested that shyness and withdrawal accounts for a further 10% to 20% of rejected children (Cillessen et al., 1992). Social withdrawal has been proposed as an indicator of peer rejection, particularly in older children (Rubin, Hymel & Mills, 1989; Rubin et al., 1990). Rubin et al. (1989) concluded that a significant relationship was found between social withdrawal in children in kindergarten and Grade 2 and internalising problems in Grades 4 and 5. Rubin (1985) describes rejected
withdrawn children are as being 'easy marks' who avoid confrontation, make few demands on their peers and are easily victimised. He suggests that this constellation of behaviours may also be a consequence of peer rejection in itself.

Parkhurst & Asher (1992) in a study of social status in 450 adolescents, aged 13 to 14 years, made a clear distinction between rejected/aggressive and rejected/withdrawn groups. They suggest that whilst some commonalities exist between rejected subtypes on being unable to accept teasing by peers, the rejected/withdrawn group are not aggressive or disruptive. Sociometric status was measured with peer behavioural ratings, including eight dimensions: 'starts fights', 'disrupts', 'can't take teasing', 'shy', 'easy to push around', 'cooperates', 'kind' and 'someone you can trust'. Self report questionnaires of social dissatisfaction and interpersonal concerns were administered. Of the rejected young people 40% were rated 1 standard deviation or more above the mean on 'starts fights', but not on 'easy to push around', these are described as rejected/aggressive. Conversely 27% of the rejected adolescents scored 1 SD. or above the mean on 'easy to push around', but not on 'starts fights', and this group was identified as rejected/submissive. The authors are cautious not to equate being 'easy to push around' with internalising psychopathology. However, they argue in support of Rubin (1985) that rejected submissive adolescents were lonely and worried about being humiliated and rejected.

Finally 25% of the sample were not high on either behavioural characteristic and 7% scored 1 SD. or more on both indices. Likewise Cillessen et al., (1992) have
suggested that 30% of rejected children are neither aggressive nor withdrawn and
differ little from average status children. Recent studies support early findings
that 'rejected' social status contains a number of subtypes. Whilst considerable
attention has been given to understanding the characteristics of different
sociometric categories, especially the rejected/aggressive group, studies published
in the early 1990s suggest that more research is required to understand the
rejection/withdrawn group in much greater detail (Cillessen et al., 1992; Parkhurst
& Asher, 1992). The issue of whether "risk factors" for rejection are a cause or
consequence of social status will be discussed below.

2.7 Risk factors associated with peer rejection

Parker & Asher (1987) have argued that:

"poorly accepted children stand a greater chance than others of developing
later life difficulties and, therefore, should be considered a group of
children at risk." (pp. 357).

Whilst much of the research concerning the behavioural correlates and social
competence of social status has focused on early and middle childhood, the
strongest evidence for links between social status and later adjustment problems
concerns adolescence (Kupersmidt & Coie, 1990; Kupersmidt et al., 1990; Parker
'delinquency' and 'adult psychopathology' to be three major consequences of peer
rejection. They found that young people who left school prematurely often had a
history of poor peer relationships in middle childhood and early adolescence.
They argue that low peer and teacher acceptance, and to a lesser degree
aggression, are strong predictors of school drop out. Their findings are consistent
with those of Cairns, Cairns & Neckerman (1989) and Kupersmidt & Coie (1990). In relation to juvenile delinquency a similar association was found between peer rejection and aggressive behaviour, however in this instance aggression was a stronger predictor of delinquency than rejection (Parker & Asher, 1987). Coie et al., (1992) question the predictive utility of rejection in maladjustment, suggesting that aggression may be the true predictor of both delinquency and school problems and that rejection may simply be a marker variable. This issue will be addressed in detail shortly.

Evidence for the relationship between peer rejection in childhood and adolescence and subsequent 'adult psychopathology' is less complete. Dysfunctional peer relationships and shy withdrawn behaviour do correlate with later psychological disturbance. However Parker & Asher (1987) point out that poor peer relationships as predictors of later psychopathology are based on both retrospective and prospective studies predating standard sociometric and behavioural assessment techniques. For example, Roff & Wirt (1984) (cited in Parker & Asher, 1987) conducted a study and reported a small, but significant, negative correlation between social status and later psychiatric hospitalization in boys and girls. Cowen, Pederson, Babigan, Izzo & Trost (1973) conducted a retrospective study of peer relations in a sample of adults with mental health problems, and concluded that adults with mental health problems had been poorly accepted by their peer group in the third grade.

Far less is known about the long term consequences of social isolation and
withdrawal from the peer group during childhood and adolescence. Rubin et al., (1990) have suggested that this group may be at risk of having low self-esteem, depression and other internalising factors. Olweus (1992) supports this argument by suggesting that young adults who were victims of bullying experience higher levels of depression and low self-esteem. On other internalising dimensions including social anxiety, introversion, non-assertiveness and stress levels Olweus suggests that the former victims have overcome these difficulties in adulthood and do not differ from their non-victimised peers.

Parker & Asher (1987) argue that reliable evidence supporting a link between poor peer relationships and subsequent psychopathology might provide a guide for planning screening and primary prevention. In addition they recommend that researchers incorporate sociometric and behavioural assessment into studies which address the link between social isolation and psychopathology (Parkhurst & Asher, 1992; Cillessen et al., 1992). Parker & Asher (1987) have also argued that it is necessary to investigate the non-specific factors related to peer relationships in addition to identification with specific disorders.

2.8 Application of Sociometric Methodology to Abused and Neglected Children

Salzinger et al. (1993) report on a study investigating the social relationships of 87 physically abused children aged 8 to 12 years. This is a unique study because for the first time sociometry was employed in a clinical context to examine the social relationships of children who are known to have experienced earlier adversity. All previous studies have used sociometry to investigate children with problems
usually, in normal population samples. The study investigated 87 children between the ages of 8 and 12 years of age who had been physically abused and compared them to 87 case-matched non-abused children. Sociometric status, as the primary outcome variable, was measured for each child within their class. In addition information on social networks, peer behavioural ratings, parent and teacher measures of internalising and externalising problems, and information on family functioning were collected as potential mediating variables accounting for poor social integration.

As predicted the results indicate that sociometric status was significantly lower for the abused group. Half as many abused children (14%) were popular in comparison to the control group (28%) and conversely more abused children (39%) were rejected compared to the controls (26%). More abused children (8%) were neglected than the controls (5%). There were no significant differences between the number of controversial and average status children in the two groups. Salzinger et al. (1993) argue that whilst the results are important it should be noted that a proportion of abused children are popular and therefore protective factors may be operating and these may ameliorate effects of abuse at home. Likewise a large proportion of the control group are rejected suggesting there are other factors which put children at risk of exclusion from the peer group, in addition to abuse.

The results suggested that the groups did not differ on demographic factors or indices of parent reports of social competence or behaviour problems. However
significant differences were associated with problem behaviour as rated by peers and teachers. Social behaviour as perceived by peers indicate that abused children are rated significantly lower on prosocial behaviours, such as leadership and sharing. In addition the abused group scored significantly higher on antisocial behaviour such as fighting, meanness and inappropriate attention seeking. No differences were found for shyness. A stepwise multiple regression was used to assess the extent to which sociometric status was accounted for by peer behavioural ratings. Leadership, sharing and starting fights accounted for 45% of the variance, which led the authors to conclude that sociometric status is strongly associated with behaviour as perceived by peers. A hierarchical model regression analysis was used to examine the association between a general measure of disturbance, including peer, parent and teacher behavioural ratings.

Although the results indicate that when combined abuse is independently associated with behavioural problems, the reciprocal social network measure endorses the difference between the physically abused group and the non-abused matched comparison group discussed thus far. It was concluded that the two groups are clearly differentiated by their involvement with friends Salzinger et al. (1993) suggest that their findings are consistent with the ideas proposed by Parker & Asher (1987) that deviant behaviour may lead to rejection from the peer group and, therefore, exclusion from potentially important normal socialisation experiences and that this may ultimately result in a more pervasive maladaptive outcome.
Despite the apparent social rejection of aggressive children, Dishion, Patterson & Griesler (1994) present an interesting argument suggesting that belonging to a deviant and antisocial peer group is one of the strongest correlates of problem behaviour. Dishion et al. (1994) conclude that antisocial boys have rich friendship networks. They describe the friendships as containing many positive features such as sharing compliments, supporting one another and experiencing enjoyment and laughter within the friendship. They present the Confluence Model which describes the process whereby young people engage in personal relationships which maximize the benefits of social interaction. They suggest that antisocial children seek to maintain relationships with other children in which their behaviour is reinforced by their friends. This supports Parker & Asher’s (1993) findings that 54% of rejected children have close friends and is supported by West & Farrington’s (1977) findings in which it was established that antisocial children will seek like minded children, which continue to foster antisocial behaviour.

2.9 Evidence for a causal relationship between social status and adjustment

Much of the evidence cited in support of this view is correlational and based on cross-sectional studies. There is little research which has directly addressed the question: is there a direct causal relationship between social status and later adjustment difficulties? (Kupersmidt & Coie, 1990; Kupersmidt, Coie & Dodge, 1990). Furman & Gavin (1989) have suggested that whilst prosocial behaviour could lead to peer acceptance, the reverse is equally plausible. Parker & Asher (1987) have presented two hypothetical models representing the possible relationship between poor peer relationships and later adjustment difficulties. First
they present a causal model (see figure 2.3.) suggesting that the processes involved in peer interaction are critical in the formation of healthy adjustment, and that children who fail to experience inclusion by their peers are deprived of necessary sources of support in their development rendering them more vulnerable to later adjustment difficulties.

Second they present an "incidental model" (see figure 2.4.) in which a causal relationship between social status and later adjustment is no longer assumed. This alternative model proposes that poor adjustment in a child's early years disrupts social relationships and compounds adjustment difficulties in adolescence and early adulthood. They suggest that in the incidental model peer relationships are regarded as 'tangential and epiphenomenal' (pp. 378) to maladjusted outcomes such as delinquency and psychopathology.

Parker & Asher (1987) have pointed out that there are disadvantages with both models, and suggest a reconceptualisation is required in which the causes and consequences of low status and later maladjustment influence one another in a transactional process. Rubin et al., (1990) have proposed such a model which makes feedback links between temperament, family characteristics, environmental factors and social relationships in relation to later adjustment difficulties.

Olweus (1989) has taken the issue a step further by drawing attention to the fact that social status does not focus on the personality constructs of the individual. Rather, it simply reflects the attitude of peers towards an individual. If Olweus is
Deviant behaviour
eg, aggressiveness, shyness/withdrawal

Low peer acceptance

Deviant socialization experiences/opportunities

Maladjusted outcomes
e.g., dropping out, crime psychopathology

Causal model
Figure 2.4

Underlying disturbance → Deviant behaviour eg, aggressiveness, shyness/withdrawal → Maladjusted outcomes eg, dropping out, crime, psychopathology

Low peer acceptance

Incidental model
correct, one might predict that the same children would be assigned to different social status categories according to their peer groups: The *context* (for example, the school) may be a more potent determinant of social status assignment, than any individual characteristic of the child, thus calling into question the efficacy of sociometric theory and methodology. In its place he argues that attention should be given to the measurement of the individual's behaviour and personality characteristics.

In response to Olweus' criticisms Dodge (1993) has argued for the retention of sociometry: he points out that path-analysis has demonstrated that peer status has at least an 'incremental role' in the prediction of later aggression based on longitudinal evidence. In addition Dodge argues that peers may have a moderating effect on behaviour, describing how those children inclined towards aggressive behaviour and who fail to be included by their peers are at serious risk of social rejection. Implicit in his argument is the assumption that positive peer relationships may act as a social buffer against antisocial development (Dodge, 1993). Whilst Olweus' argument has done little to stem the interest in sociometric research his comments raise a very important issue which was also recognised by Dodge (1993) who states:

"that peer rejection is not a personality trait, but is potentially a crucial life experience and stressor which may have negative impacts."

Olweus (1989) has raised important questions about how sociometry relates to more stable individual factors, however Dodge (1993) and others (Coie et al, 1992; Ollendick et al., 1992; Parker & Asher, 1987; Kupersmidt & Coie, 1990) provide convincing evidence for the unique impact social relationships play in
Kupersmidt & Coie (1990) in a seven year longitudinal study of 112 eleven year old boys assessed the predictive role of peer rejection on later adjustment. The children were assessed during the fifth grade and level of adjustment was investigated when the sample was in the twelfth year of school. Sociometric status was assessed using a peer nomination method. Peer based behavioural questionnaires were administered, which included questions on aggression. Academic achievement, school attendance and family background information was collected. Outcome measures of adjustment in grade twelve included suspension from school for disciplinary reasons, truancy, grade retention and early school drop-out. Reports were also obtained from the police and courts concerning any young people who had been involved in juvenile crime between fifth and twelfth grades.

The results support the hypothesis that both aggressive and rejected children are at substantial risk of later disorders. However aggression, particularly for black children, was a stronger predictor of a poor outcome than peer rejection. Whilst peer rejection did not predict any single outcome of adjustment, using maximum-likelihood categorical modelling it was reported that rejected children were more likely to have non-specific negative outcome compared to popular children. The researchers suggested that peer rejection predicts a variety of disorders and is therefore a measure of generalised stress being experienced by the young person.
Coie et al. (1992) in a similar longitudinal study investigated the prediction of early adolescent disorder from childhood aggression and peer rejection. In a study of two cohorts of 1117 nine and ten year old black children, sociometric status was assessed with teacher ratings of school adjustment and parent behavioural ratings. A three year follow-up of the psychiatric status 293 children was conducted using the Child Assessment Schedule. They concluded that both peer rejection and aggressiveness in childhood are significant predictors of maladjustment during adolescence. Results indicated that 62% of rejected aggressive third graders show poor adjustment some three years later, in comparison to 18% of non-rejected, non-aggressive third graders who were poorly adjusted. Coie et al. (1992) argue that peer rejection plays a role in the prediction of poor adjustment independently of the characteristics which may have led to peer rejection initially.

Whether sociometry provides an understanding of a personality trait or a context specific state, what remains central to its value is the growing evidence that social rejection is a predictor of later maladjustment. Furthermore, it is the experience of social interaction in which the child or adolescent lives which is in itself what sociometry seeks to measure, and its value lies in measuring the experience for a child within his or her own peer group (Williams & Gilmour, 1994). Having considered the impact of the peer group on adjustment and the impact social rejection has on adjustment we shall now consider the impact of the dyadic friendship on adjustment.
2.10 The impact of dyadic friendship on adjustment

Research from North America suggests that young people spend approximately twenty hours per week free time with their friends, and that increased contact with friends means a decrease in time spent with parents and siblings (Csikzentmihalyi & Larson, 1984). With respect to gender it is reported that girls are more involved in intimate relationships with friends than boys (Sharabany, Gershoni & Hofman, 1981). They argue adolescent girls show greater attachment and show more loyalty and trust than boys. However Buhrmester & Furman (1987) argue this may be more a matter of 'style' than 'substance'. They suggest boys' friendships are based on action and deeds rather than thoughts and feelings. In relation to friendship between the sexes Buhrmester & Furman (1987) argue that whilst cross-sex interaction during early and mid-childhood is 'taboo', friendship between sexes becomes of increasing importance during adolescence. Likewise Sharabany et al., (1981) suggest that with the onset of adolescence there is a marked increase in opposite-sex interaction. In support of the progression to a best friend as an important agent of socialisation Furman & Buhrmester (1992) addressed age and sex differences in perceptions of personal relationships. They conclude that parents are seen as providing support to children (mean age 9 years, 4 months), same sex peers are primary sources of support for early adolescents (mean age 12 years, 5 months), and romantic partners to be most relevant to later adolescents (mean age 15 years, 6 months), again illustrating the developmental sequence in the emergence of opposite sex relationships.

In relation to friendship stability Berndt, Hawkins & Hoyle (1986), in a study of
dyadic friendship in fourth and eighth grade children, concluded that more than two-thirds of dyadic friendships remained intact over a school year. Children without stable friendships commented less often, in open-ended and semi-structured friendship interviews, on the intimacy of their relationships than children with stable friendships. In addition the authors report that eighth graders referred to intimacy and the importance of friendship more than fourth graders, concluding that the desire for reciprocal and equal friendship increases between middle childhood and adolescence. This is supported by Sharabany et al. (1981) who reported that whilst concepts such as 'trusting a friend', 'preferring to do things with friends', and 'feeling free to take from the same-sex friend', there is an increase in 'sensitivity to the feelings of friends' and 'awareness of expressing one's own feelings and thoughts' with age.

It has already been suggested that children who do not experience satisfying friendships, irrespective of peer acceptance, are significantly more lonely and socially dissatisfied than those with friends (Parker & Asher, 1993). In addition McGuire & Weisz (1982) argued that friendship is related to specific perspective taking skills independently of sociometric status. The emphasis placed on understanding the correlates and consequences of peer rejection has not been matched in the investigation of children and adolescents without friends. However, based on Sullivan’s (1953) 'chumship' theory, the importance and stability of reciprocal friendship during childhood and adolescence is becoming increasingly well documented. This section will review further evidence concerning the impact of reciprocal friendship on social competence and
psychological adjustment.

In support of McGuire & Weisz (1982), additional evidence suggests there is a significant correlation between children who have friends compared to those who do not on indices of social competence and adjustment. An earlier study by Mannarino (1976/1978) reported that pre-adolescent males with close friends, or chums in Sullivan's terms, were significantly more altruistic and had higher self-concepts. Ninety-three 11 to 12 year old boys, selected from sixth grade elementary school, were administered a three stage assessment of friendship. First, stability of friendship was measured by requesting the children to write down the name of their three best friends in order of preference, and this procedure was repeated two weeks later. Subjects who included either their first or second nomination on both assessments were considered as having a stable relationship. Second, a 17 item self completion 'Chumship' questionnaire, developed by the author, was administered to evaluate friendship honesty and sensitivity. For example, questions included "tell each other things you wouldn't tell anyone else" and "sleep over at each other's house". A cut off point of 10 was employed to assess the quality of friendship. Third subjects were asked to indicate a preference for spending time with either 'their friend' or 'a group of friends'.

Thirty boys who had a stable relationship, scored 10 or more on the 'chumship' questionnaire, and showed a preference for being with 'their friend', were identified as the friendship group. A comparison group of 30 children who did
not meet this criteria but were equal to the experimental group on social
acceptance and intelligence was identified. The same groups were used in two
separate studies to consider altruism (1976) and self concept (1978). Altruism was
measured on a self-completion questionnaire assessing concern for others and a
laboratory observation measuring altruistic behaviour in response to a hypothetical
situation. The chumship group scored significantly higher on both measures of
altruism. Mannarino (1976) suggested that altruism, or being sensitive to the
welfare of others, was identified by Sullivan as a feature of social competence
acquired through interpersonal interactions.

In the study of 'self-concept' the Piers-Harris Children's Self-Concept
questionnaire was used to measure how the children felt about themselves. For
example the author reports "I am a happy person" as one item of positive self
concept. In a separate study Mannarino (1978) concluded that pre-adolescent males
with close friends had significantly higher self concepts than boys without friends.

It is noted that whilst the chumship group scored higher on all measures, their
scores were on the seventy-first percentile of the Piers Harris Self Concept
questionnaire whilst the comparison group were on the fiftieth percentile.

Mannarino (1978) concluded therefore that friendship significantly enhanced the
self-concept of the individual, rather than the absence of friendship having a
detrimental affect.

Many studies which have set out to test Sullivan's theory of chumships have
selected pre-adolescents, as it was proposed in the theory that the experience of
reciprocal and mutually intimate friendship at this age was important in
development. However Buhrmester (1990) compared (pre-adolescents) aged 10 to 13 and (adolescents) 13 to 16, to investigate whether an association between friendship intimacy, competence and psychosocial adjustment could be more broadly defined, and a developmental perspective established. Friendship intimacy was assessed in a two-stages: first, the nomination procedure was used to identify reciprocated pairs of friends, and second the reciprocal pairs then completed a number of self-report instruments about themselves and each other.

Reciprocal friendship was measured using the Friendship Intimacy (FI) Questionnaire, to be discussed later in this chapter. Recognising the unavailability of suitable measures to assess interpersonal competence Buhrmester developed the Adolescent Interpersonal Competence Questionnaire (AICQ) to investigate the social skills considered important in close friendships, also to be discussed in the measurement of friendship section. Adjustment was assessed in terms of socioemotional adjustment on indices of internalising and externalising problems, based on a 40 item questionnaire designed by the author from a range of items on standard instruments such as the Child Behaviour Checklist, Child Manifest Anxiety Scale and the Child Depression Inventory. A global measure of self-concept was obtained from the Rosenberg Self-Esteem Questionnaire (Buhrmester, 1990).

In support of Sullivan’s (1953) theory Buhrmester concludes that friendship intimacy (those with reciprocated friendships) was significantly correlated with social adjustment for pre-adolescents as well as adolescents.
reciprocal ratings of companionship, intimacy and satisfaction on the FI are correlated with being more competent, more sociable, less hostile, less anxious or depressed and have higher self esteem than peers without reciprocated friendships. In addition Buhrmester reports that self-reported friendship intimacy is related more strongly to social competence and adjustment in adolescence than in pre-adolescence, although this finding was not substantiated by friend-reported intimacy. Adolescents ratings of self and friend intimacy were significantly more highly correlated than pre-adolescents, suggesting that developmentally young people become acutely aware of how close or distant they are from their friends. As well as reinforcing earlier findings to support the relationship between friendship and adjustment, this study suggests that Sullivan’s theory is arguably more relevant to adolescence than middle and late childhood.

In addition to the support provided by friendships, research has also focused on the stresses associated with interpersonal relationships (Parker & Asher, 1993). Paradoxically the study of conflict and aggression within social relationships has been identified as a way of assessing the acquisition of social competence in children and adolescence (Shantz & Hobart, 1989). In essence they suggest that social relationships act as a 'bargaining table' which involves the process of coming together to compromise and reason over a point of conflict. Parker & Asher (1993) suggest that a distinction is necessary between the level of conflict and the way it is managed and resolved in friendships. Evidence to support this argument is presented by Hartup, French, Laursen, Johnston & Ogawa (1993) in a study of conflict and friendship relations in 132, nine to ten year old children.
Sixty-six matched same-sex dyads were identified, half were 'best friends' and the remainder 'non-friends'. The 'best-friends' compared to 'non-friends' were involved in more conflict, and lasted longer. They report that conflict is an integral part of socially interdependent relationships, and that most children regard fights an 'inevitable concomitants' of these friendships. Shantz & Hobart (1989) conclude that both Piaget (1932) and Sullivan (1953) suggested that 'true cooperation' between children occurs as a result of conflict resolution.

2.11 The question of a causal relationship between friendship and adjustment

Whilst it is argued that chumship may contribute to a positive self concept through both social support and conflict, the causal pattern could equally be reversed (McGuire & Weisz, 1982). The evidence outlined above presupposes a direct causal relationship between the presence of social relationships and the development of social competence. Sullivan explicitly stated that it is the experience of chumships that 'causes' the development of social competence (as reported by McGuire & Weisz, 1982). Savin-Williams & Berndt (1992) argue that there is little empirical evidence which directly links the presence of a friendship to the outcome of social competence. They propose that it is more prudent to suggest that friendships have beneficial effects on psychosocial adjustment.

McGuire & Weisz (1982) argue:

"a child's greater initial sensitivity to others' feelings and his helpful behaviour cause and sustain friendships."

They suggest that parental factors and individual characteristics should be considered in any causal model. They do conclude however that friendships must play an important role. In addition Buhrmester (1990) argues that adjustment may
be an important determinant of friendship development, because the very nature of adolescent relationships are likely to 'expose' maladjustment and might therefore inhibit the disturbed child developing and maintaining friendships. He suggests that young people who bring their own problems into their social relationships may 'overburden' friends and be unable to provide support because of their own difficulties.

The correlational evidence provides partial support for Sullivan’s theory that social interaction allows the young person to appreciate that he thinks and feels like his friends, which validates his sense of self. The authors argue that it is equally plausible that a child’s initial sensitivity and helpful behaviour may significantly influence the initiation and maintenance of a friendship. Buhrmester (1990) speculates that whilst no causal path is yet established:

"it seems likely that a transactional process is at work in which experiences in intimate friendships foster individual adjustment and the refinement of interpersonal competence and, in turn, adjustment." (pp. 1108)

The studies presented above illustrate the growing evidence that social interaction plays a significant role in the acquisition of social cognitive skills and appropriate behaviours which ultimately determine the degree of adjustment, providing evidence to support the theories presented by Piaget (1932) and Sullivan (1953).

2.12 The Measurement of Peer Relationships and Friendships

In the following section it is intended to evaluate the methods used in the assessment and measurement of peer relationships and friendships. These methods are based on the model presented earlier by Furman & Robins (1985) based on
Weiss's (1974) Theory of Social Provisions. With respect to the group sociometry as a means of assessing 'inclusion' by the peer group has been employed extensively during the last fifteen years in order to understand the relation between the individual and his or her peer group. As suggested earlier sociometry relies on peer based ratings to generate social status categories, referred to earlier as popular, neglected, rejected, controversial, average and other (Coie et al., 1982; Asher & Dodge, 1986).

2.12.1 The Peer Nomination Method

Sociometric status is generated from positive and negative nominations made by peers about one another. The most common method involves asking children to nominate three classmates whom they like (Like Most LM) and three whom they dislike (Like Least LL). The nominations for each child are totalled and after standardisation are then used to form social status categories (Coie et al., 1982; Newcomb & Bukowski, 1984; Newcomb et al., 1993). The unit of analysis, the child, is rated by a same age peer group within the classroom, this may include further subdivisions based on gender, age, and ethnicity for example (Asher & Hymel, 1981). The procedure for generating the categories is as follows:

Assuming a continuous normative distribution, the absolute frequencies of positive and negative nominations are calculated for each child and converted into standardised (SDS) scores. On the basis of the distribution of scores under investigation each child is given a like most (LM) SDS and like least (LL) SDS. Social preference (SP) SDS scores are calculated by subtracting the LL SDS score from the LM SDS score. Social impact (SI) is calculated by adding LL SDS score to LM SDS score. The next stage is to generate the six sociometric groups. Popular status has SP SDS greater than 1 SDS, an LM SDS score greater than 0 and an LL SDS score less than 0. Rejected status has SP SDS of less than -1 and a LL SDS score greater than 0 and a LM SDS score less than 0. Neglected status has a SI SDS score of less than -1 and an absolute frequency of positive nominations of 0. Controversial status has a SI SDS score of greater than 1 and a
LM SDS and LL SDS score of greater than 0. *Average* status has both SI SDS and SP SDS scores between -0.5 and 0.5. All remaining cases are classified as *other*.

### 2.12.2 The Peer Rating Method

The Peer Nomination technique provides a method for assessing the degree to which children are included by their peer group, specifically identifies children who are rejected by their peers and may therefore be at risk of later maladjustment (Parker & Asher, 1987; Kupersmidt & Coie, 1990). A less pejorative method of assessing social impact has been developed in which peers rate one another on a Likert scale rather than nominate disliked peers (Asher & Dodge, 1986; Ollendick et al., 1990). For example on a '1 to 5' scale children are asked to rate how much they like to 'spend time with' or 'work with' each person in the class. A score of '1' corresponds to "like to 'least'" and a score of '5' implies "like to 'most'". The rating method is analyzed in the same way as the nomination method, except that a rating of '1' on the Likert scale is equivalent to a dislike score in the nomination method. The peer rating technique has a number of advantages over the peer nomination method. As well as avoiding forcing children to make "actively dislike" nominations, the peer rating method includes information concerning how children feel about all of their peers in the classroom. In addition this overcomes the problem in the nomination method of children only nominating their best friends, rather than all of the children they like to 'play' or 'work' with (Parker & Asher, 1993). However it is argued that the peer rating technique is not as effective as the nomination method in identifying children who are neglected by their peers (Asher & Dodge, 1986; Ollendick et al., 1992).
2.12.3 The reliability and stability of social status

The reliability and stability of the social status categories generated by the foregoing analyses are important factors if sociometry is to be used as an effective indicator of children's social adjustment. However the psychometric properties of the methods outlined above are presented in a somewhat confusing way in the literature (Williams & Gilmour, 1994). It is not always clear whether the terms reliability and stability are being used to refer to separate issues or the same issues. For example Coie et al., (1982) discuss the 12 week test-retest 'reliability' of the 'like most' and 'like least' scores. However, Asher & Dodge (1986) refer to this issue in terms of 'stability' of status. In order to evaluate the psychometric properties of sociometric methodologies these two issues have to be addressed independently. The reliability of sociometric measurement as a technique is a prerequisite for establishing the stability of membership of a social status category. Reliability in the form of a test-retest measure over a short period of time, which could not be satisfactorily explained by unstable relationships, has not been adequately addressed.

Conclusions from recent studies have found modest levels of stability, but the results are far from convincing. Coie et al., (1982) report stability of 'liked most', 'liked least', using the nomination method, ranging from .46 to .88 over a twelve week period. Their results suggested that the 'rejected' status category was relatively more reliable over time than the other five categories, their finding supported by Coie & Dodge (1983) who reported stability of reject status to be greater than neglected children after twelve months, although Gresham & Stuart
(1992) found the opposite over a twelve month period.

Asher & Dodge (1986), using the peer rating technique, found modest to low stability in status categories over a five month period. Whilst 69% of rejected children were more likely to remain rejected only 29% of neglected children remained in this category. Their findings are supported by Ollendick et al., (1991) who found only 11% of neglected children in the same category after 12 months. Whilst these studies suggest that stability is not high it is argued that even though children may change category the movement between groups is not dramatic (Ollendick et al., 1991). They found that only 1 child moved from popular to rejected status and 1 in the opposite direction. In conclusion they suggest:

"one should neither exaggerate the stability of sociometric status nor ignore the fact that most children rarely make large changes without intervention." (pp.532)

The reliability of sociometric measurement is clearly an important issue. Future investigations of the psychometric properties of sociometric instruments should be cautious not to confuse stability of children’s social relationships with the reliability of the measures being used. Once this difference is established the influence of contextual factors on stability, such as the arrival of a disruptive pupil in the class, may be investigated. It may therefore be appropriate to consider assessing stability during a period of relative equilibrium.

2.13 Measurement of Friendship

Having considered the techniques used in measuring inclusion in the peer group, it
is now intended to examine methods for assessing both the existence of and quality of dyadic friendships. Recent studies have, not surprisingly, placed considerable emphasis on assessing friendship by identifying a reciprocal relationship between two children. One of the major methodological difficulties that arises from this concerns the investigation of children’s friendship within the classroom. Whilst sociometric measurement is a global assessment of an individual’s inclusion by a group, friendship is more specific and therefore a child’s best friend may not be in the same class or possibly not in the same school. This issue is particularly acute for adolescents who are more likely to be placed in classes with children of similar ability and where parents may have a wider choice of schools to send their children to. It is an important consideration when researchers want to validate the responses given by one child about a nominated friend (Buhrmester, 1994).

It is a widely accepted practice in friendship research to ask children to nominate someone in their class who is their very best, or best friend (Parker & Asher, 1993; Buhrmester, 1990). This procedure usually accompanies an assessment of sociometric status. By matching up pairs of children who identify each other as friends it is possible to establish that a reciprocated friendship exists (Berndt et al., 1986). For example Buhrmester (1990) provided classes with registers including everyone in the group. They were asked to indicate which of their classmates they considered close friends. This was defined as: "kids you know very well, spend a lot of time with in and out of school, and who you talk to about things that happen in your life" (pp. 1103). He found that pre-adolescent nominate twice as many friends compared to adolescents suggesting that older children are more selective
about how this definition is interpreted and that adolescents are known to have fewer close friends than younger children.

Having established the existence of reciprocated friendships a range of instruments and methods for assessing friendship quality, satisfaction, and interpersonal competence have been developed. Returning again to Furman & Robins (1985) Model of Social Provisions, much recent work has used the components of this model to develop ways of measuring the existence of friendship and the qualities of those relationships. The model refers to companionship and intimacy as important factors in friendship. Furman & Buhrmester (1985) investigated a range of qualities associated with different relationships within the child's social network, they concluded that companionship and intimacy were the two most important features characterising same age friendships. In defining intimacy Buhrmester (1990) suggests that a distinction should be made between intimacy as a type of interaction, for example breadth and depth of disclosure (pp. 1101), and intimacy as a type of relationship. This refers more generally to a core process of intimate interaction which encompasses the experience of feeling understood, validated and cared for as a result of friendship interaction.

To address this issue Buhrmester (1990) has developed the Friendship Intimacy (FI) Questionnaire consisting of items which address companionship, intimate disclosure and satisfaction scales. The items are taken from the Network of Relations Inventory (Furman & Buhrmester, 1985) which were identified as being the most important indices of reciprocated friendship. The nine item questionnaire
includes questions such as: How often do you share secrets and private feelings with this person? and How often do you and your friend spend time together? Answers are recorded on a five point Likert scale: 1 = Never or hardly at all, 5 = Very often or extremely. Friendship intimacy is created by averaging the scores from the nine items. Alpha coefficients scores are reported as .93 for adolescents aged 13 to 16.

Parker & Asher (1993) have developed the Friendship Quality Questionnaire (FQQ) with subscales including items assessing: intimate exchange, companionship and recreation, help and guidance, validation and caring, conflict, conflict resolution and betrayal. Using a five point Likert scale subjects are required to comment on how true each of the statements is for them. For example: "My friend and I loan each other things all the time". Similar questionnaires have been developed such as the Chumship Checklist (Mannarino, 1976) which assesses the friends ability to communicate openly and honestly with his friend and is sensitive to helping him, recognising his needs and interests.

The FQQ (Parker & Asher, 1993) also includes the issue of conflict and how this is resolved within the friendship, a practice which has now been included in a questionnaire developed by Buhrmester (1993) in the Relationship Questionnaire (RQ). As suggested by Hartup et al. (1993) children regard conflict as an integral part of their relationships and it is therefore important to assess how conflict is managed within friendship. In the Relationship Questionnaire (Buhrmester, 1993) items relating to conflict and conflict resolution include: 'argue a lot' or 'doesn't
listen to me' and 'make up easily when we have a fight' or 'get over our arguments really quickly'. The Relationship Questionnaire (Buhrmester, 1993) and Friendship Quality Questionnaire (Parker & Asher, 1993) also include items which measure overall friendship satisfaction. For example the FQQ includes two items: 'How is this friendship going' and 'How happy are you with this friendship'. All of the instruments discussed thus far are designed to assess the quality of specified dyadic friendship and rely on two identified friends completing the same questionnaire with reference to each other.

It is important to note that such a procedure relies on a number of criteria, including child, parent and school permission for the questionnaires to be administered. The ethical implications are important because it is possible that a proportion of children will not have friends and any current anxieties about lack of friendship may only be exacerbated. However it is possible in normal social developmental studies to protect against this by providing at least one person for the child to discuss. In clinical research and practice, where the likelihood of the subject not being socially integrated is higher, may raise other potential methodological and ethical issues. For example if a child is referred to a treatment centre the parents and child might not want teachers, friends and the parents of friends knowing about the treatment being sought, and therefore confidentiality may prohibit the relationship identified being validated by the friend.

Furthermore, irrespective of whether friendship nomination is conducted in a
classroom setting or individually within a clinical setting, a satisfactory response to such questionnaires relies on the identification of a friend, and if that child fails to offer a name of someone they consider a friend, assessing the quality of any relationship becomes meaningless. There is currently an absence of material assessing children in this way within a clinical setting, and whilst it may be justified to examine the social relationships of this potentially vulnerable group, the administration of the procedure outlined by Buhrmester (1990) and Parker and Asher (1993) requires careful ethical consideration.

Having considered the existence of friendship and methods for assessing the quality of that relationship a further issue to address is the level of social skills or degree of interpersonal competence. Buhrmester, Furman, Wittenberg & Reis (1988) identified four important domains of interpersonal competence: initiating relationships, self-disclosure, asserting displeasure with other’s actions and managing interpersonal conflicts. A 40 item Interpersonal Competence Questionnaire (ICQ) was developed to assess the competency of college students close relationships and romantic relationships. Buhrmester (1990) modified the instrument for younger adolescents which is known as the Adolescent Interpersonal Competence Questionnaire (AICQ). Using the same five constructs of interpersonal competence the instrument is rated on a five point Likert scale based on 'how good' the person answering the questionnaire and his friend or friends are at specific tasks. These include: 'How good is this person at knowing how to disagree with friends without getting into big arguments?', 'How good is this person at opening up and letting friends get to know everything about
him/herself? The AICQ is based solely on the individual’s perception of their own self efficacy and that of their friend or friends relating to interpersonal competence. The validity of the child’s responses are enhanced when identified friends are also able to comment on the degree of competence.

A further area of consideration are methods by which parents and teachers are required to comment on the social adjustment of children and young people. Achenbach (1991a & b) include this dimension within the Parent and Teacher versions of the Child Behaviour Checklist. In addition the introduction of telephone interviews with parents in the United States has allowed investigators to validate friendship by asking questions about identified friends (Buhrmester, 1993). Whilst there is a notable absence of measures for investigating friendship, recent attempts by researchers to develop appropriate measures are valuable.

2.14 The relationship between social adjustment, social competence and psychological adjustment

Throughout this chapter the importance of the peer group and friendship as necessary forces in the adjustment of the individual has been repeatedly stated. Theoretical perspectives which have guided thinking and studies into social relationships and the consequences of social rejection and isolation have been explored (Piaget, 1932; Sullivan, 1953; Furman & Robins, 1985; Bukowski & Hoza, 1989). Furthermore these models emphasise the importance of investigating factors related to socialisation during adolescence, because it is during the developmental transition from childhood to adulthood that individuals acquire appropriate behaviours and social skills. The examination of both peer group
acceptance and reciprocated friendship both assess the degree to which a child is 'liked' (Parker & Asher, 1987).

In order to understand the sequelae of social isolation, research has traditionally explored behavioural and social cognitive factors as correlates of social adjustment. For example, in relation to behavioural adjustment Parker & Asher (1987) suggest that it is necessary to investigate concurrent behaviour, or as they state 'what the child is like' (pp. 358), because as suggested earlier, certain behaviours act as causes and consequences to acceptance with peers and friends. Likewise Crick & Dodge (1994) argue that by failing to acquire and develop appropriate social cognitive skills, the individual is at risk of being socially maladjusted.

Throughout the discussion of this literature all of the studies have had pre-defined markers of adjustment or maladjustment, including behaviour (Coie et al., 1982) and social cognitive skills (McGuire & Weisz, 1982). Table 2.1 illustrates how the relationship between peer group acceptance, friendship, behaviour and social cognition have been explored. The table describes the age or grade of the children investigated, which demonstrates how the majority of studies have focussed on late childhood and pre-adolescence. The majority of studies have been cross-sectional, although a number of longitudinal studies are now available which allow for a developmental perspective to be explored. Whilst rejected aggressive boys have commanded considerable interest, it is clear from the table that both sexes have been included, and in a number of cases the influence of
gender has been considered. Sociometric methodology used in the studies presented includes both the peer nomination and peer rating procedures discussed previously. Studies investigating the younger age range have used a variety of methods to assess social status using photographs of classmates (Asher Singleton, Tinsley & Hymel, 1979). The reports of friendship adjustment, whilst not interested in sociometric status, illustrate the use of peer nomination to discern reciprocated friendship (Buhrmester, 1990).
### Table 2.1 Studies of Peer Relationships, Friendships and Adjustment

<table>
<thead>
<tr>
<th>No</th>
<th>Paper</th>
<th>Age/Grade</th>
<th>Longitudinal</th>
<th>Sociometric Methods</th>
<th>Sex²</th>
<th>Self-Rating Behaviour</th>
<th>Peer Ratings</th>
<th>Teacher Ratings</th>
<th>Parent Ratings</th>
<th>Court Records</th>
<th>School Records</th>
<th>Measures of Social Competence &amp; Cognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asher &amp; Dodge (1986)</td>
<td>3-6 (grade)</td>
<td>6 months</td>
<td>PR</td>
<td>B</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Court Records</td>
<td>School Records</td>
<td>Observation/ Interview</td>
</tr>
<tr>
<td>3</td>
<td>Cillessen et al (1992)</td>
<td>5-7 age</td>
<td>(1 yr)</td>
<td>Unlimited Picture Nomination (Asher et al, 1979)</td>
<td>-</td>
<td>-</td>
<td>Interview on behaviour</td>
<td>California Child Q-Sort (Block &amp; Block, 1980)</td>
<td>-</td>
<td>Observation of Play</td>
<td>PIPS (Spivak &amp; Shure, 1974)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cirino &amp; Beck (1991)</td>
<td>2-5 (grade)</td>
<td>-</td>
<td>PN</td>
<td>M</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Interview: Attributional/ Emotional &amp; Behavioural Response to IO scenarios</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹PN = Peer Nomination/PR = Peer Rating
²B = Male & Female/ M = Male/ F = Female
<table>
<thead>
<tr>
<th>#</th>
<th>Author(s)</th>
<th>Age (grades or yrs)</th>
<th>Method</th>
<th>Measure</th>
<th>Outcome Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Dodge et al (1990)</td>
<td>1-3</td>
<td>PN B</td>
<td>Observation of Laboratory Play Group-Behaviour coding (Dodge, 1983)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>French (1990)</td>
<td>8-10</td>
<td>PR F</td>
<td>PEI TSCRS (Humphrey 1982) School Behaviour Checklist (Miller, 1977)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Kupersmidt &amp; Coie (1990)</td>
<td>11-18 (7 yrs)</td>
<td>PN M</td>
<td>Peer Ratings of Behaviour (author)</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>Author(s)</th>
<th>Age</th>
<th>Gender</th>
<th>Data Collection Methodology</th>
<th>Measure of Social Behaviour</th>
<th>Measure of Adjustment Status</th>
<th>Measure of Peer Ratings</th>
<th>Measure of Classroom Observation</th>
<th>Measure of Intelligence</th>
<th>Measure of Social Acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Olson (1992)</td>
<td>4-5 (yrs)</td>
<td>M</td>
<td>PN</td>
<td>Peer Ratings of 6 Impulsive-Aggressive behaviours (Milich et al, 1982)</td>
<td>Conners Teacher Questionnaire (Goyette et al, 1978)</td>
<td>-</td>
<td>Structured Play Observations</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Parker &amp; Asher (1993)</td>
<td>3-5 (grade)</td>
<td>M</td>
<td>FR</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1. Friendship Quality Questionnaire (authors) 2. Loneliness &amp; Social Dissatisfaction (Asher &amp; Wheeler, 1985)</td>
</tr>
<tr>
<td>18</td>
<td>Perry, Kusel &amp; Perry (1988)</td>
<td>3-6 (grade)</td>
<td>M</td>
<td>PN</td>
<td>Peer Nomination Inventory (Wiggins &amp; Winder, 1961)</td>
<td>Teacher Modified PNI (Wiggins &amp; Winder, 1961)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Intelligence (Otis-Lennon School Ability Index) Self-Report of Victimization Questionnaire (authors)</td>
</tr>
<tr>
<td></td>
<td>Study</td>
<td>Age Range</td>
<td>Gender</td>
<td>Methodology</td>
<td>Measures</td>
<td>Additional Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------</td>
<td>-----------</td>
<td>--------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Rabiner &amp; Gordon (1992)</td>
<td>9-12 yrs</td>
<td>B</td>
<td>Peer Behavioural Ratings (Coie et al, 1982)</td>
<td>-</td>
<td>Intelligence (WISC-R) (Wechsler, 1983)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Salzinger et al (1993)</td>
<td>8-12 yrs</td>
<td>PN</td>
<td>Peer Behavioural Ratings (authors)</td>
<td>CBCL-T (Achenbach &amp; Edelbrock, 1984)</td>
<td>Home Interview of Family &amp; Household Context (authors)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sociometric Studies focusing on abused/neglected children

103
<table>
<thead>
<tr>
<th>Study Number</th>
<th>Authors</th>
<th>Age Range</th>
<th>Reciprocal Friendship Identification Method</th>
<th>Tools Used</th>
<th>Open &amp; Closed Interviews</th>
<th>Social Skills Questionnaire</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Berndt et al (1986)</td>
<td>4-8 (grade)</td>
<td>(1 yr) Reciprocal Friendship identified from Peer Nominations (Berndt, 1981a)</td>
<td>M</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26</td>
<td>Buhrmester (1990)</td>
<td>10-16 (yrs)</td>
<td>- Reciprocal Friendship identified from Peer Nomination (author) Friendship Intimacy (FI) (author) Adolescent Interpersonal Competence Questionnaire (author)</td>
<td>M Self-Esteem Scale (Rosenberg, 1965) Social Emotional Adjustment inc subscales from CBCL Child Manifest Anxiety Scale CDI Hopkins Syndrome Checklist</td>
<td>Reciprocated Ratings of FI and AICQ (author)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>27</td>
<td>Hartup et al (1993)</td>
<td>9-10 (yrs)</td>
<td>- PR Reciprocated Friendships identified</td>
<td>M</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>28</td>
<td>Mannarino (1978)</td>
<td>6 (grade)</td>
<td>- PN of Reciprocated Friendship</td>
<td>B</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Reference</td>
<td>Grade</td>
<td>Methodology</td>
<td>Measure</td>
<td>Measurement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------</td>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cognitive Perspective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Taking (Flavell et al, 1968)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>'Nickel-Dime task</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Affective perspective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Taking (Rothenburg, 1970)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Altruism-Donation (Moore et al, 1973)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Teacher's Rating of Altruism (Severy &amp; Davis, 1971)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ladd &amp; Emerson (1984)</td>
<td>1-4</td>
<td>Parent, Teacher and Child Nomination</td>
<td>M</td>
<td>Interview with child/friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>of Reciprocated Friendship</td>
<td></td>
<td>(knowledge about self KAS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(knowledge about friend KAF)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

105
Table 2.1 also illustrates a wide range of methods for assessing behaviour. Teacher and parent assessments are commonly used to obtain behavioural ratings (Coie & Dodge, 1988; Vuchinich et al., 1992) as are direct observation studies of interaction in the classroom (Coie & Dodge, 1988; Bierman et al., 1993) and at play-time (Ollendick et al., 1991). Archival material from court and school records have also been included to assess behaviour (Kupersmidt & Coie, 1990). In addition a number of studies have employed quasi-experimental techniques such as contrived playgroup interaction to observe behaviour (Olson, 1992), whilst others have used self-report techniques (Kupersmidt & Patterson, 1991). Peer based behavioural assessments are widely employed using peer nomination methods (Coie et al., 1982; Parker & Asher, 1987; Parkhurst & Asher, 1992). Typically peers are asked to nominate a child or a small number of children from their class who best fit a specified behavioural characteristic such as 'cooperates in a group' 'is disruptive' or 'shy'. The behavioural characteristics included by Coie et al., (1982) are based upon items used by the Bower Class Play (Bower & Lambert, 1961) as reported by Coie et al., (1982). Parkhurst & Asher (1992) modified the usual method of nominating just one or a few children with a behavioural characteristic, by allowing an unlimited nomination procedure, in which the class register was used to produce peer behaviour ratings.

As illustrated in the final column in table 2.1 social cognition and social information processing skills have been assessed. It has been suggested that rejected children are less skillful than non-rejected children in social situations (Dodge, Asher & Parkhurst, 1989) (cited in Rabiner & Gordon, 1992). However the range of outcome variables described in table 2.1 reflects the lack of consensus concerning the essential
components of social cognition, often described as social competence, which provide appropriate markers of adjustment or maladjustment (Dodge & Murphy, 1984).

As discussed by Crick & Dodge (1994) in a review of social information processing skills, two different aspects of social cognition have been identified. The first includes the assessment of what they describe as 'global cognitive constructs' (pp.74), such as social perspective taking skills and locus of control. Examples of methods to assess these constructs are illustrated in table 2.1 by McGuire & Weisz (1982) and Ollendick et al. (1992). In addition Dodge & Feldman (1990) and Crick & Dodge (1994) argue that it is more important to assess the process of social information skills being utilised during childhood social interaction. It is well recognised that social competence is multifaceted and a number of models have been proposed which detail the goals, strategies and outcomes which are used by children in their interactions with others. For example the Interpersonal Problem Solving model (Rubin & Rose-Krasnor, 1992), The Interpersonal Negotiation Strategy (INS) (Selman, 1980), Social Information Processing Model (Dodge & Murphy, 1984) and Reformulated Social Information Processing Model (Crick & Dodge, 1994). From the review of studies in table 2.1 the importance of examining behaviour and social cognition as correlates of social inclusion and friendship adjustment is recognised.
2.15 Summary

The current chapter has focused on the significance of social relationships with the peer group and close friends in adjustment. The relationship between peer group popularity and reciprocal friendship has been described as being independent but correlated. It has been suggested that children who fall to be included by their peers and do not experience intimacy and companionship with friends should be considered a group of children at risk (Parker & Asher, 1987).

Evidence to support the 'at risk' hypothesis has been presented. Aggressive children and the impact their behaviour has on social relationships, has been the focus of much research in this area. However emphasis is beginning to be placed on withdrawn children who fail to integrate with the peer group and friends (Parker & Asher, 1993). Evidence from longitudinal studies is beginning to suggest that exclusion from social relationships plays an independent role in adjustment difficulties, suggesting that there is a causal relationship between social isolation and maladjustment.

Much of this work is based on studies of children within the general population. There is a notable absence of interest in children and young people who are known to be at risk. The investigation of the social adjustment of physically abused children by Salzinger et al. (1993) represents the only current published work utilising rigorous methodology to such an important area. Salzinger et al. (1993) concluded that physically abused children are significantly more likely to be rejected from their social network and to display higher levels of aggression. As suggested by Parker & Asher (1987) and supported by the evidence presented by Salzinger et al. (1993) the
individuals response to abuse may lead to behaviours which subsequently foster exclusion from social relationships. The significance rests in the possibility that poor social relationships may exclude the individual from potentially important normal socialisation experiences, which may go on to foster more maladaptive interpersonal relationships.

Finally this chapter has explored the methodologies developed for systematically investigating social relationships. Sociometric techniques have been reviewed along with methods and instrument for exploring intimate dyadic friendship. In addition the importance of assessing social cognition, behavioural and affective psychological functioning have been reviewed.

The need to investigate the psychosocial adjustment of adolescent perpetrators of sexual abuse as a potential risk factor in the development and maintenance of sexually abusive behaviour has been established. Given that social relationships play a significant role in social adjustment and may represent an important mediating force in children at risk, the study presented in the thesis will investigate the psychosocial adjustment of adolescent perpetrators of sexual abuse.
Chapter Three

The Study

3.1 Issues relating to the psychosocial adjustment of adolescent boys who sexually abuse other children

3.1.1. Adolescent Sexual Perpetrators and the At Risk Hypothesis

Adolescent boys who sexually abuse other children are reported as having difficulties in establishing and maintaining social relationships (Davis & Leitenberg, 1987). This is of concern given that the importance of being included by the peer group and having close friends is recognised as essential for healthy development. Children and adolescents who fail to engage in social relationships are known to be at risk of later adjustment difficulties (Parker & Asher, 1987).

Whilst clinicians and practitioners working with adolescent perpetrators of sexual abuse have repeatedly stated that this group display considerable difficulties in their social relationships (Davis & Leitenberg, 1987), there have been no systematic investigations of this issue using comprehensive and robust measures to assess social relationships. In particular, given the importance of studying social adjustment from the perspective of peers the current study provides the first systematic investigation of the social relationships of the adolescent perpetrator.

The cross-sectional study presented in this thesis does not allow us to determine whether social adjustment difficulties contribute to the causation of sexually abusive behaviour, or whether they are, in fact, a consequence. Only longitudinal studies would permit such questions to be answered. However, by investigating the
social, emotional, behavioural and social competence factors associated with boys who are sexually abusive, it is possible to provide a detailed description of the social adjustment of adolescent abusers. More importantly this study will provide a greater understanding of the psychosocial correlates which may act as mediators in young people who are at risk of being sexually abusive.

It is recognised that in response to sexual victimisation boys display behavioural problems in terms of aggression. It is also known that victims of sexual abuse display behaviour similar to conduct disordered boys on externalising and internalising dimensions, although in comparison to other antisocial groups, adolescent victims are regarded as less aggressive (Watkins & Bentovim, 1992). Studies which have investigated the impact of bullying and physical abuse on the individual have demonstrated that social functioning in these children is significantly impaired compared to that of non-victimised comparisons (Salzinger et al., 1993). Having friends is considered an important protective mechanism in mediating the effects of abuse on the individual. One important consideration in the current investigation will be to compare the social functioning of boys who have been sexually abused with a group who have also been abused and have subsequently become abusers.

Antisocial behaviour is also recognised as an important factor which may lead a young person to become sexually abusive Becker (1990). It has been suggested that sexual offences may be committed within a generalised pattern of antisocial behaviour. In order to understand the psychosocial factors which place young
people at greater risk of being sexually abusive, it is necessary to consider antisocial behaviour in relation to psychosocial adjustment.

It is plausible that the pathway to offending behaviour may take several routes. First sexual victimisation may in itself contribute to poor social functioning. Second sexual victimisation may constitute an important risk factor in becoming an abuser and this development may be triggered and exacerbated if social functioning is poor. Third, where there is no history of sexual victimisation, antisocial behaviour should be considered as a risk factor in the genesis of sexually abusive behaviour. In this scenario the sexual perpetrator acts out within a pattern of antisocial behaviour. The worst case scenario is where a sexually abused individual displays antisocial behaviour, either as a consequence of the sexual abuse or as a result of other individual and environmental factors, and is also an abuser. It is predicted that having good social relationships may provide one important protective factor against future emotional and behavioural difficulties, including becoming an abuser. The emphasis in the study will be to establish the extent and nature of poor social functioning in relation to sexually perpetrating behaviour, and to examine the associations between sexual victimisation and antisocial behaviour as potential risk factors for psychosocial maladjustment.

3.1.2. Peer Relationships and Intimate Friendship

General population studies suggest that 10% to 20% of children are rejected by their peers (Coie et al., 1982). It has been argued that only 40% to 50% of rejected children are excluded by their peers because they are aggressive (Cillessen
et al., 1992). A further 10% to 20% are excluded because they are withdrawn, and the remainder for unknown reasons (Parkhurst & Asher, 1992). Accordingly, one important consideration in the current study is to understand the factors which may lead adolescent perpetrators of sexual abuse to be excluded by the peer group. Because there is strong evidence linking poor peer relationships with aggressive behaviour, Bukowski & Hoza (1989) suggest that studies should incorporate sociometric methodology in conjunction with psychological and social competence indices to investigate the links between social isolation and psychopathology. In order to understand the peer relationships of adolescent perpetrators of sexual abuse it is necessary to establish not only the extent of social exclusion, but also the reasons why such young people might be socially isolated.

The importance of intimate friendship in psychosocial adjustment represents a further important dimension of social relationships in the current study. Conceptually the peer group and friendship should be regarded as independent though inter-related dimensions. Furthermore there is evidence suggesting that a strong relationship exists between being rejected by one's peers and having few intimate close friends, especially for boys (Parker & Asher, 1993). Friendship intimacy is significantly correlated with adjustment during adolescence (Buhrmester, 1990). Children who have close friends are significantly more able to identify with the emotions of others and understand the consequences of their behaviour in social relationships. In relation to reciprocal intimate friendship the level of interpersonal competence within friendship is important. It has been suggested that the quality of the relationship, the degree of social skills within the
relationship, and the degree of satisfaction with the friendship, are criteria for differentiating friendships from other social relationships (Parker & Asher, 1993).

3.1.3. Correlates of Social Maladjustment

The behavioural, psychological and social competence factors which may lead to social rejection and prevent young people from being included by the peer group and maintaining intimate friendships have been discussed (Parker & Asher, 1993; Buhrmester, 1990). In relation to the peer group, aggressive and withdrawn behaviour are both associated closely with social rejection. Similarly hostility and emotional problems affect the individual’s ability to make friends. Understanding the correlates of problems in social relationships requires an investigation of both behavioural and emotional difficulties. In summary behavioural problems and emotional problems (externalising and internalising problems) may be important correlates of offending behaviour. It will be important in the current study to assess both behavioural problems and emotional problems as correlates which influence social relationships.

Poor social competence has been identified as an important correlate of sexually offending behaviour. Adolescent perpetrators are socially maladjusted and tend to place responsibility for their behaviour beyond themselves (Katz, 1990). The hypothesis that poor social cognitive skills are important correlates of difficulties in social relationships is acknowledged (Rabiner & Gordon, 1992). Assessing 'global cognitive constructs' such as social perspective taking skills and locus of control as markers of social competence are therefore considered necessary in the
current investigation. It is important in the current study to investigate the social competence of adolescent perpetrators of abuse in order to assess the extent to which poor social cognitive skills may be responsible for inhibiting social relationships.

Other factors which may be correlates of the poor social relationships of adolescent perpetrators of sexual abuse need to be considered. The following points will also be used to describe the sample of adolescent perpetrators being investigated for purposes of comparison with other offending populations. Based on the evidence presented in chapter one the following indices will be explored:

i. **Demographic factors:** Relating to age, race, socioeconomic adversity, and education.

ii. **Factors relating to the experience of sexual abuse as victim and/or perpetrator.**

For those who are victims of sexual abuse these will include: relationship with the abuser, number of times the abuse occurred, the nature of the sexually abusive behaviour, and the severity of abuse. For a perpetrator these will include: age of victims, number of victims, whether the abuse was extrafamilial or incestuous, and the nature of the abusive behaviour. Information on the boy's level of acknowledgment of his behaviour and the extent to which he considers his victim responsible will be considered.

iii. **Cognitive ability:** Given that previous findings have suggested that adolescent perpetrators have educational learning difficulties. Adolescent perpetrators have been described as having emotional and behavioural
difficulties and it will be important to assess significant discrepancies between verbal and performance abilities, as discussed by Wechsler (1992).

3.2. Summary and Aims of the study

* Young people with emotional and behavioural problems are known to be at risk of exclusion from the peer group. One aim of the study is to compare the sociometric status of the boys referred to the project with their male peers in the general population. The sociometric assessment will provide both peer ratings of social inclusion and peer behavioural nominations. In addition it is intended to compare the behavioural profile of rejected referred boys and rejected general population boys.

* The evidence presented suggests that male victims of sexual abuse show increased behavioural and emotional problems in response to such abuse. A question to be addressed in the current study is what differentiates victims of sexual abuse who become perpetrators of abuse from victims who do not in terms of social, psychological and social cognitive factors. The potential positive influences of social inclusion and being involved in intimate friendships are hypothesised to be important and represent the primary variables in the study.

* The transition from victim to perpetrator is to be seen within the context of cycles of offending behaviour. Finkelhor (1984) and Watkins & Bentovim (1992) suggest that when a victim of sexual abuse becomes the
perpetrator, it is based on a traumatic response and manifests itself in the individual attempting to regain control. In the current study the difference between adolescent perpetrators of sexual abuse who are victims of abuse themselves in comparison to non-victimised perpetrators on social, behavioural, psychological and social cognitive factors will be investigated.

* Externalising behaviour may be an alternative pathway to offending behaviour in non-victimised adolescent perpetrators of sexual abuse.

Therefore, a further aim of the current study is to investigate the social, psychological, and social cognitive factors which characterise sexually abused perpetrators from non-sexually abused perpetrators. Accordingly the social, psychological and social cognitive characteristics of non-sexually abused perpetrators will need to be compared with a group of antisocial boys who are neither victims nor perpetrators of sexual abuse.

The four groups include:

**Victims:** Boys identified as victims of sexual abuse, but not to have sexually abused others.

**Victimised Perpetrators:** Boys identified to be victims of sexual abuse and to have sexually abused others.

**Non-Victimised Perpetrators:** Boys identified as not to have been sexually abused, but to have sexually abused others.

**Antisocial Group:** Boys who were identified as not to be either victims or perpetrators of sexual abuse, but to show aggressive behaviour by teachers and other professionals involved in their education.
3.3 Hypotheses

It is hypothesised that all four groups of boys will be more excluded by their peers compared to boys in the general population. Social exclusion will be associated with high behavioural problems as rated by peers.

It is hypothesised that boys who have been sexually abused, but have not sexually abused others, are likely to have problems with social relationships, to have behavioural and emotional difficulties and have deficits in social cognitive functioning. However, it is hypothesised that victims of sexual abuse have better social adjustment than victims who are also perpetrators of sexual abuse. Victims are more likely to be included by their peer group and have close friends than victims who have become abusers. Moderate behavioural and emotional problems and adequate social cognitive skills, may act as positive influence against engaging in sexually abusive behaviour.

It is hypothesised that sexually victimised perpetrators will be excluded by their peers, and have few intimate friends because they are socially withdrawn. Social maladjustment may be compounded by relatively high levels of behavioural and emotional problems and inadequate social cognitive skills.

It is hypothesised that non-sexually victimised perpetrators will be excluded
by their peers and have difficulties with their friendships. Social maladjustment may be facilitated by severe behavioural problems and poor social cognitive skills. It is hypothesised that this group will be more aggressive than victims or victimised perpetrators, which may lead them to be rejected by peers.

It is hypothesised that non-victimised perpetrators will be similar in nature to antisocial boys who are not sexually abusive. Antisocial boys may be rejected by their peers because of their aggression, although they are more likely to be involved in friendships. It is hypothesised that this group will have high behavioural problems and poor social cognitive skills.

Table 3.1
Summary Table of Hypotheses Comparing Groups on Psychosocial Characteristics

<table>
<thead>
<tr>
<th>Psychosocial Characteristics</th>
<th>Victims</th>
<th>Victimised Perpetrators</th>
<th>Non-Victimised Perpetrators</th>
<th>Antisocial Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Relationships</td>
<td>M</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Friendship</td>
<td>M</td>
<td>L</td>
<td>L</td>
<td>H</td>
</tr>
<tr>
<td>Behavioural Problems</td>
<td>M</td>
<td>M</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Emotional Problems</td>
<td>M</td>
<td>L</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Social Competence</td>
<td>M</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
</tbody>
</table>

H = High/Well adjusted, M = Moderate/ Moderately well adjusted, L = Low/Poorly adjusted
Chapter Four

Methodology

4.1. Design

The psychosocial adjustment of adolescent perpetrators of sexual abuse was investigated using a cross-sectional comparison of four groups of boys, aged from 11 years to 15 years, 11 months. The groups are defined below. Definitions of what constitutes sexual abuse within the current study will be presented subsequently:

**Group One**: Boys who were identified by a child abuse clinical team to be victims of sexual abuse and to have sexually abused others. This group are identified as Victim/Perpetrators (VP, n=19)

**Group Two**: Boys who were identified as not to have been sexually abused, but to have sexually abused others. This group are identified as Non-victim/Perpetrators (NVP, n=15)

**Group Three**: Boys who were identified as having been sexually abused, but who have not sexually abused others. This group are identified as Victims (V, n=19)

**Group Four**: Boys who were identified as not to have been victims of sexual abuse nor to have sexually abused others, but show aggressive behaviour, were selected as a comparison group. This group are identified as an antisocial group by teachers and professionals involved in the boys education (ANT, n=17)

Figure 4.1 illustrates the four group design based on the two main parameters sexual perpetration and sexual victimisation.

**Figure 4.1**

*Victim of Sexual Abuse*

<table>
<thead>
<tr>
<th>Sexual</th>
<th>Perpetrator</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Victim Perpetrator</td>
<td>Non-Victim Perpetrator</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Victim</td>
<td>Antisocial</td>
<td></td>
</tr>
</tbody>
</table>
4.2. Sample

4.2.1 Sexual Abuse Cases

The three groups including victims and perpetrators of abuse (1-3) were recruited from a clinical population, referred to the Department of Psychological Medicine at Great Ormond Street Hospital for Children NHS Trust, between August 1992 and April 1994. The Child Sexual Abuse Team within the hospital have been working on the protection, assessment and treatment of children and adolescents who have been sexually abused since 1980. The sample in this study were recruited from a larger study based on a Department of Health initiative to understand the origins of sexually abusive behaviour in adolescent males. The Department of Health initiative includes a number of studies designed to identify risk factors for assessing the dangerousness of boys who are beginning a pattern of sexually abusive behaviour. The research included an assessment of psychiatric, cognitive and psychological functioning of the perpetrators of sexual abuse. In addition material concerning the boys early life experiences was collated from parents, social workers and carers. A selected sample of 48 boys were studied in detail within the context of a psychoanalytic structured assessment. The study described in this thesis is based on an investigation of the psychosocial adjustment of a sample of boys referred to Great Ormond Street for treatment for their offending behaviour.

As part of this initiative Child Protection Teams, Social Work Departments and Juvenile Justice Teams were invited to refer cases of sexually abused and abusing adolescents to the hospital for an extensive individual assessment. The invitation
was sent to all Child Protection Coordinators, covering a 100 mile radius of the hospital. A copy of the letter is presented as appendix 1. Cases were only recruited into the study once the Child Sexual Abuse Team was satisfied that the procedure for ensuring the protection of both the victim and perpetrator from further abuse had been followed, as set out in Working Together With The Children Act (1991). In practice this process included clarification of the abuse issues, the extent of risk to the boy from others and, for the boy perpetrators, whether their victims were protected from further abuse. In addition, a child psychiatrist, child psychotherapist and psychiatric social workers had to be satisfied that the case could be safely managed within a paediatric out-patient unit.

4.2.2 Comparison Group

The antisocial boys selected as a comparison group were recruited primarily through the education system. Teacher, educational social workers and child protection social workers were approached to recruit aggressive boys with no known history of sexual abuse. Mainstream and special schools for behavioural problems were contacted informally, and following an initial agreement, formal letters were sent to head teachers and permission was sought to identify problem boys (see appendix 2). Teachers were asked to nominate boys between the ages of 11 and 15 who presented as behavioural problems in school. Only one boy from each tutor group was requested so to match the procedure for administering the sociometric assessment with the sexual abuse cases.

Details of the focus of study were explained to teaching staff and they agreed to
exclude boys if there was any known history of sexual abuse. With the head teacher’s permission parents and boys were told that the study was about friendships during adolescence. As the study was about friendship and did not require providing information about sexual abuse, it was considered unnecessary to raise anxieties about sexual abuse. However parents and boys were informed that they had been selected to take part in the study because it was recognised they had particular problems in school which may be of interest to the researcher. Written consent from parents was sought and the boys were given a verbal option not to participate in the study.

Due the complexity in the recruitment of the comparison group details of the recruitment are presented below:

* One Comprehensive mainstream boys’ school agreed to participate. Ten boys were originally identified. Two families refused to participate and one boy decided he did not wish to be involved. Subsequently seven boys completed the full assessment.

* One special school for children with behavioural difficulties agreed to participate. Seven boys were recruited by teaching staff. One family failed to return the consent forms and after repeated attempts to contact them the boy was not included in the study. Six boys completed the full assessment.

* Six cases were recruited through general referrals to the hospital through educational psychologists and child protection social workers. It was necessary to establish that the boys had behavioural problems in school and that there was no
history of sexual abuse. For two of the boys there were unsubstantiated concerns about a history of sexual abuse, and one of them had also been excluded from school. Consequently four boys completed the full assessment.

* In total, therefore, seventeen boys were included in the study as an antisocial comparison group.

4.3. Generalisability

Given that referrals to a supra-regional assessment and treatment centre for sexual abuse show more extreme degrees of abuse, the generalisability of the current study to the general population may be limited. The hospital in which this study was conducted has a history of attracting referrals from socially deprived areas of the south east of England, and referrals reflect a pattern of social deprivation common in many of cases managed by regional social services departments. All subjects in this study had experienced a long period of investigation by social services, and in some cases a police investigation had been conducted. The impact of such investigations on the individual's functioning is unknown.

4.5. Inclusion/Exclusion Criterion

All cases of adolescent boys between the age of 11 years and 15 years, 11 months referred to the Child Sexual Abuse Team at the hospital, as victims, victim/perpetrators or non-victim/perpetrators were potential subjects. To be included in the study the potential subjects had to meet the following:

1. A boy must fit into one of the four groups as described. For the sexual abuse cases a decision as to the boys' abuse status was based on the evidence presented
in Social Service reports, Case Conference reports and, where relevant, Police reports. A multidisciplinary group including two consultant child psychiatrists, three child psychotherapists, a clinical psychologist and the author discussed the evidence before allocating a case to a group. The definition of abusive behaviour used for group allocation was:

The boy has engaged in sexually inappropriate behaviour with a child who is two years younger than themselves and where the abuse included actual contact abuse.

Contact abuse includes all forms of penetration, oral-genital contact, masturbation and fondling, and all forms of simulated activity. This includes both intrafamilial and extrafamilial abuse with male and female victims. The victims include prepubescent children, but may also include pubescent minors who were forced or coerced into sexual activity. It does not include sexually abusive acts committed by adolescents against adults, nor any sexual behaviour involving animals or inanimate objects.

The same definition is applied to describing the boy's own experience of sexual victimisation.

This definition was also used by the clinical team to establish whether the boy was himself a victim of sexual abuse.

2. A boy must be able to be seen within the limits of outpatient care in a Children's department. Those displaying aggressive or violent behaviour, sexual or otherwise, would be excluded.

3. Boys of all levels of cognitive ability were included in the study.

4. A boy had to be part of a recognised peer group whom they had known for at least eight weeks (or half an academic term). This included classes in mainstream education, or special educational provision for learning or behavioural difficulties. Boys in a special educational and residential units were included if they had a recognised peer group of at least seven other young people. A minimum of seven
peers (inclusive of the target child) had to be established for the peer assessment. A figure supported by Salzinger et al. (1993).

4.6. Procedure

Following the clinical assessment by a consultant child psychiatrist or principal child psychotherapist a Screening Instrument was completed by the boys social worker (see appendix 3). This contained information about whether the boy was a victim, victim/perpetrator or non-victim/perpetrator and addresses and telephone numbers for the boy, his mother or primary carer, social worker and school. The Child Behavior Checklist (Achenbach, 1991b) was completed by the subject’s primary carer. The boy and his social worker were invited to attend the outpatient clinic at the hospital. Both the boy and social worker were seen together for the first fifteen minutes of the assessment, followed by a one hour session with the boy on his own. Comparison boys were seen at school or with a professional at the hospital. Each research assessment followed the same format:

1. The boy and his social worker were told that we would need to meet them three times in total. The first session began by explaining that having talked to the doctors about the abuse, the purpose of these meetings "was to get to know as much as we could about other aspects of their lives." The boy was told that the first session would focus on what he did in his spare time and with whom he spent his time. The second and third sessions would be used to complete a cognitive assessment and computerised psychiatric assessment as part of the more extensive appraisal required for the main study. The boy and his social worker were then
asked to give their consent for the author to visit the school to meet with his teacher or a person who knew him well. It was explained that the purpose of this school visit was to find out about how well he was getting on with school work and about his behaviour in school. It was made clear that the abuse would not be discussed.

2. Using the format of a game the social worker was given a piece of paper and asked to write down the name or names of anyone they knew who was "like a friend" to the boy. The potential knowledge the social worker had of the boy's friends was used in part to validate friendship choices made by the boy. The social workers responses were recorded on, what was identified as, the Friendship Validation Data Sheet (FVDS), see appendix 4. Simultaneously the boy was asked to imagine that there were four tickets to go and see a pop concert or a football match. They were told that they could choose two people he would like to go with him, in addition to themselves and an adult. The two people could not be members of their family, but could be anyone else. Once the boy identified a person or number of people they were asked if the people mentioned "were like you might call friends". The names of one or two friends were then used to complete the friendship assessment, using the Friendship Intimacy Questionnaire (FI) and the Adolescent Interpersonal Competence Questionnaire (AICQ) (Buhrmester, 1990), see appendices 5 and 6. The names of friends identified by the boy were also written onto the Friendship Validation Data Sheet (FVDS). Due to the limited time available and amount of work to be covered in the assessment the social worker and boy were then asked if they would complete as 'homework'
the friendship questionnaires and the Interpersonal Reactivity Index (IRI) (Davis, 1980), see appendix 7 and the Nowicki-Strickland Locus of Control Scale for Children (NSLCS) (Nowicki & Strickland, 1973), see appendix 8. The Social worker was given clear instructions to assist the boy in reading the questionnaires if necessary, but to allow him to work as independently as possible.

3. During the first individual session the boy’s cognitive ability was assessed using the Wechsler Intelligence Scales for Children (Wechsler, 1992): Short Form (see instruments section). Training and supervision in the use of the above psychometric instruments was given to the author by a senior clinical psychologist.

4. Anthropometric data on height, weight and pubertal status was collected during the assessment as part of the larger study.

5. In order to validate further the friendship choice, the boy’s primary carer (typically his mother) was asked to supply the names of the boys friends. These names were recorded on the Friendship Validation Data Sheet (FVDS). Written permission was also collected from the mother or primary carer for permission to visit the school. This consent form was taken to the school on a subsequent visit and thereafter kept on the boy’s research file. A copy of the school visit consent form is presented as appendix 9.

6. School Assessment: Once parental consent to visit the school was received and the boy and social worker agreed to the school being contacted, a telephone call
was made by the author to a teacher identified by the parents, social worker or primary carer. It was explained that permission had been given to contact the school about the boy and that as part of an assessment at the hospital it would be helpful if they could give half an hour of their time to discuss the case and complete a standard assessment. Compliance by the schools was enhanced by actually visiting the teacher rather than relying on telephone or postal enquiries.

In total 80 school visits were made over one and a half school years. Five schools, one of which included two of the boys referred to the study, refused to participate with the assessment, and 5 schools failed to return the assessments completed, giving a sample of 70 completed school assessments. At no time did the author volunteer the reason for the boy’s referral to the hospital.

Approximately 50% of schools had been involved in the Child Protection procedure and were aware on a need to know basis about the sexual abuse.

When asked, by teachers, why the boy had been referred to the hospital they were told that whilst the author was not at liberty to discuss the details of the case, the boy was experiencing some personal difficulties and was currently having a full assessment of his needs. All but one school accepted this as a satisfactory explanation and agreed to cooperate.

On arrival at the school the teacher was asked to comment on the boy’s general welfare, as a way of building rapport and placing the research assessment within a context. They were asked to say who they thought were friends of the boy. These were also recorded on the Friendship Validation Data Sheet (FVDS). It was explained that as part of the assessment work at the hospital we were
interested in the school's view of the boy's academic progress, social competence and behaviour. To assess this teachers were asked to complete the Teacher Report Form (Achenbach, 1991). In addition the teacher was asked to complete the Teacher version of the Adolescent Interpersonal Competence Questionnaire, see appendix 10. The teacher was told that the boy had also chosen the nominated children as friends. They were then asked to give their perception of the level of competence of both the boy in question and his friends. If the teacher did not know the boy's friends they were asked to comment on the boy alone.

The teachers were asked to help conduct a sociometric assessment on a class in which the boy was most familiar with his classmates. Due to the sensitive nature of the sociometric assessment it was explained to the teachers that considerable time had been taken to review the evidence concerning the impact of a sociometric assessment on children and young people (Williams & Gilmour, 1994). They were told that the Peer Rating method, as described by Asher & Dodge (1986) had been chosen for the assessment because it did not require children to make negative judgments about their peer group if they did not wish to do so. The Peer Behavioural Rating, as described by Parkhurst & Asher (1992) was also presented.

The teacher was shown an example of the sociometric questionnaire structure, (see example, appendix 11). In order to provide a custom-made questionnaire for the class in question the teacher was given the choice of providing a list of names or keeping the prototype sociogram for the school to reproduce themselves. It was
emphasised that only the pupil's first names, and where necessary first surname initial, would be required on the sociometric assessment in order to protect the confidentiality of the class and school. None of the schools who agreed to participate in the sociometric assessment required parental consent for the children involved in an assessment. Approximately 50% of the teachers involved in the study were familiar with sociometry from their teacher training, although only a small minority had ever used the procedure in their teaching practice. Of the 70 completed assessments 66 schools opted to have the questionnaire prepared by the author at the University, the remainder copied the prototype using the identified children's names.

Every child in the class was given a booklet which included the sociometry and peer behavioural ratings. Teachers were given instructions on how to conduct the assessment, as presented in appendix 12. The children were told that the questionnaire was about them and the people in their class. They were informed that their responses were confidential within the class and school, and were encouraged to work alone quietly and to respect the privacy of people sitting next to them. They were required to write down their first name, and where two children in the class had the same name, the first initial of their surname. They were asked to write down the names of three people in their class, who they "liked the most". Next the pupils were asked to rate each of the people in the class on how much they "liked to spend time" with them. This was done using a 1 to 5 point Likert scale. A score of '1' was equivalent to 'I don't like to at all' and a score of '5' was 'I like to very much'. This provided the material for the
The next stage was to ask the children in the class to independently nominate people in the class they thought 'best fit' eight behavioural descriptions, in order to assess peer behavioural ratings. The children were requested to circle the names. The eight behavioural descriptions selected are described in the instruments section (Parkhurst & Asher, 1992). The sociometry assessment, TRF and AICQ-T were completed at a time convenient to the teacher and school. It was suggested that the questionnaires be administered during registration in the morning or during personal and health development classes. Teachers were asked not to identify the case boys included in this study at any-time during the classroom assessment. The individual needs of each school, particularly those with children who had learning difficulties and/or behavioural problems, meant that the administration of the sociometry was left to the discretion of the teacher.

4.7. Instruments

The instruments employed in the study included a range of standardised and non-standardised tools which assess psychosocial adjustment on the three levels previously identified: social relationships, social competency and psychological adjustment. These will be described and the psychometric properties presented.

4.7.1. Sociometric Assessment

The Peer Rating sociometric method selected for the current study is based on the procedure developed by Asher and Dodge (1986) and modified by Parkhurst and
Asher (1992). The rationale for selecting this procedure was based on two points. First, it was decided that the Peer Rating method was the least controversial and non-pejorative method and would be more acceptable to professionals working in British schools. Second, as suggested by Parker & Asher (1993) the Peer Rating method allows children to indicate whether they like people, even though they do not necessarily consider them friends.

One question to be addressed relates to the Peer Rating method not being as sensitive as the Peer Nomination method in the identification of neglected children. It was decided that having reviewed the evidence presented by Coie & Dodge (1988) and Kupersmidt & Coie (1990), which indicated that neglected status children behave similarly to popular and average status children and are not, therefore, considered to be a group at risk of later adjustment difficulties, Peer Ratings remained the preferable option.

The procedure for assessing sociometric status was based upon the work of Coie et al. (1982) and Asher & Dodge (1976). A computerised data entry programme which calculated sociometric status was developed specifically for the study, using FoxPro. Each child within a class was entered into the computer together with their three nominations of who they "like most in the class" and the ratings they gave to each member of the class, ranging from 1 (I don't like to at all) to '5' (I like to very much).

The number of times a child was nominated within a class was summed to give a
'Like Most' (LM) score. The number of times each child received a score of '1'
from peers within the class was calculated to give a 'Like Least' (LL) score. The
raw scores were then standardised for each class, as described by Coie et al.
(1982). The computer programme was designed to follow the procedure for
calculating sociometric status as described in the literature review and repeated
here for convenience:

Using standardised scores for each class respectively every child is given a 'like
most' (LM) standardised score and 'like least' (LL) standardised score. Social
preference (SP) scores are calculated by subtracting the LL score from the LM
score. Social impact (SI) is calculated by adding LL score to LM score. The
table 4.1 below describes how the social preference and social impact scores are
used to generate sociometric status:

<table>
<thead>
<tr>
<th>Sociometric Status</th>
<th>Social Preference Score</th>
<th>Social Impact Score</th>
<th>'Like Most' &quot;LM&quot;</th>
<th>'Like Least' &quot;LL&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Popular</td>
<td>≥ 1</td>
<td>≥ 0</td>
<td>≤ 0</td>
<td></td>
</tr>
<tr>
<td>Rejected</td>
<td>≤ -1</td>
<td>≤ 0</td>
<td>≥ 0</td>
<td></td>
</tr>
<tr>
<td>Controversial</td>
<td>≥ 1</td>
<td>≥ 0</td>
<td>≥ 0</td>
<td></td>
</tr>
<tr>
<td>Neglected</td>
<td>= 0</td>
<td>≤ -1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>-0.5 to +0.5</td>
<td>-0.5 to +0.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Computed as Average</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
</tbody>
</table>

All remaining cases are classified as other. As discussed in chapter two Salzinger
et al. (1994) recoded all other cases as average cases to allow for all children within a class to be allocated a sociometric status. This procedure will be adopted in the analysis of the current study.

The computerised programme provides a report on each child in the class, indicating the number of nominations and ratings of '1', as raw scores and standard scores. In addition the sociometric classification of the child, compared to the other children in the same class, is provided. In addition an average of the peer ratings on the question 'how much do you like to spend time with the people in your class' was generated by the computer as an alternative indicator of social inclusion for the target children only. This procedure was done to test for the most sensitive measure of social inclusion. The target child within each class (ie. the boy in the sexual abuse study) is identified and his sociometric status is recorded and entered as a variable into the SPSS/Windows Statistical Package (Norusis, 1992) for analysis across the sexual abuse categories within the study. In order to compare the study boys with boys in the general population the sociometry database was transformed into SPSS/Windows for analysis.

As discussed in chapter two the reliability and validity of the sociometry has to be seen within the context of what it is attempting to measure. There is almost no information on the test-retest reliability of sociometric procedures, given that the studies which address reliability are referring to stability of sociometric status (Coie et al. (1982) and Asher and Dodge (1986). Coie et al. (1982) reported stability of 'like most' and 'like least' scores ranging from .46 to .88 over a
twelve week period, and argue that rejected status children tend to remain in this category compared to other sociometric status groups. This is supported by Asher & Dodge (1986) who report that 69% of rejected children remain so over a five month period. The current study is based on a cross-sectional design and no information is available on the stability of sociometric status of the boys.

4.7.2. Friendship Material

4.7.2a. Friendship Intimacy Questionnaire (FI) (Buhrmester, 1990)

In order to provide a short and comprehensive measure of dyadic friendship and to assess the degree of friendship intimacy the Friendship Intimacy Questionnaire (FI) was used in the study. As discussed in chapter two the FI (Buhrmester, 1990) was devised from Network Relations Inventory (Furman & Buhrmester, 1985) and is based on the Theory of Social Provisions described by Furman and Robins (1985). The questionnaire measures companionship, intimate disclosure and social satisfaction subscales to assess friendship. The nine item questionnaire includes questions such as: How often do you share secrets and private feelings with this person? (Intimacy); How often do you and your friend spend time with this person? (Companionship); and How satisfied are you with your relationship? (Social satisfaction). The FI is presented as appendix 5. Each boy is asked to nominate two friends (as described in the procedure for the study) which are recorded on the FI. In turn the boy is required to rate 'how much' or 'how often' to the nine questions for each friend. Boys are only encouraged to write down names of people who they consider reciprocal friends. When only one friend is chosen the second friend is recorded as 'not applicable'.
Answers are recorded on a five point likert scale: 1 = 'Never or hardly at all', 5 = 'Very often or extremely'. Friendship intimacy is created by averaging the scores from the nine items. The FI is a relatively new measure and the psychometric properties of the questionnaire are not yet well established. However Buhrmester (1990) reports alpha coefficients scores as .93 for adolescents aged 13 to 16. Based on a sample of 56 males aged 13 to 16 from an ethnically and racially mixed school population, the mean friendship intimacy was 3.43 (sd=.87).

4.7.2b. Adolescent Interpersonal Competence Questionnaire (AICQ) (Buhrmester, 1990)

The AICQ is selected for the study as the measure of interpersonal competence in social relationships. It was devised by Buhrmester (1990) from the 40 item Interpersonal Competence Questionnaire (ICQ) was developed to assess the competency of college students' close relationships and romantic relationships (Buhrmester et al., 1988). The Interpersonal Competence Questionnaire identified five important domains of interpersonal competence: initiating relationships, self-disclosure, asserting displeasure with other's actions and managing interpersonal conflicts. Buhrmester (1990) modified the instrument for a younger adolescents which is known as the Adolescent Interpersonal Competence Questionnaire (AICQ).

Using the same five constructs of interpersonal competence the 40 items in the AICQ are rated on a five point likert scale based on 'how good' the person
answering the questionnaire and his friend or friends are at specific tasks. For example these include: 'How good is this person at knowing how to disagree with friends without getting into big arguments?' (managing interpersonal conflicts), 'How good is this person at opening up and letting friends get to know everything about him/herself?' (self disclosure). The AICQ is presented as appendix 6. The boy was required to write down his own name, and that of the friend or friends selected on the Friendship Intimacy Questionnaire (FI), onto blank lines provided at the top of the questionnaire. After each statement he was asked to rate on a scale of 1 = 'poor' to 5 'extremely good' how competent they and their friends were in relation to social competence. Scores were created by averaging all 40 items for the boy and his nominated friend or friends. Buhrmester (1990) reports a Cronbach alpha coefficient of .92 for adolescents. From a sample of 56 males from an ethnically and racially mixed school population the mean was 3.53 (sd=.58) for self-rated interpersonal competence and 3.44 (sd=.55) for friend-rated interpersonal competence.

The questionnaire is answered solely on the individual’s perception of their own self efficacy and that of their friend or friends interpersonal competence. The efficacy of the instrument is enhanced when identified friends are also able to comment on the degree of competence. Given the confidential nature of the current study, access to the boys’ friends was not possible and no friend based reciprocal ratings are available.
4.7.2c. Adolescent Interpersonal Competence Questionnaire - Teacher Version (T-AICO) (Revised for current study).

It was intended that a reciprocal rating of the boy’s perception of his own social competence as recorded by the AICQ and that of his friends would be obtained. Therefore the T-AICQ was devised for the current study. Instead of asking the boy’s friends to complete the instrument in the way originally devised by Buhrmester (1990) the teacher was asked to provide ratings based on their view of the boy and the friends he selected. The instructions for the questionnaire were modified and teachers were requested to rate how competent each of the children nominated by the boy on the AICQ, were from their perspective. During the early stages of the study teachers reported considerable difficulty in knowing enough about the boy and his friends based on the questions asked to provide reliable responses. A further major complication of this procedure was that teachers either did not know one or more of the nominated friends or that they did their knowledge of the friendship was negligible. It was decided, therefore, to exclude the T-AICQ from the study based on a high rate of missing information. The T-AICQ is excluded from all analyses in the current study. Teacher and parent ratings on social relationships in the Child Behavior Checklist (CBCL) (Achenbach, 1991b) and Teacher Rating Form (TRF) (Achenbach, 1991a) will be included, as discussed below.

4.7.3. Sociometric Nomination Checklist (SNC) (Parker & Asher, 1993)

A further measure of friendship was obtained by examining in more detail the sociometric assessment completed in the classroom (see appendix 13). The author investigated whether any of the three children nominated by the case boy as being
"people I like most in the class" had themselves selected him in their choice of three nominations. A proportion score was awarded depending upon the number of nominations given and received.

**4.7.4. Friendship Validation Data Sheet (FVDS) (Designed for current study)**

In order to address the problem of the boys having friendships outside the classroom, or possibly the school environment, every effort was made to ask the boy's mother or primary carer, social worker and teacher if they knew who were the boy's close friends. The information was coded on a checklist, see appendix 4. A boy was considered to have a friend or friends if any of the significant others independently nominated the same name written down by the boy on the Friendship Intimacy Questionnaire. Ethical restrictions prohibited access to the children and adolescents nominated by the boy to validate the friendship and to assess the quality and importance of the relationship for the friend.

**4.8. Ratings of Behaviour and Affective Problems**

**4.8.1 Child Behaviour Checklist (CBCL4/18) & Teacher Report Form (TRF) (Achenbach, 1991a & b)**

Parent or primary carer and teachers completed standardised instruments to assess emotional and behavioural problems. The Child Behaviour Checklist and Teacher Report Form (Achenbach, 1991a & b) are complementary profiles of behavioural and emotional problems. The instruments each contain 113 individual items rated on a '0' (not true) to '2' (very true) scale. Both scales provide an internalising score, externalising score and a total problems score. Table 4.2 describes the subscales which form each of the three dimensions.
Table 4.2
CBCL & TRF Subscales and Problem Dimensions

<table>
<thead>
<tr>
<th>Internalising Problems</th>
<th>Externalising Problems</th>
<th>Total Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn</td>
<td>Delinquent Behaviour</td>
<td>Subscales of Internalising and Externalising subscales</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>Aggressive Behaviour</td>
<td>plus</td>
</tr>
<tr>
<td>Anxious/Depressed</td>
<td></td>
<td>Social Problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thought Problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attention Problems</td>
</tr>
</tbody>
</table>

Raw scores for each subscale are converted to age and sex corrected T scores, a procedure specific to the instruments. Two thresholds have been identified which differentiate children in a borderline clinical range for behavioural and emotional problems in the general population, and a clinical range for children experiencing problems consistent with clinical diagnosis. Table 4.3 describes the cut off points for each of the categories.

4.8.2 Peer Behaviour Ratings

As suggested in chapter two peer behaviour ratings have been widely used to assess why a child may be liked or disliked by his peers (Parker & Asher, 1987). By using sociometric status as the primary variable in the current study it is important to understand what factors are associated with social rejection. The method used in the current study is based on the design by Parkhurst & Asher
(1992) who developed an index of behavioural descriptions suitable for an adolescent sample devised from Coie et al. (1982) and which uses the Bower Class Play (Bower & Lambert, 1961) exercise. They include eight behavioural descriptions measuring three dimensions of behaviour (see table 4.4). Students are required to circle the name of classmates who fit the descriptions 'cooperates in a group', 'starts fights', 'someone you can trust', 'shy', 'can’t take teasing', 'disrupts things in a group', 'kind', 'easy to push around'. The number of nominations a student may give to all eight descriptions are unlimited.

As discussed in chapter two Parkhurst & Asher (1992) subclassified rejected children on the basis of behavioural correlates described. 'Starts fights' was significantly correlated with rejection and was thus used to classify rejected/aggressive children. A correlation between 'starts fights' and 'negative sociometric nominations' was .55 p < .001. Although dropped from the classification, both 'Disrupts things in a group' and 'Can’t take teasing' were both significantly correlated with negative nominations .53 p < .001 and .51 p < .001 respectively. In the current study a score of 1 standard deviation above the class mean on any of the three 'aggressive' peer behavioural ratings will be employed to classify an 'aggressive/rejected' boy.

In relation to the rejected/submissive a score of 1 sd above the class mean on the behavioural description 'easy to push around' was negatively correlated with positive sociometric nominations r = -.21 p < .001, and is used in the current study to classify aggressive/submissive boys. 'Shyness', although an indicator of being
socially unassertive is not a factor necessary associated with social rejection. Shyness was negatively correlated with negative sociometric nominations $r = -.26$, $p < .001$. Shyness, although not a rejected/submissive correlate, was included in the current study to assess the extent to which the boys were considered socially unassertive. This was considered important given the evidence in chapter one in which the adolescent perpetrator is described as lonely, therefore a score of 1 sd above the class mean on the socially unassertive dimension, will be used in the current study.

Finally, the three prosocial behavioural characteristics 'cooperates', 'kind' and 'trust' are all significantly correlated with positive sociometric nominations and negatively correlated with negative sociometric nominations (Parkhurst & Asher, 1992). In the current study a score of 1 sd above the class mean on the prosocial characteristics will be used. Ratings of Behaviour were measured at the same time as the sociometric assessment. The computerised software package was used to enter the number of times each child was nominated within the class as best fitting a specific behaviour. The computer report on the case boy provided raw scores and standardised scores within each class, which were entered into SPSS/Windows for further analysis. In addition the behavioural nominations were transformed into SPSS/Windows as a datafile in order to make comparisons between study boys and boys in the general population.

1Parkhurst & Asher (1992) also identify a group of children who are both aggressive and submissive. These children have a score on both the aggressive and submissive dimension 1 sd above the class mean. In the current study both dimensions are considered separately in the first instance, and then the aggressive/submissive dimension is calculated by simply giving a positive score on the dimension if the boy has scored positively on both dimensions independently.
Table 4.4

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Starts fights'</td>
<td>Aggressive Dimension</td>
</tr>
<tr>
<td>'Can’t take teasing'</td>
<td></td>
</tr>
<tr>
<td>'Disrupts things in the group'</td>
<td></td>
</tr>
<tr>
<td>'Easy to push around'</td>
<td>Submissive Dimension</td>
</tr>
<tr>
<td>'Shy'</td>
<td>Socially Unassertive Dimension</td>
</tr>
<tr>
<td>'Cooperates in a group'</td>
<td></td>
</tr>
<tr>
<td>'Kind'</td>
<td>Prosocial Dimension</td>
</tr>
<tr>
<td>'Someone you can trust'</td>
<td></td>
</tr>
</tbody>
</table>

4.9. Social Cognition

Adams (1983) reports that the relationship between social competence and good social relationships is important during adolescence. He presents the Social Deficit Hypothesis, suggesting that weak social competencies are thought to inhibit the establishment and maintenance of social relationships. Within this model he argues that locus of control, empathy and social knowledge or perspective taking are the central components to social competence. In relation to males he argues that locus of control and perspective taking are important, whereas for females empathy and perspective taking are important.

In order to assess social competence two measures of social cognitive skills were used in the current thesis. The first addressed the individual’s ability to perceive
his actions as being contingent upon his own behaviour, as described by Rotter (1966). The second addresses individual’s level of empathetic response for another person. This is discussed on two levels in terms of affective empathetic response and cognitive perspective taking (Davis, 1980).

4.9.1. Nowicki-Strickland Locus of Control Scale for Children (Nowicki & Strickland, 1973)

The Nowicki-Strickland Locus of Control Scale for Children was designed as a measure of generalized locus of control, and is adapted from the Locus Of Control Scale for Adults (Rotter, 1966). It addresses the issue of whether the individual perceive his actions as being dependent upon some external force, rather than within his own control. This is known as 'external' locus of control. Alternatively, the individual may perceive the outcome of his actions to be dependent upon his own behaviour. This is known as 'internal' locus of control.

The items in the questionnaire are designed to measure the extent to which individuals perceive themselves as having control over events, such as 'catching a cold' or 'believing that finding a four leaf clover will bring luck'. The instrument also asks about situations in their interpersonal relationships with family and friends, achievements in school and in hobbies, and their ability to control events.

The Nowicki-Strickland Locus of Control Scale is a self completion questionnaire consisting of 40 items that are answered either 'yes' or 'no' by placing an appropriate tick next to each question. The measure was standardised on an American sample of 1,017 children, ranging from grades 3 to 12. Mean scores and standard deviations are presented on males and females for all grades. Locus
of control is calculated by summing the number of positive scores to internalising questions. A lower score indicates a higher internal locus of control. Nowicki and Strickland (1973) report that locus of control becomes more internal with age. For the purposes of the current study the psychometric properties of the questionnaire for adolescents (grades 7 to 12) will be considered. The mean score for these age groups ranged from $M=11.38$ ($SD=4.74$) in grade 12 to $M=14.73$ ($SD=4.35$) in grade 8.

There was no correlation between socioeconomic status and locus of control, except that for males it is suggested that higher socioeconomic status correlates with higher internal locus up until grade 7. In relation to academic achievement all correlations with the Achievement Tests for Elementary and Secondary Grades were negative. The most significant correlations were found for males, higher ability adolescent males having a higher internal locus. Estimates of internal consistency using the split-half method, corrected using the Spearman-Brown formula is $r=.68$ for grades 6 to 8 and $r=.74$ for grades 9 to 11. Test-retest reliability coefficients were calculated after administering the questionnaire to three grades (3, 7, and 10), six weeks apart. These were .66 for grade 7 and .71 for grade 10. The construct validity of the instrument was also investigated by comparing it with other measures which include an assessment of locus of control: The Intellectual Achievement Responsibility Scale, Bailer-Cromwell Scale and Rotter’s Adult Locus of Control Scale for Adults. All correlations were significant at $p < .01$, confirming the construct validity of the scale. Nowicki & Strickland (1973) conclude that locus of control is a variable of importance in
relation to children’s and young people’s functioning and the instrument provides a reliable and valid tool for assessing the extent to which an adolescent has an internal locus of control. Despite the length of time since the validity and reliability of the instrument was established in 1973, the Nowicki-Strickland Locus of Control Scale for Children remains widely used in research and clinical practice (Adams, 1983; Ollendick et al., 1991, 1992).

4.9.2. Interpersonal Reactivity Index (Davis, 1980)
The Interpersonal Reactivity Index (IRI) was selected because it is one of few measurements which addresses both the affective and cognitive or intellectual dimensions of empathy. Davis (1983) argues that empathy has to be regard as a multidimensional construct with the affective and cognitive dimensions being independent. He does emphasise, however, that each dimension influences the other, and that empathy can only be assessed comprehensively if the two constructs are measured simultaneously. The IRI was thus designed to provide independent measurement of 'cognitive, perspective taking capabilities' and the 'emotional reactivity' of the individual within the same instrument. Perspective taking (PT) is defined as the individual’s ability 'to adopt the perspective, or point of view, of others'. Empathic Concern (EC) is defined as the individual’s 'experience of feelings of warmth, compassion and concern for others undergoing negative experiences.' In addition Davis (1983) identifies the fantasy subscale (FS), which indicates strong identification with fictitious characters in books and films and the personal distress subscale (PD), which measures the level of distress and anxiety experienced when witnessing the suffering of others.
The four subscales in the 28 item self completion questionnaire consists of items which most closely measure the four independent subscales, each with 7 items, equally for both sexes. The questionnaire is scored on a five point Likert scale indicating how much each item best describes the subject with 1 indicating 'does not describe me well' and 5 indicating 'describes me very well'. Ten items require reversed scoring. The IRI was standardised on large groups of undergraduate students in America. The internal reliability of the instrument is robust with standardised alpha coefficients above .70 on all four subscales for both males and females. Test-Retest reliability coefficients are reported as being .61 and .81 on all four subscales, using 60 to 75 days as the time between test and retest. Gender differences support the argument that females overall tend to be more empathic, although the instrument is suitable for assessing empathy in males.

In support of the contention that the instrument is assessing both affective and cognitive aspects of empathy Davis (1983) found that perspective taking is only partially related to empathic concern (r = .31 males) and negatively to personal distress (r = -.16). In relation to the validity of the instrument, whilst no independent assessments were made during the development of the instrument Davis (1983) concludes that the instrument supports previous findings concerning the multidimensional structure of empathy. In addition Davis (1983) reports that the IRI was predictive of empathic response in a laboratory experiment assessing empathy using unstructured measures.

4.10. Intelligence

The Wechsler Intelligence Scale for Children - Third Edition UK (1992) test was
used to assess cognitive ability. British standardised norms were used to score the test using the standard coding instrument and manual. The reliability and validity of the WISC are recognised to be excellent (Wechsler, 1992) and the assessment therefore provides an appropriate tool for the current study. Eight subscales were selected to provide a short form of the assessment, in order to accommodate the testing within the time available for the research interview. The subscales include: Picture Completion, Picture Arrangement, Block Design, Object Assembly representing a measure of Performance Ability. Information, Similarities, Vocabulary and Comprehension representing Verbal Ability. A pro-rated score was combined using Performance and Verbal scores by multiplying raw scores by 1.25 to provide a total intelligence score. Full scale intelligence scores were standardised for subsequent analysis in the study.

4.11. Demographic Information

Demographic information for the study was collected in conjunction with the main Great Ormond Street Hospital Study during an interview with the mother or primary carer as part of the main hospital study. When an interview was not possible information was collected from clinical case file, social workers’ information and psychiatrists’ reports. The Osborn Social Index (Osborn, 1987) was used to provide a continuous variable of social adversity. An independent assessment of whether the family was receiving Social Security benefit was also collected as a further indicator of social adversity. Other demographic variables in the study include: age, race, geographical area, family constitution, type of school: Age: The decimal age of the boy from date of referral to the project.
Race: White European, Black European, Asian European (to indicate boys of second and third African and Asian origins who have grown up in the United Kingdom), White other, Black other, Asian other, Oriental, Other.

Domicile at time of Referral: Home with parents or extended family, Adoptive home, Foster home, Children's Home, Residential school.

Osborn Social Index (OSI) (Osborn, 1987 - see appendix 14): Including - Highest educational qualification in family of origin (boys who had lived in a foster home for more than two years were classified on the basis of the foster parents socioeconomic status); Social Class based on the Office for Population, Census and Surveys (OPCS, 1993) index of Social Class; Ratio of persons to number of bedrooms, Type of Home and who owned the property, Ownership of Car and Telephone. The scale is determined on a range of 19 to 72. The higher the score the higher the socio-economic status. The OSI provide a continuous variable of socio-economic status providing a more flexible measure for analysis. To assist in interpreting the meaning of the OSI table 4.5 describes the relationship between OSI scores and its relationship to OPCS classifications.

<table>
<thead>
<tr>
<th>Father's occupation (OPCS social class)</th>
<th>OSI Mean Score</th>
<th>OSI (standard deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>66.4</td>
<td>4.4</td>
</tr>
<tr>
<td>II</td>
<td>59.7</td>
<td>6.2</td>
</tr>
<tr>
<td>III (non-manual)</td>
<td>53.9</td>
<td>6.7</td>
</tr>
<tr>
<td>III (manual)</td>
<td>47.1</td>
<td>7.1</td>
</tr>
<tr>
<td>IV</td>
<td>43.0</td>
<td>6.9</td>
</tr>
<tr>
<td>V</td>
<td>36.9</td>
<td>6.1</td>
</tr>
<tr>
<td>No information</td>
<td>43.0</td>
<td>9.0</td>
</tr>
<tr>
<td>ALL</td>
<td>50.0</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Type of School Attended: Mainstream Education (All male), Mainstream Education (Mixed), Special Schools for Learning Difficulties, Special Schools for Emotional and Behavioural Difficulties, Tutorial Centre for Children and Young People with Behavioural Problems.
4.11. Sexual Abuse Profile and Severity of Sexual Abuse Index

A comprehensive history of the boy's experiences of sexual abuse and/or being a perpetrator was documented depending on which group they belonged to. This profile was constructed by the research team at Great Ormond Street Hospital in order to provide a detailed account of the sexual abuse as either victim or perpetrator. The Camden Social Services, London, Child Protection Handbook for Social Workers and Significant Harm (Adcock, White & Hollows, 1991) were used in order to verify that the items included in the Sexual Abuse Profile (SAP) were comprehensive and included items addressed in similar child sexual abuse arenas. The SAP contains information for the boy as victim and/or perpetrator. Table 4.6 describes victimisation and table 4.7 perpetration.

Currently there is no standardised rating scale available to assess the severity of sexual abuse for boys. Therefore clinicians involved in the main hospital study devised an instrument which provided a method for systematically comparing the sexual abuse experiences of the boys. The psychometric properties of the instrument are unknown. In table 4.6 certain victimisation characteristics have been highlighted in bold indicating items included in a severity of sexual abuse index. The items included in the analysis are supported by previous research findings which quantify certain sexual abuse experiences as being more severe than others (Manly & Cicchetti & Barnett, 1994; Mullen et al, 1993, 1994). Each of the five domains were score on an arbitrary six point weighting scale, see appendix 15. For the purposes of illustration the nature of the sexually abusive act will be considered. Exhibitionism and voyeurism are considered clinically to
constitute significantly less severe sexual abuse than vaginal or anal intercourse.
The nature of the abusive behaviour was therefore rated accordingly from non contact abuse, to contact abuse, clothed and unclothed, contact with genitals, oral genital contact and penetration.

Table 4.6
Victim Characteristics & Severity of Sexual Abuse

<table>
<thead>
<tr>
<th>Characteristics of Boys as Victims as Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Victim’s relationships to his abuser</td>
</tr>
<tr>
<td>• Age of perpetrator</td>
</tr>
<tr>
<td>• Nature of Sexual Abuse</td>
</tr>
<tr>
<td>• Abuse by more than one perpetrator</td>
</tr>
<tr>
<td>• Multiple Abuse</td>
</tr>
<tr>
<td>• Time scale of abuse</td>
</tr>
<tr>
<td>• Time since abuse took place</td>
</tr>
<tr>
<td>• Place where abuse occurred</td>
</tr>
<tr>
<td>• Context in which abuse was disclosed</td>
</tr>
<tr>
<td>• Person who victim first informed</td>
</tr>
<tr>
<td>• Extent to which abuse is established</td>
</tr>
</tbody>
</table>
Table 4.7  
Perpetrator Characteristics

<table>
<thead>
<tr>
<th>Characteristics of Boys as Perpetrators of Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to victim</td>
</tr>
<tr>
<td>Gender of victim</td>
</tr>
<tr>
<td>Age of victim</td>
</tr>
<tr>
<td>Nature of sexual abuse</td>
</tr>
<tr>
<td>Number of victims</td>
</tr>
<tr>
<td>Time scale of abuse</td>
</tr>
<tr>
<td>Context in which abuse was disclosed</td>
</tr>
<tr>
<td>Level of acknowledgment of responsibility for abuse</td>
</tr>
<tr>
<td>Extent to which boy considers victim responsible for abuse</td>
</tr>
</tbody>
</table>

4.12 Ethical Considerations

Ethical permission to conduct the study was given by the Ethical Committee at Great Ormond Street Hospital for Children, London.

The importance of protecting the confidentiality of the boys within the study placed major limitations on the author's ability to investigate the social networks of each case. As discussed above, some of the questionnaires used in the project were designed for studies investigating friendship within the normal population and rely on reciprocated measures between an adolescent and his friends. Due to the very sensitive nature of working with sexual abuse it was not possible in the current study to talk to any of the boy's friends about their relationships. This is a major limitation within the design and attempts have been made to validate the boys' responses by devising alternative methods, as already discussed.
In relation to the sociometry testing it was left to the discretion of head teachers and their staff to decide whether the classroom assessment could be completed.

As the boys in the study were referred for a clinical assessment it was explained to the school that the information would be used by a consultant child psychiatrist and the Child Sexual Abuse team to provide a comprehensive clinical assessment of the boys' needs. At no time were schools asked to complete the assessment if they felt it contradicted school policy or ethos.

All questionnaires completed by the boys and significant others were placed in their clinical/research file in a locked and secure unit, along with confidential case material. All coding and analysis was conducted using a three digit code for each boy. Care has been taken to protect the identity of all boys included in the study in this thesis.

4.13. Analysis

SPSS for Windows (Version 6.0) was used to analyse the data. As illustrated in table 4.8 the primary concepts of peer relationships, friendships, emotional adjustment, behavioural adjustment, social competence, cognitive ability and demographic variables were defined using the selected instruments each of which were analysed by one way analysis of variance in order to identify differences between groups. The Post hoc Bonferroni test of significance was used in order to identify where these differences lay.

Furthermore, once the four groups had been defined the number of cases by
number of variables made it essential to limit the number of dependent variables to a minimum. Factor analytic methods were used to identify the factors within each area which best described each of the constructs. In order to test the hypotheses examining the difference between the four groups on the psychosocial constructs, a multiple analysis of variance (MANOVA) was employed.
Table 4.8
Variables for Psychosocial analysis

<table>
<thead>
<tr>
<th>Peer Relationships</th>
<th>Friendship</th>
<th>Behavioural Adjustment</th>
<th>Emotional Adjustment</th>
<th>Social Cognition</th>
<th>Sample Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociometry (5 classifications - Rejected, Neglected, Controversial, Average and Popular). 'Other' to be collated with 'Average' as done by Salzinger et al.</td>
<td>Friendship</td>
<td>CBCL - Delinquent T. Score</td>
<td>CBCL - Withdrawn T. Score</td>
<td>NSLCS -C Locus of Control</td>
<td>1. Social Disadvantage</td>
</tr>
<tr>
<td>i. FI - Intimacy</td>
<td>CBCL - Aggressive T. Score</td>
<td>CBCL - Anxious/Depressed T. Score</td>
<td>IRI</td>
<td>Osborn</td>
<td>Social Index (OSI)</td>
</tr>
<tr>
<td>ii. AICQ - Interpersonal Competence</td>
<td>CBCL - Externalising T. Score</td>
<td>CBCL - Somatic Complaints T. Score</td>
<td>Empathy</td>
<td>Wise</td>
<td>Cognitive Ability</td>
</tr>
<tr>
<td>iii. Significant Other Validation</td>
<td>TRF - Delinquent T. Score</td>
<td>CBCL - Internalising T. Score</td>
<td>Perspective Taking</td>
<td>WISC - Total Score</td>
<td></td>
</tr>
<tr>
<td>iv. Sociometric Nominations</td>
<td>TRF - Aggressive T. Score</td>
<td>TRF - Withdrawn T. Score</td>
<td>Fantasy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TRF - Externalising T. Score</td>
<td>TRF - Somatic Complaints T. Score</td>
<td>Personal Distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer Behavioural Ratings: 'Starts fights'</td>
<td>TRF - Internalising T. Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>'Can't take teasing, &amp; 'Disrupts things in a group' = Aggress (Z scores)</td>
<td>Peer Behavioural Ratings: 'Easy to push around' = Submissive (Z scores)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter Five

Results

5.1 Part One: Description of Sample

5.1.1. Demography

A total of 70 boys completed the full assessment and are included in the analysis.

As illustrated in figure 5.1 the number of boys recruited into each of the four groups was relatively equal.

Figure 5.1

Number of boys in each group

![Pie chart showing distribution of boys in various groups]

The following results indicate that the four groups are similar in their socio-demographic characteristics. The mean decimal age of the 70 boys was 13.58 (sd = 1.39). Levene's test for homogeneity indicates that the variance in age between groups are significant, however a Kruskal-Wallis test of difference between age is not significant ($\chi^2 = 4.67$, df = 3, ns). Mean ages and standard deviations are presented in table 5.1.
Table 5.1
Age by group

<table>
<thead>
<tr>
<th>Age</th>
<th>V  n=19</th>
<th>VP n=19</th>
<th>NVP n=15</th>
<th>ANT n=17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decimal Years (sd)</td>
<td>13.29</td>
<td>13.56</td>
<td>14.24</td>
<td>13.35</td>
</tr>
<tr>
<td></td>
<td>(1.43)</td>
<td>(1.67)</td>
<td>(.90)</td>
<td>(1.28)</td>
</tr>
</tbody>
</table>

5.1.2. Ethnicity

As illustrated by figure 5.2 the sample was almost entirely white, with only a small number from other ethnic groups.

Figure 5.2

Ethnicity of boys
5.1.3. Socioeconomic status

As illustrated in figure 5.3 over three quarters of the boys in each of the groups came from families whose socioeconomic status fall below social class three-manual. This includes those parents who were unemployed and receiving supplementary benefits. There are no significant differences between groups ($\chi^2=1.39$, df=3, ns).

Figure 5.3

Non-Manual vs. Manual Socioeconomic Status by Groups
5.1.4 Osborne Social Index

The Osborne Social Index (OSI) was adopted because it provided a continuous measure of socioeconomic disadvantage, thus allowing greater power in subsequent analysis. Given that a score of 50 represents the mean score for a general population survey, table 5.2 demonstrates that the boys in the study are from families who fall into the lower socioeconomic groups, supporting the OPCS figures. There are no significant differences between groups.

Table 5.2
Osborne Social Index mean scores and standard deviations by group

<table>
<thead>
<tr>
<th>OSI</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
<th>ANT (n=17)</th>
<th>Anova</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>46.05</td>
<td>48.11</td>
<td>45.00</td>
<td>43.00</td>
<td>F=1.10, df=3, p&lt;.36</td>
</tr>
<tr>
<td>(sd)</td>
<td>(7.29)</td>
<td>(7.15)</td>
<td>(10.62)</td>
<td>(9.43)</td>
<td></td>
</tr>
</tbody>
</table>

5.1.5 Domicile at time of Referral

Table 5.3 describes where the boys were living at time of referral in percentages. As a result of recruiting 5 of the antisocial group from a boarding school, the finding that 35.3% of the comparison group live at school should not be regarded out of context. The fact that a large proportion of the sexual abuse cases are not living at home and are in children’s homes or foster homes, reflects child protection procedures which lead to the removal of boys from their family of origin as a result of the sexual abuse.
Table 5.3
Domicile at time of Referral

<table>
<thead>
<tr>
<th>Domicile</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
<th>ANT (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home with Parents</td>
<td>44.4%</td>
<td>21.1%</td>
<td>46.2%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Home with Relatives</td>
<td>0</td>
<td>5.3%</td>
<td>7.7%</td>
<td>0</td>
</tr>
<tr>
<td>Children’s Home</td>
<td>15.8%</td>
<td>31.6%</td>
<td>23.1%</td>
<td>0</td>
</tr>
<tr>
<td>Foster Home</td>
<td>26.3%</td>
<td>36.8%</td>
<td>23.1%</td>
<td>11.8%</td>
</tr>
<tr>
<td>School</td>
<td>11.2%</td>
<td>5.3%</td>
<td>0</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

5.1.6 Education

All of the boys included in the study had to be in some form of educational establishment, in a classroom environment with children of similar age and ability. Despite the mean intelligence scores falling into the low range of intelligence (see table 5.36 on page 194), over 60% of the boys were in mainstream education, with the remainder receiving special education for either behavioural or learning problems, as illustrated by figure 5.4.
5.1.7 Sexual Abuse Information

The following section is divided into two parts, the first describes the sexual abuse characteristics of boys who were victims of sexual abuse, irrespective of whether they were perpetrators. The second section describes the sexual abuse perpetrated by the boys irrespective of whether they were victims of sexual abuse.

5.1.7a Boys as Victims of Sexual Abuse

As described in the methodology section (refer to section 4.11) a severity of sexual abuse index was constructed to assess the extent to which the severity of sexual
victimisation differed between victims of sexual abuse and perpetrators who were also victims of abuse. The index included accepted forms of the most severe type of sexual abuse based on a scale of 1 to 6 (Mullen et al., 1993/4; Manly et al., 1994; Adcock et al., 1991): being anally penetrated, being abused for longer than a 12 month period, being multiply abused, being abused within the family, and being abused by more than one perpetrator. As shown in table 5.4 victims and victimised perpetrators, there is no significant difference in the severity of their sexual abuse experiences.

Table 5.4

<table>
<thead>
<tr>
<th>Severity of Sexual Abuse</th>
<th>Victimisation V (n=19)</th>
<th>Victimisation VP (n=19)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mean &amp; sd)</td>
<td>4.58 (.85)</td>
<td>4.75 (.99)</td>
<td>t=.57, df=35, ns</td>
</tr>
</tbody>
</table>

Whilst no significant differences were found between the overall index of severity, a detailed description of the nature of the sexual abuse experienced by the boys is described. It is important to remember that the information concerning the sexually abusive behaviour was collated from clinical interviews with the boys and their parents and social workers. The following information is based on a summary of the clinicians understanding of what abuse took place, and the reliability of the findings are unknown.

Whilst all percentage figures are presented in the following tables, binary variables were computed to test for significant differences where appropriate.

Table 5.5 describes the victims’ relationship to the abuser. Whilst a large
proportion of victimised perpetrators were abused by their biological fathers compared to the victims, the results fail to reach significance ($\chi^2=1.77, df=1, ns$).

A comparison of intrafamilial and extrafamilial abuse was made and no significant differences were found between groups ($\chi^2=.02, df=1, ns$). It is clear from the table that the perpetrators were almost exclusively male, except for one victimised perpetrator who was abused by his step mother.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological father</td>
<td>16.7%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Stepfather</td>
<td>16.7%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Stepmother</td>
<td>0.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Brother</td>
<td>5.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Half brother</td>
<td>5.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Foster brother</td>
<td>11.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Male relative</td>
<td>11.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Male peer</td>
<td>5.6%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Male acquaintance</td>
<td>11.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Male authority figure</td>
<td>11.1%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Male friend</td>
<td>0.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Male stranger</td>
<td>5.3%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

The majority of boys in both groups were sexually abused by adults, as shown in table 5.6. The proportion of victims abused by young people compared to the victimised perpetrators is not significant ($\chi^2=1.05, df=1, ns$).
Table 5.6
Age of perpetrator

<table>
<thead>
<tr>
<th>Age of Perpetrator</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (16+ years)</td>
<td>77.8%</td>
<td>94.7%</td>
</tr>
<tr>
<td>Adolescent (below 16 years)</td>
<td>22.2%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

The nature of the sexual abuse experienced by the boys is described in table 5.7. Anal intercourse, attempted intercourse and buggery with violence represent the most common form of abuse. It is possible that social workers and psychiatrists have reported the most severe form of abuse, suggesting that whilst a boy may have been involved in other sexual activity, anal intercourse represents the most severe form of abuse. However, comparison between the two groups as to the extent of any form of anal abuse does not show a significant difference between groups \( \chi^2=.14, df=1, ns \).

Table 5.7
Nature of sexual abuse

<table>
<thead>
<tr>
<th>Most severe form of abuse</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbation of victim</td>
<td>6.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Genital to genital contact</td>
<td>6.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Physical attack - sexual intent</td>
<td>0.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>In appropriate fondling</td>
<td>0.0%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Buggery with violence</td>
<td>6.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>46.7%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Attempted anal intercourse</td>
<td>6.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Oral genital contact</td>
<td>20.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Physical attack turning into sexual assault</td>
<td>0.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Boy used in pornographic material</td>
<td>6.7%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Table 5.8 describes the proportion of boys in both groups who were abused by
more than one perpetrator. Whilst the majority of boys were only abused by one person there is no significant difference between groups ($\chi^2 = 1.69, df=1, ns$).

**Table 5.8**

Boys abused by more than one perpetrator

<table>
<thead>
<tr>
<th>Abused by more than 1 perpetrator</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36.8%</td>
<td>26.3%</td>
</tr>
<tr>
<td>No</td>
<td>63.2%</td>
<td>73.7%</td>
</tr>
</tbody>
</table>

As shown in table 5.9 the proportion of boys who were repeatedly abused is high, and there is no significant differences between groups ($\chi^2 = .01, df=1, ns$).

**Table 5.9**

Percentage of victims multiple abused

<table>
<thead>
<tr>
<th>Multiple abuse</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple</td>
<td>86.7%</td>
<td>94.1%</td>
</tr>
<tr>
<td>Single</td>
<td>13.3%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

The multiple abuse result is supported by findings in table 5.10 which suggest that many of the boys in both groups were abused over a 12 month period. Furthermore, in over a third of cases in both groups it was difficult to establish when the abuse began.

**Table 5.10**

Time scale over which abuse took place

<table>
<thead>
<tr>
<th>Time scale</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 months</td>
<td>15.8%</td>
<td>10.5%</td>
</tr>
<tr>
<td>6 months - 12 months</td>
<td>10.5%</td>
<td>15.8%</td>
</tr>
<tr>
<td>&gt; 12 months</td>
<td>36.8%</td>
<td>36.8%</td>
</tr>
<tr>
<td>Unknown</td>
<td>36.9%</td>
<td>36.9%</td>
</tr>
</tbody>
</table>

The emerging picture of prolonged and multiple abuse is support by the evidence
presented in table 5.11. It was established that the length of time since the sexual abuse took place was over one year for many of the boys.

<table>
<thead>
<tr>
<th>Time scale</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>25.0%</td>
<td>15.4%</td>
</tr>
<tr>
<td>6 to 12 months</td>
<td>16.7%</td>
<td>23.1%</td>
</tr>
<tr>
<td>More than 1 year</td>
<td>58.3%</td>
<td>61.5%</td>
</tr>
</tbody>
</table>

As described in table 5.12 the majority of boys were abused at home. This reflects the finding that both groups were sexually abused within an intrafamilial context.

<table>
<thead>
<tr>
<th>Place</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim's home</td>
<td>70.6%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Perpetrator's home</td>
<td>17.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>School</td>
<td>0.0%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Public place</td>
<td>0.0%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Work place</td>
<td>5.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.9%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Table 5.13 describes the context in which the sexual abuse was disclosed. Whilst a higher proportion of victimised perpetrators disclosed their abuse in comparison to the victims, the results are not significant ($\chi^2=1.13, df=1, ns$). This result may suggest that victimised perpetrators are more likely to disclose abuse when they are questioned about their own sexually abusive behaviour.
Table 5.13
Context in which the sexual abuse was disclosed

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim disclosed</td>
<td>55.4%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Concerns over sexualised behaviour</td>
<td>16.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Observed by non-involved other</td>
<td>5.6%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Report to clinician</td>
<td>16.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Perpetrator informed</td>
<td>5.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The suggestion that victimised perpetrators disclose abuse when their own abusive behaviour is established is supported in table 5.14. Whilst victims are more likely to disclose abuse to their mothers or to other members of the family, the victimised perpetrators are more likely to disclose to social workers and other professionals. Of the victims 66.7% disclosed to a family member in comparison to 18.8% of the victimised perpetrators, representing a significant difference between the groups ($\chi^2=5.46,df=1,p<.02$).

Table 5.14
Person who the victim first disclosed to

<table>
<thead>
<tr>
<th>Person</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>40.0%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Relative</td>
<td>26.6%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Adult friend</td>
<td>0.0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Teacher</td>
<td>6.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Social worker</td>
<td>0.0%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Residential care staff</td>
<td>6.7%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Other</td>
<td>20.0%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Furthermore as suggested in table 5.15 there is trend in the results which suggests
that sexual abuse was more likely to be confirmed by a clinician in the case of victims than in the victimised perpetrators although the difference fails to reach significance ($\chi^2 = .68, df = 1, ns$).

Table 5.15
Extent to which the abuse is established (clinical judgment by psychiatrist and psychotherapist)

<table>
<thead>
<tr>
<th>Level of certainty that sexual abuse was:</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established</td>
<td>75.0%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Alleged</td>
<td>18.8%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Suspected</td>
<td>6.2%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

In summary there are few differences between the victims and victimised perpetrators with regard to the sexual abuse experienced. The overall severity of sexual abuse is the same for both groups. The boys were more likely to be abused by a family member, particularly biological and step fathers than by strangers. The perpetrators were almost exclusively adult males who engaged in anal penetration for a large proportion of boys. The abuse tended to take place at home, with many of the boys being multiply abused over a prolonged period of time.

Whilst there are few significant differences between groups, one theme emerging from the results suggests that the process of disclosure of abuse is different for the victims compared to the victimised perpetrators. Victims are significantly more likely to disclose to a family member, typically the mother, than the victimised perpetrators who are more likely to disclose to a professional. Furthermore, there
is a trend in the results suggesting that victimised perpetrators are more likely to disclose abuse per se, than the victims. It is suggested that this may be related to the victimised perpetrators first informing about sexually abusive experiences at the time when their own sexually abusive behaviour is disclosed.

5.1.7b Sexual Abuse Information - Boys as Perpetrators of Abuse

The next section describes the sexual abuse characteristics of the boys who were sexually abusive, irrespective of whether they were victims of sexual abuse. Table 5.16 describes the relationship between the boy and his victim. In all cases the victims were either family members, substituted family members or friends. In relation to intrafamilial sexual abuse 70.6% of the victimised perpetrators and 83.3% of the non-victimised perpetrators abused a member of the family. This does not represent a statistically significant difference ($\chi^2=1.22, df=1, ns$).

<table>
<thead>
<tr>
<th>Relationship</th>
<th>VP (n=19)</th>
<th>NVP (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brother</td>
<td>29.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sister</td>
<td>35.3%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Half brother</td>
<td>5.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Half sister</td>
<td>0.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Foster brother</td>
<td>5.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Foster sister</td>
<td>5.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Male friend</td>
<td>17.7%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Cousin</td>
<td>0.0%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Nephew</td>
<td>0.0%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

A greater proportion of non-victimised perpetrators abused females, as shown in
table 5.17, this however fails to reach statistical significance ($\chi^2 = 1.10, df = 1, ns$).

<table>
<thead>
<tr>
<th>Gender</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>41.3%</td>
<td>66.4%</td>
</tr>
<tr>
<td>Male</td>
<td>58.7%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

The results in table 5.18 indicate that all of the victims were children. Whilst the mean age of the victims of the victimised perpetrators is higher than non-victimised perpetrators an independent t-test indicates no significant difference between groups ($t = 1.55, df = 27, ns$).

<table>
<thead>
<tr>
<th>Age</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (SD)</td>
<td>8.4 (3.52)</td>
<td>6.5 (2.96)</td>
</tr>
</tbody>
</table>

Table 5.19 describes the nature of the sexually abusive behaviour perpetrated by boys in both groups. Intercourse and attempted intercourse, including vaginal and anal abuse, represent a high proportion of the sexual behaviours listed. Including all categories of intercourse, 61.5% of victimised perpetrators and 38.5% of non-victimised perpetrators had abused their victims in this way. However this result fails to reach statistical significance ($\chi^2 = .62, df = 1, ns$).
Table 5.19
Nature of abuse

<table>
<thead>
<tr>
<th>Nature of abuse</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate fondling and masturbation</td>
<td>15.4%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Digital penetration</td>
<td>0.0%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Genital to genital contact</td>
<td>0.0%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Attempted anal intercourse</td>
<td>7.7%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>30.8%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Vaginal intercourse (inc. attempted)</td>
<td>15.4%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Oral genital contact</td>
<td>23.1%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Buggery with violence</td>
<td>7.7%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Table 5.20 describes the number of victims abused by boys in both groups, whilst there is a trend for the non-victimised perpetrators to have abused more than one victim, there is no significant difference between groups ($\chi^2 = .06, df=1, ns$).

Table 5.20
Number of victims

<table>
<thead>
<tr>
<th>Victims</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 victim</td>
<td>50.0%</td>
<td>38.5%</td>
</tr>
<tr>
<td>2 or more victims</td>
<td>50.0%</td>
<td>61.5%</td>
</tr>
</tbody>
</table>

The time scale over which the abuse took place is described in table 5.21. The results suggest that whilst approximately one third of boys were abusive over a relatively short time, the majority were involved in sexually abusive behaviour for six months or more. There are no significant differences between groups ($\chi^2 = .28, df=3, ns$).
Table 5.21
Time scale over which abuse took place

<table>
<thead>
<tr>
<th>Time scale</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 months</td>
<td>36.4%</td>
<td>38.5%</td>
</tr>
<tr>
<td>&lt; 6 months</td>
<td>9.0%</td>
<td>15.4%</td>
</tr>
<tr>
<td>6 months - 12 months</td>
<td>18.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>More than 12 months</td>
<td>36.4%</td>
<td>30.8%</td>
</tr>
</tbody>
</table>

The abusive behaviour was primarily brought to the attention of a responsible adult by the victims disclosing what boys in both groups had done, as described in table 5.22.

Table 5.22
Context in which abuse was disclosed

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim disclosed</td>
<td>85.7%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Observed by uninvolved other</td>
<td>14.3%</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

The majority of boys in both groups were able to acknowledge that the abusive had taken place and accepted the role they played as the perpetrator. As shown in table 5.23 the difference between groups on degree of full acknowledgment is not significant \( (\chi^2 = .19, df=1, ns) \).

Table 5.23
Boy's level of acknowledgement of behaviour

<table>
<thead>
<tr>
<th>Acknowledgement</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>62.5%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Not all incidents</td>
<td>12.5%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Minimisation</td>
<td>25.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Denial</td>
<td>0.0%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>
The tendency to minimise and deny that the abuse had taken place was often related to the fact that boys considered the victim to be partially responsible for the sexual behaviour which had occurred. In table 5.24 it is evident that in many cases it was difficult to ascertain the boy's view on this matter. However, approximately one third of boys in both groups considered the victim to be at least partially responsible. The difference between groups on not considering the victims at all responsible fails to reach statistical significance ($\chi^2 = 1.88, df = 1, ns$).

<table>
<thead>
<tr>
<th>Table 5.24</th>
<th>Extent to which boy regards victim as responsible for sexual behaviour (clinical rating by psychiatrist/psychotherapist)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of responsibility</td>
<td>VP (n=19)</td>
</tr>
<tr>
<td>Totally</td>
<td>5.3%</td>
</tr>
<tr>
<td>Partially</td>
<td>36.8%</td>
</tr>
<tr>
<td>Not at all</td>
<td>10.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>47.4%</td>
</tr>
</tbody>
</table>

In summary the victimised perpetrators and non-victimised perpetrators showed few differences in the characteristics of their sexually abusive behaviour. For both groups all of their victims were known to them many were members of their family. Whilst there was a trend for the non-victimised group to abuse girls this was not statistically significant. All of their victims were young children, under the age of 12. The nature of the sexual abuse committed indicate that many of the boys had engaged in attempted and actual penetration, both vaginal and anal. A large proportion of the boys had abused over an extended period of time and had abused more than one victim. The sexual abuse was primarily brought to attention by the victim disclosing. Whilst the majority of boys acknowledged their role in
the abuse, the results suggest that the perpetrators believe the victim had a role to play in the abuse.
5.2. Psychosocial Adjustment

5.2.1 Sociometric status of sample compared to the general population

Using the sociometric classification to examine the extent of social exclusion from the peer group 43% of the sample were rejected by their peers. The sociometric classification of all 1383 children for whom data was available was calculated and the 885 boys in the general population were then used to provide a general population comparison of sociometric status of the study boys. Figure 5.5 illustrates the percentage of boys compared to the population on the basis of sociometric status.

Figure 5.5

Sociometric status - boys vs. general population
The study boys were significantly more likely to be rejected as a group compared to boys in the general population ($\chi^2 = 14.77$, df=1, $p < .001$). General population boys were significantly more likely to be popular than study boys ($\chi^2 = 4.34$, df=1, $p < .04$), and whilst failing to reach significance there was a trend for population boys to be rated as average by peers in comparison to study boys ($\chi^2 = 3.57$, df=1, $p < .06$).

### 5.2.2 Sociometric status of four groups

The sociometric status of the boys in the four groups was considered, and as described in table 5.25. There are no significant differences between groups in the proportions of boys classified in any particular sociometric group.

<table>
<thead>
<tr>
<th>Sociometric Status</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
<th>ANT (n=17)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected</td>
<td>52.6%</td>
<td>31.6%</td>
<td>40.0%</td>
<td>47.1%</td>
<td>$\chi^2 = 1.92$, df=3, ns</td>
</tr>
<tr>
<td>Neglected</td>
<td>10.5%</td>
<td>5.3%</td>
<td>20.0%</td>
<td>5.9%</td>
<td>$\chi^2 = 2.27$, df=3, ns</td>
</tr>
<tr>
<td>Controversial</td>
<td>10.5%</td>
<td>15.8%</td>
<td>0.0%</td>
<td>5.9%</td>
<td>$\chi^2 = 3.98$, df=3, ns</td>
</tr>
<tr>
<td>Popular</td>
<td>10.5%</td>
<td>21.1%</td>
<td>0.0%</td>
<td>23.5%</td>
<td>$\chi^2 = 6.52$, df=3, ns</td>
</tr>
<tr>
<td>Average</td>
<td>15.8%</td>
<td>26.3%</td>
<td>40.0%</td>
<td>17.6%</td>
<td>$\chi^2 = 3.10$, df=3, ns</td>
</tr>
</tbody>
</table>

### 5.2.3 Mean rating of Social Inclusion

A rating of social inclusion on the five point Likert scale was calculated for each boy within his class and provides a continuous variable for comparing the four groups. Rejected boys have a significantly lower rating of social inclusion than non-rejected boys ($t = 4.86, df = 64.86, p < .001$). Similarly popular boys have a significantly higher
rating of social inclusion than non-popular boys (t=5.18, df=68, p<.001). These results support the decision to supplement sociometric status as a categorical variable, with a mean rating of social inclusion as a continuous variables, thus providing greater power in further analyses. As shown in table 5.26 the mean scores of the four groups are not significantly different.

Table 5.26

<table>
<thead>
<tr>
<th>Cell</th>
<th>V n=19</th>
<th>VP n=19</th>
<th>NVP n=15</th>
<th>ANT n=17</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Rating of Social Inclusion</td>
<td>2.31</td>
<td>2.58</td>
<td>2.49</td>
<td>2.49</td>
<td>F=.31, df=3, p=.82</td>
</tr>
<tr>
<td>(sd)</td>
<td>.93</td>
<td>1.01</td>
<td>.73</td>
<td>.82</td>
<td></td>
</tr>
</tbody>
</table>

The results in this section indicate that the study boys as a whole experience significantly greater social exclusion than boys in the general population. Whilst there are no significant differences between the study groups on levels of social inclusion, the results suggest that boys who are sexually abusive are at risk of being excluded by their peers. Equally boys who are sexually abused experience similar social exclusion. These findings provide the first systematic confirmation that boys as perpetrators and/or victims of sexual abuse experience difficulties in their peer relationships, using sociometric methodology. The finding that the antisocial group are equally excluded by peers suggests that the characteristics associated with social exclusion need to be examined in order to establish whether perpetrators and victims are excluded by peers for the same reasons as antisocial boys.
5.3 Friendship

5.3.1 Friendship Intimacy

The friendships experienced by the boys was assessed using the Friendship Intimacy questionnaire. These results indicate the extent to which the boys perceive themselves as having a close, intimate, dyadic friendship. Based on a score of 5 for the subscales and total Friendship Intimacy score, the mean scores and standard deviations for each group are presented in table 5.27. The one way analysis of variance (with the Bonferroni post hoc multiple range test) indicates there are no significant differences overall between the groups on the boy's self perception of Friendship Intimacy. However, the Levene test for homogeneity of variance is significant (p=.04) for the companionship subscale, suggesting that the standard deviations for the victimised perpetrators and non-victimised perpetrators are significantly greater than for the other two groups.

Table 5.27
Friendship Intimacy mean subscale and total intimacy scale

<table>
<thead>
<tr>
<th>Friendship Intimacy (FI) scales</th>
<th>V n=19</th>
<th>VP n=19</th>
<th>NVP n=15</th>
<th>ANT n=17</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Companionship (sd)</td>
<td>3.77 (.74)</td>
<td>3.47 (1.20)</td>
<td>3.27 (1.32)</td>
<td>3.49 (.85)</td>
<td>F=.68, df=3, p=.57</td>
</tr>
<tr>
<td>Intimate Disclosure (sd)</td>
<td>2.42 (1.16)</td>
<td>2.63 (1.43)</td>
<td>1.67 (1.02)</td>
<td>2.65 (1.41)</td>
<td>F=2.06, df=3, p=.11</td>
</tr>
<tr>
<td>Friendship Satisfaction (sd)</td>
<td>3.98 (1.00)</td>
<td>4.11 (1.04)</td>
<td>3.93 (.76)</td>
<td>4.20 (.74)</td>
<td>F=.29, df=3, p=.83</td>
</tr>
<tr>
<td>Friendship Intimacy Total (sd)</td>
<td>3.39 (.82)</td>
<td>3.40 (1.01)</td>
<td>2.96 (.86)</td>
<td>3.44 (.75)</td>
<td>F=1.00, df=3, p=.35</td>
</tr>
</tbody>
</table>

1 A higher score represents a higher level of friendship intimacy
5.3.2 Interpersonal Competence

The Adolescent Interpersonal Questionnaire was used to assess elements of competence which are considered important in close friendships. The boys provided a perception of themselves, described in table 5.28a, and the friend they had nominated in the friendship intimacy questionnaire in table 5.28b. Refer to section 4.7.2b. in methodology for clarification of instrument.

**Boys perception of himself**

As indicated in table 5.28a the mean scores of the boys perception of his own interpersonal competence show no significant differences between groups.

<table>
<thead>
<tr>
<th>Interpersonal Competence Questionnaire</th>
<th>V n=19</th>
<th>VP n=19</th>
<th>NVP n=15</th>
<th>ANT n=17</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Initiation (sd)</td>
<td>3.05 (0.57)</td>
<td>3.20 (0.73)</td>
<td>2.68 (0.83)</td>
<td>3.06 (0.78)</td>
<td>F=1.55, df=3, p=.21</td>
</tr>
<tr>
<td>Emotional Support (sd)</td>
<td>3.20 (0.80)</td>
<td>3.38 (0.94)</td>
<td>2.88 (0.65)</td>
<td>3.04 (0.80)</td>
<td>F=0.78, df=3, p=.32</td>
</tr>
<tr>
<td>Negative Assertion (sd)</td>
<td>3.07 (0.80)</td>
<td>3.24 (0.88)</td>
<td>3.18 (0.78)</td>
<td>3.43 (0.63)</td>
<td>F=0.66, df=3, p=.58</td>
</tr>
<tr>
<td>Self Disclosure (sd)</td>
<td>2.64 (0.70)</td>
<td>2.70 (0.86)</td>
<td>2.34 (0.62)</td>
<td>2.48 (0.60)</td>
<td>F=0.89, df=3, p=.45</td>
</tr>
<tr>
<td>Conflict Management (sd)</td>
<td>2.49 (0.63)</td>
<td>2.93 (0.91)</td>
<td>2.68 (0.63)</td>
<td>2.45 (0.65)</td>
<td>F=1.74, df=3, p=.17</td>
</tr>
<tr>
<td>Interpersonal Competence Total (sd)</td>
<td>2.89 (0.54)</td>
<td>3.09 (0.62)</td>
<td>2.75 (0.57)</td>
<td>2.89 (0.46)</td>
<td>F=1.12, df=3, p=.35</td>
</tr>
</tbody>
</table>
Boys perception of his friendships

However the boy's perception of their best friends' competence in interpersonal relationships indicate that the victimised perpetrators perceive their friends as being more competent in their friendships than do the other groups and this is accounted for in being able to manage conflict and disclosing personal information about themselves (see table 5.28b). The Bonferroni multiple range test indicates victimised perpetrators perceive their friends as being significantly more competent in their friendships than the victims and antisocial boys on self disclosure. Victimised perpetrators also perceive their friends to be more competent than the victims on the total competence score.

Table 5.28b
Adolescent Interpersonal Competence Questionnaire mean scores of subscales and total competence score: for boy's perception of his friend.

<table>
<thead>
<tr>
<th>Interpersonal Competence</th>
<th>V n=19</th>
<th>VP n=19</th>
<th>NVP n=15</th>
<th>ANT n=17</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Initiation</td>
<td>2.95</td>
<td>3.48</td>
<td>2.99</td>
<td>3.01</td>
<td>F=1.88, df=3, p=.14</td>
</tr>
<tr>
<td>(sd)</td>
<td>(.92)</td>
<td>(.68)</td>
<td>(.88)</td>
<td>(.63)</td>
<td></td>
</tr>
<tr>
<td>Emotional Support</td>
<td>2.71</td>
<td>3.33</td>
<td>2.64</td>
<td>2.82</td>
<td>F=2.06, df=3, p=.11</td>
</tr>
<tr>
<td>(sd)</td>
<td>(1.04)</td>
<td>(1.04)</td>
<td>(.88)</td>
<td>(.64)</td>
<td></td>
</tr>
<tr>
<td>Negative Assertion</td>
<td>2.91</td>
<td>3.45</td>
<td>3.25</td>
<td>3.25</td>
<td>F=1.31, df=3, p=.28</td>
</tr>
<tr>
<td>(sd)</td>
<td>(.85)</td>
<td>(.92)</td>
<td>(.92)</td>
<td>(.74)</td>
<td></td>
</tr>
<tr>
<td>Self Disclosure</td>
<td>2.45</td>
<td>3.16</td>
<td>2.57</td>
<td>2.46</td>
<td>F=2.10, df=3, p=.01</td>
</tr>
<tr>
<td>(sd)</td>
<td>(.80)</td>
<td>(.75)</td>
<td>(.72)</td>
<td>(.65)</td>
<td></td>
</tr>
<tr>
<td>Conflict Management</td>
<td>2.42</td>
<td>3.11</td>
<td>2.47</td>
<td>2.50</td>
<td>F=3.14, df=3, p=.03</td>
</tr>
<tr>
<td>(sd)</td>
<td>(.77)</td>
<td>(.92)</td>
<td>(.56)</td>
<td>(.84)</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Competence Total</td>
<td>2.69</td>
<td>3.31</td>
<td>2.78</td>
<td>2.81</td>
<td>F=3.05, df=3, p=.03</td>
</tr>
<tr>
<td>(sd)</td>
<td>.79</td>
<td>.73</td>
<td>.66</td>
<td>.51</td>
<td></td>
</tr>
</tbody>
</table>
5.3.3 Friendship Validation

In order to validate the boys perception of his friendships' three other sources of information were assessed in relation to the boy's dyadic friendships. Significant others in the boy's life were asked to nominate the names of the boy's friends. As illustrated in figure 5.6, whilst significant others were more likely to nominate a name which matched the boy's choice of friend than not for the sample as a whole, there were no significant differences between groups ($\chi^2 = .62$, df=3, ns).

**Figure 5.6**
Significant other friendship validation
A further measure employed to validate the boys perception was the peer nominations assessed during the sociometric assessment. Proportion scores were calculated for the number of times the friends nominated by the boy were reciprocated. The percentage of boys who received at least one reciprocal nomination compared to those who received no nominations are presented in figure 5.7. Whilst the victimised perpetrators appear to receive more nominations than the other groups, the difference fail to reach significance ($\chi^2=4.49$, df=3, p = .21).

Figure 5.7
Reciprocal Friendship Nomination

In addition parents and teachers social problem scores on the Child Behaviour
Checklist and Teacher Report Form were compared across the four groups to provide further evidence concerning the boy's social relationships. A score of 67 is a marker of borderline clinical problems and 70 as the threshold for clinical problems, on the CBCL and TRF. As indicated in table 5.29 the victims were perceived as having significantly greater social problems by their parents/carers, compared to the non-victimised perpetrators and the antisocial groups, as indicated by the Bonferroni multiple range test. The CBCL social problem mean scores presented below suggest that the victims' social problems are regarded by parents as being particularly serious, although this was not so according to teacher reports.

5.4. Behavioural and Emotional Adjustment
The parents', teachers' and peers' perceptions of the boys' behavioural and emotional adjustment was considered. The mean population standardised T scores (see section 4.8 in methodology) with standard deviations for parents are presented in table 5.29, along with analysis of variance significance levels. Given that the borderline threshold for clinical problems is 67, the mean scores presented in the table illustrate the level of problems experienced by the boys.

5.4.1 Child Behaviour Checklist - Parents
As illustrated in table 5.29 there are significant differences between groups on some CBCL dimensions. The Levene test of homogeneity on all dimensions are not significant indicating that the standard deviation between groups are equal. The victims have significantly elevated attention problems and score in the borderline and clinical ranges on the internalising dimensions and total problems
score respectively, as well as on the social problem scores. Whilst the Bonferroni test fails to indicate where the significance between groups on the total problem score lies, the victim’s mean score falls in the clinical range and the victimised perpetrators in the borderline range. Furthermore the total problems score for the non-victimised perpetrators and the antisocial group, taken with the standard deviation scores, suggest that parents/carers perceive the boys as symptomatic. In addition the victims score in the borderline range on aggressive problems. This is repeated on the delinquent problems and accounts for the borderline mean score on the externalising dimension. It is also noted that both the victimised perpetrators and non-victimised perpetrators mean scores fall into the borderline range on delinquent problems. On the internalising dimension the Bonferroni test indicates that the victims display significantly higher internalising problems than the antisocial group. The mean scores for victims on the withdrawn and anxious/depressed dimension account for the significantly high internalising score.

With reference to the antisocial group it is noted that whilst the standard deviation suggests a proportion of these boys fall into the borderline and clinical range on the externalising dimension, as a group they are not perceived by parents/carers as having marked behavioural problems at home. This is in contrast to the teachers perceptions and suggests that the behavioural problems expressed by this group are specific to the school environment. Furthermore teachers perceive the antisocial group as being significantly more aggressive, and not delinquent, suggesting that this group should be regarded as displaying aggressive behaviour in the
Table 5.29
Child Behaviour Checklist mean scores and ANOVA scores for four groups

<table>
<thead>
<tr>
<th>Population T. Problem Scores</th>
<th>CBCL V (n=19)</th>
<th>CBCL VP (n=19)</th>
<th>CBCL NVP (n=15)</th>
<th>CBCL ANT (n=17)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive Behaviour (sd)</td>
<td>69.00 (12.24)</td>
<td>65.63 (10.19)</td>
<td>63.07 (10.74)</td>
<td>65.06 (8.78)</td>
<td>F = .94, df=3, p = .43</td>
</tr>
<tr>
<td>Delinquent Behaviour (sd)</td>
<td>69.84 (8.17)</td>
<td>67.58 (7.72)</td>
<td>67.40 (11.02)</td>
<td>63.88 (6.83)</td>
<td>F = 1.50, df=3, p = .22</td>
</tr>
<tr>
<td>Social Problems (sd)</td>
<td>73.95 (11.73)</td>
<td>66.47 (10.35)</td>
<td>63.33 (8.92)</td>
<td>63.94 (11.79)</td>
<td>F = 3.64, df=3, p = .02</td>
</tr>
<tr>
<td>Thought Problems (sd)</td>
<td>64.42 (12.23)</td>
<td>61.79 (9.14)</td>
<td>60.53 (8.92)</td>
<td>59.53 (8.93)</td>
<td>F = .81, df=3, p = .49</td>
</tr>
<tr>
<td>Attention Problems (sd)</td>
<td>71.63 (8.12)</td>
<td>64.05 (8.18)</td>
<td>65.47 (8.91)</td>
<td>64.88 (10.40)</td>
<td>F = 2.83, df=3, p = .04</td>
</tr>
<tr>
<td>Withdrawn (sd)</td>
<td>68.47 (10.44)</td>
<td>63.42 (5.81)</td>
<td>64.60 (11.22)</td>
<td>60.35 (8.03)</td>
<td>F = 2.52, df=3, p = .07</td>
</tr>
<tr>
<td>Somatic Complaints (sd)</td>
<td>62.10 (10.72)</td>
<td>52.32 (6.86)</td>
<td>58.80 (8.78)</td>
<td>50.06 (8.47)</td>
<td>F = 1.34, df=3, p = .27</td>
</tr>
<tr>
<td>Anxious Depressed (sd)</td>
<td>67.16 (8.74)</td>
<td>64.53 (10.10)</td>
<td>62.07 (10.27)</td>
<td>60.35 (7.11)</td>
<td>F = 1.89, df=3, p = .14</td>
</tr>
<tr>
<td>Internalising (sd)</td>
<td>68.53 (8.10)</td>
<td>63.79 (7.15)</td>
<td>63.40 (9.75)</td>
<td>60.76 (8.32)</td>
<td>F = 2.76, df=3, p = .05</td>
</tr>
<tr>
<td>Externalising (sd)</td>
<td>69.74 (9.35)</td>
<td>66.32 (9.43)</td>
<td>64.00 (12.14)</td>
<td>64.76 (7.45)</td>
<td>F = 1.23, df=3, p = .30</td>
</tr>
<tr>
<td>Total Problems Score (sd)</td>
<td>72.89 (6.91)</td>
<td>67.11 (8.20)</td>
<td>65.93 (9.85)</td>
<td>65.93 (7.14)</td>
<td>F = 3.19, df=3, p = .03</td>
</tr>
</tbody>
</table>

school environment rather than having a generalised pattern of antisocial
behaviour, see table 5.30. Despite the antisocial group failing to be significantly higher on the externalising TRF dimension, the mean score is in the clinical range, providing justification for labelling this group 'antisocial'. This result is not surprising as this group were recruited primarily through educational referrals.

5.4.2 Teacher Report Form - Teachers

Teachers, compared to parents, do not perceive the victims as being as problematic as other groups, although the mean scores for the four groups remain high (see table 5.30). Whilst attention problems and social problems are not significant on the TRF there is a significant difference between the mean scores on the aggressive dimension. The antisocial group fall into the clinical range on aggressive scores, and the victims fall above the borderline clinical threshold. In addition the victim's fall into the borderline range on the delinquent dimension, although there is no significant difference between this and the other groups on this dimension. Levene's test for homogeneity of variance were significant on the somatic complaints, externalising and total problem score dimensions, indicating that the range of problems for each group was not the same.
### Table 5.30
Teacher Report Form mean scores and ANOVA scores for four groups

<table>
<thead>
<tr>
<th>Population T. Problem Scores</th>
<th>TRF V (n=19)</th>
<th>TRF VP (n=19)</th>
<th>TRF NVP (n=15)</th>
<th>TRF ANT (n=17)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aggressive Behaviour</strong></td>
<td>67.74 (12.85)</td>
<td>63.26 (11.25)</td>
<td>65.27 (9.60)</td>
<td>73.35 (10.07)</td>
<td>F=2.68, df=3, p=.05</td>
</tr>
<tr>
<td><strong>Delinquent Behaviour</strong></td>
<td>68.05 (12.90)</td>
<td>62.63 (9.04)</td>
<td>63.67 (9.45)</td>
<td>64.52 (6.05)</td>
<td>F=1.09, df=3, p=.36</td>
</tr>
<tr>
<td><strong>Social Problems</strong></td>
<td>64.37 (10.13)</td>
<td>65.00 (9.58)</td>
<td>61.73 (6.77)</td>
<td>62.53 (5.55)</td>
<td>F=.57, df=3, p=.64</td>
</tr>
<tr>
<td><strong>Thought Problems</strong></td>
<td>59.47 (10.63)</td>
<td>59.26 (8.95)</td>
<td>61.40 (7.80)</td>
<td>57.76 (8.50)</td>
<td>F=.43, df=3, p=.74</td>
</tr>
<tr>
<td><strong>Attention Problems</strong></td>
<td>62.21 (11.92)</td>
<td>60.53 (7.24)</td>
<td>61.07 (9.57)</td>
<td>61.82 (5.22)</td>
<td>F=.13, df=3, p=.94</td>
</tr>
<tr>
<td><strong>Withdrawn</strong></td>
<td>58.79 (6.46)</td>
<td>59.21 (4.49)</td>
<td>60.07 (8.15)</td>
<td>61.06 (10.30)</td>
<td>F=.32, df=3, p=.81</td>
</tr>
<tr>
<td><strong>Somatic Complaints</strong></td>
<td>58.00 (9.67)</td>
<td>57.00 (8.19)</td>
<td>55.53 (6.58)</td>
<td>52.76 (5.32)</td>
<td>F=1.54, df=3, p=.21</td>
</tr>
<tr>
<td><strong>Anxious Depressed</strong></td>
<td>62.74 (8.84)</td>
<td>64.53 (10.43)</td>
<td>58.47 (7.10)</td>
<td>60.65 (5.84)</td>
<td>F=1.66, df=3, p=.19</td>
</tr>
<tr>
<td><strong>Internalising</strong></td>
<td>61.74 (9.64)</td>
<td>62.58 (8.23)</td>
<td>58.93 (8.05)</td>
<td>60.12 (6.59)</td>
<td>F=.66, df=3, p=.58</td>
</tr>
<tr>
<td><strong>Externalising</strong></td>
<td>66.16 (13.93)</td>
<td>62.37 (10.94)</td>
<td>64.13 (9.71)</td>
<td>70.47 (6.97)</td>
<td>F=1.81, df=3, p=.15</td>
</tr>
<tr>
<td><strong>Total Problems Score</strong></td>
<td>66.00 (12.04)</td>
<td>64.26 (9.88)</td>
<td>63.33 (8.93)</td>
<td>67.65 (5.20)</td>
<td>F=.67, df=3, p=.57</td>
</tr>
</tbody>
</table>
5.4.3 Peer Behavioural Ratings

The teachers' perspective is supported by the findings from the peer ratings of behaviour. Peers provided ratings of four behavioural areas during the sociometric assessment, covering aggressive, submissive, withdrawn and prosocial behaviour (refer to section 4.8.2 in methodology for reminder of classification). The ratings collected in the classrooms provide a behavioural profile for the 1383 children included in the sociometric assessment. In order to compare the study boys with the general population a comparison was made with the 885 general population boys. Whilst the girls were included in the analysis of the sociometric data to provide a classroom specific perspective of behaviour, they are excluded from the following analyses. The four behavioural areas will be discussed in turn before considering differences between the four study groups.

In relation to aggression the study boys were considered significantly more aggressive than boys in the general population, as illustrated in table 5.31. Conversely in relation to prosocial behaviour the study boys were rated as being significantly less likely to be kind, cooperative and trustworthy than boys in the general population. In contrast in the case of peer ratings of submissive behaviour, or being 'easy to push around' and being unassertive, or 'shy', no significant differences were found. When the aggressive and submissive dimensions are combined to form the aggressive/submissive group described in chapter two, the study boys are significantly more likely to be characterised in this way than the boys in the general population.

(refer to page 143 for definition of 'aggressive/submissive')
Table 5.31
Study Boys vs. Population Boys Peer Behavioural Ratings

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Study Boys (n=70)</th>
<th>Population Boys (n=885)</th>
<th>chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive</td>
<td>61.4%</td>
<td>33.7%</td>
<td>$\chi^2=20.58$, df=1, $p&lt;.001$</td>
</tr>
<tr>
<td>Prosocial</td>
<td>11.4%</td>
<td>25.5%</td>
<td>$\chi^2=6.24$, df=1, $p&lt;.02$</td>
</tr>
<tr>
<td>Unassertive</td>
<td>5.7%</td>
<td>11.6%</td>
<td>$\chi^2=1.73$, df=1, ns</td>
</tr>
<tr>
<td>Submissive</td>
<td>22.9%</td>
<td>19.0%</td>
<td>$\chi^2=.40$, df=1, ns</td>
</tr>
<tr>
<td>Aggressive/</td>
<td></td>
<td></td>
<td>$\chi^2=5.21$, df=1, $p&lt;.03$</td>
</tr>
<tr>
<td>Submissive</td>
<td>14.3%</td>
<td>6.3%</td>
<td></td>
</tr>
</tbody>
</table>

Having established that the boys were significantly more likely to be rated as aggressive and not prosocial, within group comparisons were made between study boys. As illustrated in table 5.32 no significant differences were found between the four groups. However, as indicated on the TRF the antisocial group are considered to be aggressive by their peers. It is also interesting that proportionally the victimised perpetrators are considered more aggressive by their peers than victims and non-victimised perpetrators. In addition, whilst the results are not significant, there is a trend for both perpetrator groups to be considered proportionally more submissive than the other two groups.
Table 5.32
Group differences on peer behavioural ratings

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>V n=19</th>
<th>VP n=19</th>
<th>NVP n=15</th>
<th>ANT n=17</th>
<th>chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression</td>
<td>47.4%</td>
<td>73.7%</td>
<td>53.3%</td>
<td>70.6%</td>
<td>$\chi^2= 3.81$, df=3, ns</td>
</tr>
<tr>
<td>Prosocial</td>
<td>15.8%</td>
<td>15.8%</td>
<td>6.7%</td>
<td>5.9%</td>
<td>$\chi^2= 1.65$, df=3, ns</td>
</tr>
<tr>
<td>Unassertive</td>
<td>5.3%</td>
<td>5.3%</td>
<td>13.3%</td>
<td>0</td>
<td>$\chi^2= 3.21$, df=3, ns</td>
</tr>
<tr>
<td>Submissive</td>
<td>15.8%</td>
<td>31.6%</td>
<td>33.3%</td>
<td>11.8%</td>
<td>$\chi^2= 3.57$, df=3, ns</td>
</tr>
<tr>
<td>Aggressive/Submissive</td>
<td>15.8%</td>
<td>21.1%</td>
<td>13.3%</td>
<td>5.9%</td>
<td>$\chi^2= 1.81$, df=3, ns</td>
</tr>
</tbody>
</table>

In line with the classification of rejected subtypes, the behavioural profile of those who were rejected was considered. Again the classroom assessments provided scope to compare the rejected boys with rejected boys in the general population, whilst there are 199 rejected boys in the general population there are only 30 study boys who were rejected and therefore the analysis and interpretation is limited.

In relation to aggression the study boys scored significantly higher than rejected boys in the general population, despite over 50% of boys in both groups being nominated by peers as being aggressive, as described in table 5.33. There were no significant differences between the proportion of boys in either group to be 'easy to push around' or submissive. The rejected boys in the general population were more likely to be shy or unassertive compared to the rejected study boys, although this fails to reach significance. The study boys were significantly more likely to be rated as being rejected on the aggressive/submissive dimension.
Table 5.33
Rejected boys vs Rejected population peer behavioural ratings

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Boys (n=30)</th>
<th>Population (n=199)</th>
<th>chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive</td>
<td>83.3%</td>
<td>50.3%</td>
<td>$\chi^2=10.21$, df=1, $p&lt;.002$</td>
</tr>
<tr>
<td>Prosocial</td>
<td>3.3%</td>
<td>5.5%</td>
<td>$\chi^2=.004$, df=1, ns</td>
</tr>
<tr>
<td>Unassertive</td>
<td>3.3%</td>
<td>18.1%</td>
<td>$\chi^2=3.17$, df=1, $p&lt;.07$</td>
</tr>
<tr>
<td>Submissive</td>
<td>33.3%</td>
<td>29.1%</td>
<td>$\chi^2=.06$, df=1, ns</td>
</tr>
<tr>
<td>Aggressive/Submissive</td>
<td>30.0%</td>
<td>12.1%</td>
<td>$\chi^2=5.43$, df=1, $p&lt;.02$</td>
</tr>
</tbody>
</table>

Finally, this process was repeated on the four clinical groups for rejected boys only and again there were no significant differences. It should be noted that the number of boys in each cell is small and the results are only presented as being speculative and presented in table 5.34.

Table 5.34
Rejected boy group differences on peer behavioural ratings

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>V n=10</th>
<th>VP n=6</th>
<th>NVP n=6</th>
<th>ANT n=8</th>
<th>chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression n</td>
<td>90.0%</td>
<td>83.3%</td>
<td>66.7%</td>
<td>87.5%</td>
<td>$\chi^2=1.46$, df=3, ns</td>
</tr>
<tr>
<td>Prosocial n</td>
<td>10.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$\chi^2=2.27$, df=3, ns</td>
</tr>
<tr>
<td>Unassertive n</td>
<td>10%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$\chi^2=2.27$, df=3, ns</td>
</tr>
<tr>
<td>Submissive n</td>
<td>30.0%</td>
<td>50.0%</td>
<td>50.0%</td>
<td>12.5%</td>
<td>$\chi^2=3.31$, df=3, ns</td>
</tr>
<tr>
<td>Aggressive/Submissive n</td>
<td>30.0%</td>
<td>50.0%</td>
<td>33.3%</td>
<td>12.5%</td>
<td>$\chi^2=2.45$, df=3, ns</td>
</tr>
</tbody>
</table>

5.5 Social Competence

Social competence was assessed using a measure of locus of control and interpersonal reaction. As illustrated in table 5.35 no significant differences were found between the four groups of boys.
Table 5.35
Social Competence

<table>
<thead>
<tr>
<th>Scale</th>
<th>V (n=19)</th>
<th>VP (n=19)</th>
<th>NVP (n=15)</th>
<th>ANT (n=17)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locus of Control</td>
<td>16.79</td>
<td>18.05</td>
<td>18.33</td>
<td>17.06</td>
<td>F=.41, df=3, p=.75</td>
</tr>
<tr>
<td>(sd)</td>
<td>(5.46)</td>
<td>(4.50)</td>
<td>(3.02)</td>
<td>(5.49)</td>
<td></td>
</tr>
<tr>
<td>Empathy</td>
<td>21.58</td>
<td>20.26</td>
<td>22.93</td>
<td>20.41</td>
<td>F=1.72, df=3, p=.17</td>
</tr>
<tr>
<td>(sd)</td>
<td>(3.76)</td>
<td>(3.63)</td>
<td>(3.33)</td>
<td>(4.43)</td>
<td></td>
</tr>
<tr>
<td>(sd)</td>
<td>(5.10)</td>
<td>(4.45)</td>
<td>(3.74)</td>
<td>(4.10)</td>
<td></td>
</tr>
<tr>
<td>(sd)</td>
<td>(3.73)</td>
<td>(3.06)</td>
<td>(3.54)</td>
<td>(4.67)</td>
<td></td>
</tr>
<tr>
<td>Fantasy</td>
<td>21.84</td>
<td>21.05</td>
<td>22.67</td>
<td>21.35</td>
<td>F=.31, df=3, p=.82</td>
</tr>
<tr>
<td>(sd)</td>
<td>(4.85)</td>
<td>(4.60)</td>
<td>(3.54)</td>
<td>(6.96)</td>
<td></td>
</tr>
</tbody>
</table>

5.6 Cognitive Ability

The mean full scale intelligence score on the Wechsler Intelligence Scale for Children for the entire sample was 84 (sd=16.65), and ranging from 44 (exceptionally low intelligence) to 132 (exceptionally high intelligence). As illustrated by table 5.36 there were no significant differences between groups on intelligence. The range of intelligence of the boys in the study is large.
Table 5.36
Cognitive ability by group

<table>
<thead>
<tr>
<th></th>
<th>Full Scale IQ n=19</th>
<th>VP n=19</th>
<th>NVP n=17</th>
<th>ANT n=17</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>84.16</td>
<td>82.84</td>
<td>81.73</td>
<td>87.88</td>
<td>F=.418, df=3,p=.74</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>16.26</td>
<td>17.34</td>
<td>17.97</td>
<td>15.96</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>56-132</td>
<td>44-114</td>
<td>47-107</td>
<td>54-109</td>
<td></td>
</tr>
<tr>
<td>*Verbal/Performance Discrepancy % of boys</td>
<td>5.3%</td>
<td>21.1%</td>
<td>26.7%</td>
<td>41.2%</td>
<td></td>
</tr>
</tbody>
</table>

*Verbal/Performance discrepancy = 15 point difference between verbal and performance ability, in the direction of higher verbal scores

The mean IQ score for all groups falls into the low average range of intelligence. In 23% of the 70 cases there was a significant discrepancy between verbal and performance subscales in the direction of higher performance scores. This finding is consistent with Wechsler's (1992) assertion that this is found more commonly than the norm in children with emotional and behavioural difficulties. Whilst the antisocial group had more boys with the discrepancy than other groups, the proportions of boys who had a discrepancy between subscales fails to reach significance ($\chi^2=6.73$, df=3, p=.08).
5.7.1 Factor Analysis Data Reduction

Given the relatively small number of cases in each of the four groups, data reduction was undertaken in order to reduce the ratio of variables to cases. The dependent variables discussed thus far were reduced into factor scores which best captured the psychosocial dimensions being measured. Table 5.37 describes the psychosocial dimensions, the instruments used, and ten constructs generated from the factor analysis (to be described in the following section). Refer to table 4.8 in section 4.13 of methodology for a comprehensive description of the instruments and psychosocial dimensions.

Where there was only one instrument measuring any particular psychosocial dimension, the scores were standardised in preparation for subsequent analyses. These include the three constructs described in the third column: Social Inclusion, Cognitive Ability and Socioeconomic Disadvantage.

The remaining psychosocial dimensions measured using multiple instruments were reduced into the other seven constructs outlined in the third column. These include: The boys perception of friendship; External perception of friendship; Externalising behaviour, Teacher and peer (school) perception of Internalising problems; Parents view of Internalising problems; Locus of Control; and Interpersonal Reactivity. In order to achieve data reduction the factor analysis, principal components with varimax rotation procedure and the option for saving standardised factor scores for each child was employed. An eigenvalue of 1 or more was taken as the cut-off when deciding on the factors to include. Each
construct was determined by the number of factors which collectively accounted for at least 50% of the variance. In addition variables had to have loading of .40 or above to be considered part of the factor.

<table>
<thead>
<tr>
<th>Psychosocial Dimensions</th>
<th>Instruments</th>
<th>Constructs - 10 Primary Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Relationships</td>
<td>Sociometry - Mean Peer Ratings of Social Inclusion (Standardised Scores)</td>
<td>Social Inclusion</td>
</tr>
<tr>
<td>Friendship</td>
<td>Friendship Intimacy, Interpersonal Competence, Reciprocal Sociometric Nominations, Significant Other Validation, CBCL &amp; TRF Social Problems Scores</td>
<td>Boys Perception of Friendship, External Perception of Friendship</td>
</tr>
<tr>
<td>Externalising Problems</td>
<td>CBCL - Externalising Score, TRF - Externalising Score, Peer Rating of Aggression</td>
<td>Externalising Behaviour</td>
</tr>
<tr>
<td>Internalising Problems</td>
<td>CBCL - Internalising Score, TRF - Internalising Score, Peer Rating of Submissiveness</td>
<td>School - Internalising, Parent - Internalising</td>
</tr>
<tr>
<td>Social Competence</td>
<td>Locus of Control Scale, Interpersonal Reactivity Index, Empathy, Perspective Taking, Fantasy, Personal Distress</td>
<td>Locus of Control, Interpersonal Reactivity</td>
</tr>
<tr>
<td>Cognitive Ability</td>
<td>Wechsler Intelligence Test for Children, Total IQ Score (Standardised Scores)</td>
<td>Cognitive Ability (IQ)</td>
</tr>
<tr>
<td>Socioeconomic Disadvantage</td>
<td>Osborne Social Index (Standardised Scores)</td>
<td>Socioeconomic Disadvantage</td>
</tr>
</tbody>
</table>
5.7.2 Results of Factor Analysis

Friendship

The study had been designed to validate the information given by the boys about their friendships. Therefore the six indices used to assess friendship between the groups were entered into the factor analysis. As illustrated in table 5.38 two main factors were derived. Factor 1 had an eigenvalue of 2.372, accounting for 33.9% and Factor 2 had an eigenvalue of 1.483, accounting for 21.2% of the variance.

The first factor represents the boys' own perceptions of the intimacy of their friendships and the competence of their relationships. The second factor, although only explaining 21% of the variance, represents measurement of friendship external to the boys, from teacher and parent questionnaires and from peer sociometric reciprocated nominations. Sociometric Nominations and Confirmation of Friendship are negative because a positive score represents having close friends, and as the CBCL and TRF high scores represent social problems, a high score represents a problematic friendship dimension. The two factors generated represent the boys and external perception of friendship outlined in table 5.37.
Table 5.38
Factor score coefficient matrix for total sample (n=70) on Friendship after principal components extraction and varimax rotation

<table>
<thead>
<tr>
<th>Measures of Friendship</th>
<th>Factor 1 Coefficient Scores</th>
<th>Factor 2 Coefficient Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCL - Social Problems</td>
<td>.076</td>
<td>.784</td>
</tr>
<tr>
<td>TRF - Social Problems</td>
<td>-.115</td>
<td>.783</td>
</tr>
<tr>
<td>Sociometric Nominations</td>
<td>.301</td>
<td>-.355</td>
</tr>
<tr>
<td>Confirmation of Friendship</td>
<td>.127</td>
<td>-.634</td>
</tr>
<tr>
<td>Friendship Intimacy</td>
<td>.731</td>
<td>-.037</td>
</tr>
<tr>
<td>Boy - Interpersonal Competence</td>
<td>.865</td>
<td>-.076</td>
</tr>
<tr>
<td>Friend - Interpersonal Competence</td>
<td>.816</td>
<td>-.134</td>
</tr>
</tbody>
</table>

Externalising Problems

The behavioural problems profile was used to generate an indicator of externalising problems. The same factor analytic procedure outlined above was used. Table 5.39 describes the results of the externalising dimension factor analysis. Only one factor was generated, so the solution could not be rotated. The externalising factor had an eigenvalue of 1.566, accounting for 52.5% of the variance. This
factor represents the externalising psychosocial dimension as described in table 5.37.

Table 5.39
Factor score coefficient matrix for total sample (n=70) on behavioural dimensions after principal components extraction.

<table>
<thead>
<tr>
<th>Measures of Behavioural Problems</th>
<th>Externalising Factor Coefficient Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Rating of Aggression</td>
<td>.751</td>
</tr>
<tr>
<td>CBCL Externalising Score</td>
<td>.714</td>
</tr>
<tr>
<td>TRF Externalising Score</td>
<td>.702</td>
</tr>
</tbody>
</table>

Internalising Problems

The measures used to assess emotional problems were used to generate an internalising construct. Again the same factor analytic procedure was used. The analysis generated a two factor solution as described in table 5.40. Factor one, had an eigenvalue of 1.359 and accounts for 45.3% of the variance and represents a school based perception of the child's internalising problems. The second factor had an eigenvalue of 1.014, and accounts for 33.8% of the variance. Collectively the two factors explain 79.1% of the variance in the three markers of internalising problems. The factor analysis indicates a high degree of situational specificity in the way internalising problems are perceived at home and at school. The two factors generated to assess the Internalising dimension are represented as two constructs in table 5.37.

Table 5.40
Factor score coefficient matrix for total sample (n=70) on emotional dimensions after principal components extraction.

<table>
<thead>
<tr>
<th>Measures of Emotional Problems</th>
<th>Internalising Factor 1 Coefficient Scores</th>
<th>Internalising Factor 2 Coefficient Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCL Internalising Score</td>
<td>-.136</td>
<td>.985</td>
</tr>
<tr>
<td>TRF Internalising Score</td>
<td>.815</td>
<td>-.174</td>
</tr>
</tbody>
</table>
| Peer Rating of Submissiveness  | .830                                      | .139                                     | 199
Social Competence

In order to generate a more simplified social competence construct, the locus of control scores and interpersonal reactivity subscales were entered into the factor analysis procedure using the same procedure described above. A two factor solution was generated by the analysis as described in table 5.41. The first factor had an eigenvalue of 2.195, accounting for 43.9% of the variance and represents an interpersonal reactivity dimension. This result suggests that the difference between empathy and perspective-taking is not distinct as described by Davis (1983) in the present study. The second factor had an eigenvalue of 1.189, accounting for 23.8% of the variance and represents a single dimension of locus of control. Together the two factors account for 67.7% of the variance explained. The two factors generated to assess social competence are represented as two separate constructs in table 5.37.

<table>
<thead>
<tr>
<th>Measures of Social Competence</th>
<th>Factor 1 Coefficient Scores</th>
<th>Factor 2 Coefficient Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locus of Control</td>
<td>.094</td>
<td>.894</td>
</tr>
<tr>
<td>IRI Empathy</td>
<td>.847</td>
<td>-.208</td>
</tr>
<tr>
<td>IRI Perspective Taking</td>
<td>.676</td>
<td>-.464</td>
</tr>
<tr>
<td>IRI Fantasy</td>
<td>.722</td>
<td>.275</td>
</tr>
<tr>
<td>IRI Personal Distress</td>
<td>.699</td>
<td>.241</td>
</tr>
</tbody>
</table>

In summary the factor analysis has been used to identify ten primary constructs, representing the psychosocial constructs outline in table 5.37. Seven constructs were generated through factor analysis, the remaining three are the standardised
scores from the original instruments. The process was necessary in order to improve the ratio between the number of variables and the number of boys in each group. The next stage in the analysis is to use the ten constructs, which are the dependent variables, to investigate further the differences between the four groups of boys.

5.8 Correlates of Poor Social Adjustment

In order to explore factors associated with poor social adjustment, social inclusion, external perception of friendship and the boys perception of friendship were correlated with indices of psychosocial adjustment in a total sample of 70. The results are presented in table 5.42 with levels of significance. In addition a + or - sign is presented next to each of the constructs in column one, indicating whether a higher score represents an adjusted or maladjusted dimension (for example a high Social Inclusion score (+) represents social inclusion, whilst a high Externalising score (-) represents higher behavioural problems).

Two important findings emerge from the correlations of the social maladjustment constructs: social inclusion, boys perception and external perception of friendship. First, there is a significant negative correlation between social inclusion and external perception, indicating that there is a strong association between being excluded by the peer group and not having intimate friendships. Second, this finding is not supported by the boys perception of their friendships, suggesting that the boys themselves do not perceive problems in the extent of exclusion by their peers and their ability to initiate and maintain friendships.
From an examination of the psychosocial constructs that might mediate poor social adjustment, externalising behaviour is significantly correlated with poor social relationships. Social inclusion is significantly correlated in a negative direction indicating that behavioural problems are associated with social exclusion. The external perception of friendship is correlated in a positive direction indicating that having problems with friends is associated with behavioural problems. Again these results are only significant for the peer ratings of social inclusion and an external perception of friendship, and not for the boys’ perception of friendship.
In contrast internalising problems within the school context are only significantly correlated with the external perception of friendship, indicating that having high internalising problems in school is associated with being unable to initiate and maintain friendships.

Locus of control is significantly correlated with each of the three indices of social adjustment. There is a significant negative correlation between social inclusion and locus of control, suggesting that having an external locus of control is associated with social exclusion. The negative correlation between the boy’s perception of friendship and locus of control suggests that being unable to initiate and maintain friendship is associated with attributing behaviour externally rather than the boy seeing himself as responsible. There is a significant correlation between external perception of friendship and locus of control, indicating that having an external locus of control is also associated with parents’, teachers’ and peers’ views about the boys ability to make and keep friends.

There is a significant negative correlation between cognitive ability and external perception of friendship, indicating that those boys with a lower ability may have more difficulty with close friendships as perceived by parents, teachers and peers.

In summary the correlations between the psychosocial dimensions suggest that boys who are more likely to experience social exclusion by peers are more likely to have difficulties with close friends. However this is only based on parents, teachers and peers perceptions of the boys’ ability to make friends. Externalising
problems are associated with both social exclusion and poor friendship as perceived by parents, peers and teachers. Whilst internalising problems are only associated with an teachers and peers perception of friendship within the school environment. An external locus of control is significantly associated with all three measures of social adjustment. It is suggested that the boys do not perceive problems in their social relationships because they attribute their difficulties externally.

5.9 Multivariate comparison of groups on psychosocial constructs

The next stage in the analysis was to consider whether there are differences between the four groups on the psychosocial constructs generated through data reduction. To achieve this it is necessary to establish the relationship between being a victim of sexual abuse or not and between being a perpetrator of sexual abuse or not. By examining the effect of group membership it will be possible to consider which of the psychosocial constructs account for the difference. A two by two multivariate analysis of variance (MANOVA) was selected to examine the main effects of the two independent variables, victimisation and perpetration, and to consider potential interaction effects on the basis of the psychosocial constructs.

Figure 5.8 illustrates the relationship between the two independent variables (see italics), which has been used in four group design of the study. The first stage of the analysis will consider the main effect of being a victim or perpetrator. For victimisation groups A and C are combined for 'victimised' (n=38 boys) and
groups B and D for 'not victimised' (n=32 boys). For perpetration groups A and B are combined 'perpetrators' (n=34 boys) and groups C and D for 'not perpetrators' (n=36 boys).

**Figure 5.8**
Design of Multivariate Analysis

<table>
<thead>
<tr>
<th>Victim of Sexual Abuse</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Perpetrator</td>
<td>(A)</td>
<td>Non-Victim Perpetrator</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim</td>
<td>(C)</td>
<td>Antisocial</td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The dependent variables are presented in table 5.43 with mean scores and standard deviations for each of the four groups.

The first stage of the MANOVA was to enter all of the dependent variables simultaneously, without any covariates. This analysis failed to demonstrate an effect of perpetration (F(10,57) = 1.21, ns) nor victimisation (F(10,57) = 1.09, ns). In addition there was no interaction (F(10,57) = 1.86, ns). The second stage of the MANOVA analysis was to enter intelligence and socioeconomic disadvantage as covariates. The analysis demonstrated a significant interaction between perpetration and victimisation (F(8,57) = 2.28, p < .04). However there was no significant effect of perpetration (F(1,64) = 1.25, ns) nor victimisation.
(F(1,64) = 1.04, ns), therefore interpretation of the observed interaction is not appropriate. On a univariate level of analysis the parents' perceptions of the boys' internalising problems there is a significant interaction (p = .051) between the antisocial group and victim only group. Indicating that the victims are perceived as being more symptomatic on this dimension that the antisocial boys.

Table 5.43
Psychosocial constructs by group - mean scores and standard deviations

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>V n=19</th>
<th>VP n=19</th>
<th>NVP n=15</th>
<th>ANT n=17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peers - Social Inclusion</td>
<td>-.18 (1.06)</td>
<td>.13 (1.15)</td>
<td>.03 (.83)</td>
<td>.03 (.94)</td>
</tr>
<tr>
<td>Boys Perception of Friendship</td>
<td>-.05 (1.03)</td>
<td>.44 (1.06)</td>
<td>-.43 (1.01)</td>
<td>-.06 (.76)</td>
</tr>
<tr>
<td>External Perception of Friendship</td>
<td>.38 (1.15)</td>
<td>-.05 (1.04)</td>
<td>-.17 (.92)</td>
<td>-.21 (.79)</td>
</tr>
<tr>
<td>Externalising Behaviour</td>
<td>.15 (1.09)</td>
<td>-.16 (1.05)</td>
<td>-.25 (1.06)</td>
<td>.23 (.74)</td>
</tr>
<tr>
<td>School Perception of Internalising Problems</td>
<td>-.02 (1.14)</td>
<td>.28 (.92)</td>
<td>.02 (1.13)</td>
<td>-.31 (.78)</td>
</tr>
<tr>
<td>Parent Perception of Internalising Problems</td>
<td>.44 (.92)</td>
<td>-.04 (.87)</td>
<td>-.02 (1.13)</td>
<td>-.44 (.99)</td>
</tr>
<tr>
<td>Locus of Control</td>
<td>-.18 (1.16)</td>
<td>.12 (.97)</td>
<td>.04 (.73)</td>
<td>.03 (1.10)</td>
</tr>
<tr>
<td>Interpersonal Reactivity</td>
<td>.10 (.82)</td>
<td>-.12 (1.00)</td>
<td>.33 (.79)</td>
<td>-.26 (1.30)</td>
</tr>
<tr>
<td>Cognitive Ability (IQ)</td>
<td>.00 (.98)</td>
<td>-.08 (1.04)</td>
<td>-.15 (1.08)</td>
<td>.22 (.96)</td>
</tr>
<tr>
<td>Socioeconomic Disadvantage</td>
<td>.05 (.85)</td>
<td>.29 (.83)</td>
<td>-.07 (1.23)</td>
<td>-.31 (1.09)</td>
</tr>
</tbody>
</table>
Chapter Six

Discussion

6.1 Introduction

Adolescent boys who sexually abuse other children have been described as having difficulties in their social relationships (Davis & Leitenberg, 1987). The aim of this study was to investigate this hypothesis by employing social developmental theory and methodology to examine the psychosocial characteristics of sexually abused and abusing boys. Parker & Asher (1987) argue that children who do not benefit from important socialisation experiences through relationships with peers and friends are at risk of later maladjustment. In this discussion the aims of the study will be restated and the main results summarised. The limitations of the study will be addressed, including a discussion of the sample, the design of the study and the methodology. The main focus of this chapter will be to evaluate the results and the methodological and theoretical implications of the study.

6.2 Summary of aims of study

The study set out to consider the psychosocial characteristics of four groups of boys who were either victims of sexual abuse, victims who were also perpetrators, perpetrators who were not victims and boys who were neither victims nor perpetrators. The between group design was based on previous evidence that both sexual victimisation and antisocial behaviour may act as mediators in the genesis of sexually abusive behaviour. The study was cross sectional and whilst it was not
possible to investigate the causal relationship between psychosocial adjustment and
sexual behaviour, the study intended to identify the psychosocial characteristics of
adolescent victims and perpetrators of sexual abuse.

Victims of sexual abuse, whilst displaying psychosocial difficulties, were
hypothesised to be better adjusted than perpetrators of abuse. It was suggested
that the victims who were not perpetrators would be better adjusted than those who
had become perpetrators because psychosocial characteristics may act as positive
influences against engaging in sexually abusive behaviour. Evidence from
previous studies suggested that not all perpetrators of sexual abuse are themselves
victims, suggesting that the psychosocial characteristics of victimised perpetrators
would need to be compared to those of non-victimised perpetrators. It was
suggested that cycles of offending behaviour may be one cause of perpetrating
behaviour for the victimised perpetrators (Ryan, 1989). Antisocial behaviour was
outlined as an alternative cause in the aetiology of boys who are sexually abusive,
but who have no history of sexual abuse. It was hypothesised that both groups
would experience psychosocial difficulties, although the victimised perpetrators
would be less antisocial than the non-victimised perpetrators. In order to explore
the influence of antisocial behaviour on offending behaviour, it was suggested that
the psychosocial characteristics of non-victimised perpetrators would be similar to
a group of boys showing antisocial behaviour in the absence of any history of
sexual abuse or perpetration.
Social developmental theory and methodology were used to consider the psychosocial characteristics of the four groups. The study was based on a theoretical argument that social relationships play an important role in psychosocial adjustment. Young people who are not included by their peer group and fail to initiate and maintain close intimate friendships are at risk of adjustment difficulties. In order to assess the social exclusion of the study boys the sociometric status of the boys in the general population was examined. Factors which lead to exclusion from the peer group and not having close friends were identified; including behavioural problems, emotional difficulties and deficits in social competence skills. Cognitive functioning, socioeconomic factors and sexual abuse characteristics were also considered.

6.3 Summary of results

The results suggest that whilst all 70 boys making up the four groups were found to be significantly more excluded than boys in the general population and scored high on indices of emotional and behavioural adjustment overall, there were few differences between groups on the psychosocial constructs assessed. This section summarises the findings of the study and is divided into two parts. The first considers the results of each of the psychosocial dimensions assessed in the study. The second summarises the results of the factor analysis and examines the results of the multivariate analysis. The implications of the results will be discussed in a later section.
6.3.1 Sample characteristics

A relatively equal proportion of boys were recruited for each of the four cells. In total there were 38 victims, irrespective of whether or not they were perpetrators, and 34 perpetrators, irrespective of whether or not they were victims. The four groups were matched on sociodemographic characteristics. The boys tended to come from white families in lower socioeconomic groups. In terms of the sexual abuse characteristics the victims and victimised perpetrators were sexually abused within an intrafamilial context, over a prolonged period of time, during which they experienced severe types of sexual abuse. The victimised perpetrators and non-victimised perpetrators had all abused children whom they knew, often within the family. Their victims were both male and female and were subjected to severe types of abuse ranging from inappropriate fondling to penetration over a prolonged period.

6.3.2 Psychosocial dimensions

One important finding suggests that the boys in the study were significantly more likely to be rejected by their peer group than boys in the general population. Forty-three percent of the study boys were rejected in comparison to only 23% of the general population boys. Furthermore general population boys were significantly more likely to be popular than the study boys. However, there were no significant differences between the four groups of boys in the study on sociometric status, or mean rating of social inclusion. A further important finding is that the study boys were significantly more likely to be aggressive than boys in
the general population. Conversely, population boys were significantly more prosocial than study boys. Of the rejected boys in the study and general population samples the study boys were also found to be significantly more aggressive and aggressive/submissive.

Having established problems associated with social adjustment with peers for all groups, consideration was given to potential differences between the four groups on close intimate friendship. No significant differences were found in the extent of friendship intimacy as measured by the Friendship Intimacy Questionnaire. Similarly, no differences were found between groups on levels of interpersonal competence in dyadic friendship as measured by the Adolescent Interpersonal Competence Questionnaire, except for victimised perpetrators who were significantly more likely to rate their friends as competent.

This significant result is accounted for by the victimised perpetrators scoring more positively on the "self disclosure" and "conflict management" subscales (which accounts for the overall difference). This result might suggest that the victimised perpetrators perceive their friends as being more competent than themselves and more importantly see their friends as more socially aware than the boys in the other groups. It is difficult to determine, without information about the nominated friends, whether they are indeed more competent or whether the results indicate an ideal picture friendship held by the victimised perpetrators.
A number of measures were used to validate the boys’ perceptions of close friendships. There were no significant differences between group on Significant Other Friendship Validation or on Reciprocal Nominations in the sociometric assessment. Evidence indicating that there were problems with friendship was found in the parent’s report in the Child Behaviour Checklist, which suggested that victims of sexual abuse were significantly more likely to have social problems than the other three groups.
The results concerning behavioural and emotional adjustment are mixed and, at times, contradictory. The results suggest that the problems identified are often specific to either the home or school environment. From parent reports the victims of sexual abuse are considered to be the most disturbed of the four groups. The victims scored in the borderline and clinical range on internalising, externalising and total problem dimensions. Both the internalising and total problems scores were significantly higher for this group compared to the other three groups. The perpetrators, irrespective of victimisation, scored in the borderline range on delinquent problems, although these results did not represent a significant difference between groups.

The antisocial comparison group was not considered to be more externalising than the other groups by the parents or carers, although they were found to be significantly more aggressive on the Teacher Report Form. In addition the antisocial group did not score as high as the victims on the delinquent behaviour profile. This result suggests that the comparison group represents an externalising group of boys who are characterised as being highly aggressive in the school environment. One of the few consistent behavioural results indicates that teachers agree with parent reports that the victims are aggressive as well as delinquent. However, teachers do not support parents' perceptions of the victim's internalising problems. In summary it is the victims and antisocial group which show the most disturbance on the behaviour checklists. Neither perpetrator group shows the levels of disturbance seen in the victims, except for borderline delinquent scores on the parent checklist. Nor do the non-victimised perpetrators, who were
hypothesised to be similar to the antisocial group, display any significant aggressive or antisocial traits on the teacher checklist.

As suggested findings of the peer ratings of behaviour indicate that all study boys are significantly more aggressive, more aggressive/submissive, and less prosocial than the general population boys. Furthermore there are no significant differences between the four groups on any of the behavioural characteristics. This suggests that all four groups are considered aggressive by their peers. Although the results fail to reach significance, both perpetrator groups were twice as likely to be submissive as rated by peers when compared to victims or antisocial boys. This trend may suggest that a proportion of the perpetrators experience difficulties in their social relationships because they are considered 'easy to push around'. This result is not significant and therefore should not be overstated.

In relation to measures of social competence, there were no significant differences between the four groups on the Locus of Control Scale, nor the Interpersonal Reactivity Index. Similarly, there were no significant differences between groups on intelligence scores. The range of intelligence within the study was 88 points, and the mean score for the total sample was in the low average range. Given that the boys were required to complete questionnaires concerning their friendships and social competence it is possible that those boys with particularly low intelligence scores did not fully understand the meaning of the questions being asked. However, every possible effort was made to ensure that every boy understood the questionnaires if he was unable to read or assimilate the questions. In addition considerable energy was placed on validating boys perceptions of friendship by asking parents, social workers, teachers and peers.
6.3.3 Psychosocial constructs and multivariate results

In order to increase the power of the data in relation to the number of cases, factor analysis was used for the purposes of data reduction. Social inclusion, cognitive ability and socioeconomic scores were assessed using individual measurements and the scores were standardised for use in the multivariate analysis.

Of the remaining psychosocial dimensions, including friendship, externalising behaviour, emotional adjustment and social competence, factor scores were generated. Seven instruments were used to assess the boys' intimate friendships, these included three measures of the boys' perceptions of friendship and four measuring peer, parent, teacher and social worker perceptions of friendship. Two main factors were found, the first representing the boys' perception and the second an external perception of friendship. For the peer, parent and teacher assessments of behavioural problems, one main factor was found. Given that all three sources reported high levels of aggression and/or delinquent behaviour, this factor provided a powerful measure of externalising problems. The perceptions of the parents differed from teachers' and peers' ratings of behaviour for internalising problems. Subsequently a two factor solution was found, one representing the parents' perception of emotional problems, the other representing peers' and teachers' perceptions. Finally the social competence measures produced two separate factors, based on the separate instruments. One indicated a measure of locus of control and the other represented affective and cognitive aspects of empathy. Conceptually the two measures were assessing different
constructs of competence and the two factor solution found was, in retrospect, not surprising.

One further important finding in the study concerns the strong correlations found between exclusion from the peer group, friendship problems as perceived by adults and peers, behavioural problems and external locus of control. This result supports the finding that disturbed children experience social problems and that this is primarily related to behavioural problems. Having an external locus of control may have contributed to the boys not perceiving themselves as having problems with friendships or emotional and behavioural adjustment. In relation to internalising problems, whilst parents perceived the victims in particular as being symptomatic on the Child Behaviour Checklist, the correlation between factor scores suggested that it was the peers' and teachers' perceptions of emotional problems which correlated with difficulties in intimate friendships. The psychosocial constructs generated through data reduction failed to show any significant differences between the four groups of boys. Multivariate statistics were employed to examine potential differences between perpetrators and victims, as main effects and the relationship between the two variables, as interaction effects, based on the four group design. No significant main effects were found.

In summary the results suggest that the four groups of boys show deficits in their social adjustment, particularly in the degree of social exclusion from the peer group. There is a strong relationship between social problems and aggression, and
to a lesser extent emotional problems. The results which reached statistical significance, suggest that the victims of sexual abuse and the antisocial group are more symptomatic than both perpetrator groups. The victims are the most disturbed group, although these findings fail to reach significance in a multivariate analysis. Low intelligence and high external locus of control scores correlate significantly with social problems. Whilst the results fail to show strong significant differences between groups in their psychosocial adjustment, there are a number of issues raised by the study which challenge the assumptions set out in the hypotheses. Before considering these issues it is necessary to address the limitations of the study which may have important consequences for the results found.

6.4 Limitations of the study

6.4.1 The sample and issues of generalisability

The most important limitation of the study concerns the number of boys recruited into each of the four groups. This is a problem common to clinical studies, and even more so for a study investigating a relatively rare clinical problem. Factor analysis was used to balance the ratio of cases to the number of variables in an attempt to overcome the problem of power in the study and to achieve sufficient effect size in differentiating groups. Cohen’s (1992) guide to predict medium effect size for a study of this design suggests that 45 boys would be needed in each cell to achieve 80% power with a p value of .05. However, the study was limited to referrals to one teaching hospital over a specific period of time. Financial
resources prohibited recruitment over a longer period of time. Whilst it was established that all four groups experienced difficulties in their peer relationships, recruiting a larger sample may have produced more significant differences between groups on levels of social inclusion and factors associated with poor social adjustment.

A related issue is the nature of the sample recruited and concerns the question of generalisability. It has to be considered that the boys recruited to the study could represent an atypical group of victims and perpetrators. It is recognised that a tertiary post graduate teaching hospital such as Great Ormond Street tends to attract cases that represent the more severe kind of sexual abuse. Child protection social work teams across south east England are more likely to refer cases which represent the more complex and extreme cases that are difficult to manage locally. This has important implications for the type of victims referred. In addition because referrals were from social workers and not juvenile justice agencies the study does not include those perpetrators requiring incarceration as a result of violent offences.

The victims of sexual abuse had experienced severe types of sexual abuse. Many of the victims were abused within an intrafamilial context, suggesting that boys came from dysfunctional families thus confounding the level of disturbance found in this group. It might be suggested that recruiting a less severely abused group who were victims of abuse outside the family may have found evidence of higher
social adjustment. Therefore the results concerning the victim characteristics
should be understood within this context and the study should be replicated on
other sexual abuse samples before generalising these findings to all male victims of
sexual abuse. The level of disturbance found in the victim group will be discussed
in more detail in the following section.

For the perpetrators, and particularly the non-victimised perpetrators, all of the
cases were managed by social services child protection teams. The results indicate
that this group was not antisocial as predicted in the hypotheses. Therefore the
fact that the non-victimised perpetrators did not show high antisocial behaviour as
measured in the study, is a feature of the type of boys referred to the hospital, and
may not represent perpetrators who act out within a pattern of antisocial behaviour
or those who commit violent sexual offences against peers and adults. These
issues will be discussed in more detail in the section on the implications of the
results.

Given that the non-victimised perpetrators were not antisocial, nor were they
known to be victims of sexual abuse, the question arises as to whether or not the
genesis of their sexual behaviour is to be found in emotional abuse and physical
abuse and/or neglect as suggested in chapter one. One important limitation of the
current study is that these dimensions were not included in the design.

The sample recruited in the study were almost exclusively from white
socioeconomically deprived homes. This again represents the types of cases referred to the hospital. It can also be argued that this is a feature of child protection practices relating to sexual abuse; local authorities are more likely to intervene with lower socioeconomic group families and less with ethnic minority families. A further issue concerns the management of Black and Asian boys who are sexually abusive. In a related study conducted by the author (Williams & Santry, 1994: Report to Department of Health), which investigated the characteristics of boys incarcerated for sexual offences, it was found that 25% of the young men were Black and Asian, compared to only 7% of Black and Asian boys in the current study. It could be argued that the over-representation of ethnic minority boys in the juvenile justice system is a reflection of different management practices for different ethnic groups.

6.4.2 Causal relationship between psychosocial adjustment and perpetrating behaviour

The study was designed as a cross sectional investigation of the psychosocial adjustment of the boys at one time point. No information was available on the adjustment of the boys at other time points, nor was it possible to establish how psychosocial functioning changed after being sexually abused, or on becoming a perpetrator. It is therefore not possible to establish a causal relationship between sexual abuse characteristics and their social relationships. The study cannot consider the potential impact sexual victimisation or sexually abusive behaviour may have had on the boy's social relationships. Furthermore, although the theoretical position set out in chapter two that poor social relationships place
children at risk of later adjustment difficulties is an important one, this study does not permit any consideration of how poor social relationships may influence the boys' rehabilitation as either a victim or perpetrator of sexual abuse.

To suggest that longitudinal prospective studies would provide a more satisfactory design also has its limitations. Both financial and ethical constraints would make a prospective study of sexually abusive behaviour in a general population sample difficult. Such a design would mean identifying a cohort of boys at an early age, establishing their level of psychosocial adjustment, and then reassessing psychosocial adjustment comparing a sample of abused and abusing children. In chapter one it was reported that Finkelhor (1984) argues that between 2.5% and 8.7% of boys are likely to become victims of some form of sexual abuse; the investment in a large scale longitudinal study is unlikely to yield enough cases to be cost effective.

Whilst a prospective follow-up of boys who are known to be victims of sexual abuse may provide a more practical and informative design, this also has disadvantages. Such a study would be able to investigate potential psychosocial deficits which may contribute towards a victim becoming a perpetrator. However, this study found that around half the perpetrators were not known to be victims of sexual abuse, and recruitment of non-victimised perpetrators preceding their abusive behaviour would not be possible. Second, no pre-sexual abuse measures of psychosocial functioning would be available on any of the boys, although this
might in part be overcome by retrospective interviewing of parents and teachers.

The arguments presented in relation to longitudinal studies and prospective follow-up studies of victims of sexual abuse which investigate the psychosocial adjustment of adolescent perpetrators of sexual abuse are either impractical or fail to overcome the methodological difficulties experienced in the design of this study.

6.4.3 Methodological limitations

For professionals working in the field of child sexual abuse, confidentiality and ethical responsibility are two of the most important issues to be addressed in clinical practice and research. At no time was information about the boy as either a victim or perpetrator of abuse discussed with a person who was not directly involved with the case. This presented a number of difficulties in developing a method of investigating the boys’ social relationships. The boys were given assurance that contact with the schools would be on the basis of enquiring about their behaviour and their social relationships and not sexual abuse. Unless a teacher specifically raised the issue of sexual abuse, the researcher was unable to ask questions concerning changes in the boys’ social relationships preceding the abuse being disclosed. As a result interviewing the teacher about the impact of sexual abuse on the boys’ adjustment was not included as part of the research design.

Related to this was the issue of validating the boys’ perceptions of his friendships.
The Friendship Intimacy Questionnaire and the Adolescent Interpersonal Competence Questionnaire were both designed with the intention of two friends providing reciprocal ratings about one another. Ethical restrictions prevented the researcher from contacting the boys' friends because it was considered inappropriate to interview the friends without providing a satisfactory explanation as to why they had been approached and, thereby compromising the confidentiality of the study boys. Attempts to overcome this problem were made by asking teachers to provide a rating of who they believed to be the boys' friends, using the modified Teacher - Adolescent Interpersonal Competence Questionnaire. During early stages of data collection it was evident that teachers either did not know the friends nominated by the study boys, or felt they did not know the relationships well enough to provide a rating. As discussed previously in the methodology chapter, this measure was subsequently excluded from the study.

The self-report measures of friendship by the boys and the validation of friendship names given by parents, teachers and social workers required the interviewee to nominate children as friends. Whilst every effort was made not to encourage the nomination of friends if there were not any, it is not possible to establish whether the children nominated reciprocated the feeling of friendship. Therefore it was not possible to know whether names nominated on the self-report measures were real friends. From the results it is evident that the boy’s positive perception of their friendships was not supported by the external perception of friendship by parents, peers and teachers. The study may, therefore, not have been able to assess the
boy's true friendship patterns accurately enough.

A third methodological limitation concerns the classroom assessment. As the sociometric assessment could only be carried out if the anonymity of the study boys was maintained, teachers were asked not to disclose the identity of the subject, or the precise reasons for participating in the assessment, to the other children in the class. The sociometric assessment was received well by the majority of schools, although five schools considered the procedure to be too controversial and refused to participate. In relation to the actual information collected through the sociometry two issues are raised as limitations. First, the assessment relies on the assumption that the boy's friends are likely to be in the class. For young people in secondary education who spend little time with the same group of children, this method ignores the possibility that a different sociometric profile would emerge depending on which class the boy was in when assessed. Sociometry also rests on an assumption that the boy's social status in one class would be similar to his status in another. A second point relates to the stability of sociometric status. In Chapter Two it was argued that whilst children rarely make dramatic moves from being rejected to being popular, the sociometric profile for a class changes during the course of a school year. It is difficult to establish how consistent the sociometric status of the study boys is without follow-up data on the class groups.

A final limitation of the study concerns piloting of the instruments before data
collection commenced. Six non-referred adolescent boys were recruited in order for the author to practise administering the Wechsler Intelligence Test for Children. During this assessment the self-report Friendship Questionnaires were also given to the pilot boys to evaluate the use of such instruments on a British sample. However, these piloting procedures did not adequately address some of the administrative difficulties encountered once the study began. As the study was part of a larger clinical intervention and investigation it was not possible to recruit a clinical sample for piloting purposes. Having discussed the limitations of the study the implications of the results found will be discussed.

6.5 Theoretical and methodological implications of study

This section will consider results in relation to the hypotheses set out in chapter three. Although the results failed to elicit significant differences between the four groups in terms of psychosocial adjustment, there are a number of issues raised by the study which further our understanding of the characteristics of sexually abused and abusing boys.

6.5.1 Evaluation of results in relation to hypotheses

6.5.1a Victims and victimised perpetrators of sexual abuse

The first hypothesis predicts that positive influences of psychosocial adjustment will tend to prevent sexually abusive behaviour. It was suggested that whilst victims were likely to experience a degree of psychological maladjustment as a consequence of victimisation, victimised perpetrators were more likely to
experience greater problems in their social relationships, psychological adjustment and social cognitive skills. In relation to victims it was suggested that the boys who experienced traumatic sexual abuse would show elevated levels of behavioural problems (Friedrich, 1988; Conte & Schuerman, 1988; Sansonnett-Hayden et al., 1987). Watkins & Bentovim's (1992) review suggests that boys tended to adopt an externalising pattern of behaviour as a consequence of abusive experiences.

This hypothesis was not supported by the findings of the study. Victims of sexual abuse and victimised perpetrators showed no differences on the psychosocial characteristics measured. Both groups were significantly more rejected than boys in the general population and considered significantly more aggressive than boys in the general population. Whilst there were no differences between groups in the multivariate analysis, the results of the parent and teacher behaviour checklists produced some important findings. Victims were significantly more symptomatic than victimised perpetrators on the internalising and total problems dimensions of the parent checklist. There was a trend for victims also to score in the borderline and clinical ranges on the social problems and externalising dimensions. Teacher ratings showed that victims scored in the borderline and clinical ranges on the aggressive and antisocial dimensions in comparison to victimised perpetrators, whose scores fall below the borderline range, although these differences did not reach statistical significance. Peer ratings of behaviour showed no significant differences between groups. It was not possible to consider the rejected boys alone on the rejected-aggressive and rejected-submissive dimensions as described
in the methodology because of insufficient numbers of boys in each group who were classified as rejected. Therefore only associations between peer rejection and behavioural and emotional adjustment can be considered. Whilst these results should not be overstated, there is some evidence, contrary to the hypotheses, that the victims showed more behavioural disturbance than the victimised perpetrators.

What are the implications of these findings? In section 6.4.1 it was suggested that the victims recruited to the study may represent an exceptionally severely abused group. However, alternative explanations for these results are worthy of consideration. In Chapter Two a study of the psychosocial adjustment of physically abused children Salzinger et al. (1993) suggested that victims of physical abuse were significantly more likely to be rejected by peers and have non-supportive friendships than non-abused children. In addition the victims were significantly more aggressive than non-victimised comparisons. The authors concluded in support of Parker & Asher's (1987) 'at risk' hypothesis, that physically abused children are rejected by their peers because of aggression, and as a result are excluded from socialisation experience which may result in more pervasive maladjustment. More recently Dodge, Pettit & Bates (1994) considered the effects of early physical abuse on children's peer relationships in a five year follow-up study. They concluded that early physical abuse disrupts attachment relationships with parents. This has a negative impact on the child's ability to form effective peer relationships. It may be that the results from the current study provide some evidence to support Salzinger et al.'s. (1993) findings in
relation to a sample of sexually abused children.

Even though there are not highly significant differences between the four groups on the psychological adjustment characteristics, the victims of sexual abuse are significantly more rejected and aggressive than children in the normal population. This is an important result because for the first time sociometric techniques have demonstrated that victim's of sexual abuse may be at risk of exclusion from potentially important peer interaction which may have consequences in their rehabilitation following sexual abuse. Furthermore it may have negative consequences for their adjustment in early adulthood. In chapter one a study by Briere et al. (1988) suggested that adult male survivors of sexual abuse were at risk of psychological disturbance, including being suicidal.

6.5.1b Social isolation of sexually abusive boys

The current study does not allow for consideration of the factors which mediate between being a victim of sexual abuse and becoming a perpetrator. In relation to the victimised perpetrator it was suggested that sexually abusive behaviour manifested itself as a traumatic response to the boys' own experience of abuse (Watkins & Bentovim, 1992; Ryan, 1988; Summit, 1983). Evidence presented in Chapter One suggested that for victimised perpetrators, whilst recognising emotional and behavioural problems, social isolation and social immaturity were also important characteristics. For example, it was reported that the adolescent perpetrator was a 'nice' and 'quiet' young man and ostensibly a 'loner' (Stenson &
Anderson, 1987). The second hypothesis therefore stated that sexually victimised perpetrators would be excluded from the peer group because they are socially withdrawn. In addition they would experience poor friendships, show high levels of emotional and behavioural disturbance and have poor social competence. However, no significant differences were found between victimised perpetrators and the other groups on the psychosocial constructs.

Although the between group design failed to demonstrate the significant differences between groups which would support the social isolation hypothesis, the victimised perpetrators were significantly more rejected than boys in the general population. This is an important finding because it supports the hypothesis that perpetrators experience 'difficulties in their social relationships' and represents an original contribution to the sexual abuse field. In relation to the psychological characteristics of the victimised perpetrators which are associated with social rejection two issues need to be addressed. First, peers rated all four groups as being significantly more aggressive. Therefore aggression as rated by peers is associated with social rejection in the case victimised perpetrator. As previously stated neither parents nor teachers considered the victimised perpetrators to be as symptomatic as the victims of sexual abuse. At the same time the current study fails to support the hypothesis presented in chapter three that victimised perpetrators experience social rejection because they are submissive, as described by Parkhurst and Asher (1992). As stated previously it was not possible to consider directly rejected subtypes of rejected-aggressive or rejected-submissive
boys in the current study because of an insufficient numbers of subjects. Peer, parent and teacher ratings of internalising problem, or submissiveness, did not differentiate victimised perpetrators from the other groups. There is some evidence in peer ratings of behaviour to suggest a modest trend for the perpetrators to be submissive, although these results do not represent significant differences and should not be overstated.

In summary peer ratings of behaviour is the only indicator to suggest that victimised perpetrators are aggressive. Parents and teachers did not consider this group to be as symptomatic as victims of sexual abuse on either externalising or internalising dimensions. This raises a question as to how these results should be interpreted. One explanation might be that the victimised perpetrators in this study do not represent a highly disturbed group. This would be inconsistent with previous arguments suggesting that social services referrals to the child sexual abuse team represent more severe cases of sexual abuse. In addition this group of boys had been referred to the hospital as a consequence of their sexually abusive behaviour, and are by definition symptomatic. Descriptive information about both victimisation and perpetration in this group in the results chapter support this position.

Alternatively a question raised by these findings is that the design of the study failed to assess the submissive character of victimised perpetrators. One observation which supports this issue concerns anecdotal information collected by
the author during conversations with teachers when arranging the sociometric assessment. Although no systematic record was kept of the conversations with the boys' teachers, as a way of introducing the study and investigating the boys' behaviour at school teachers were routinely asked to provide five adjectives to describe the boy. A number of teachers described the perpetrating boys, who did not present with behavioural problems in school, as 'odd'. This was often in conjunction with teachers expressing surprise that the boy had come to the attention of social services. The evidence, although anecdotal may be one way of raising questions about what psychological characteristics may be associated with the victimised perpetrators social problems.

The study was designed to address the 'oddness' described by teachers by including measures of internalising problems on parent and teacher checklists and a submissive dimension on peer ratings of behaviour. It is possible, however, that the questions asked of teachers concerning the psychological characteristics of the victimised perpetrators failed to operationalise 'oddness'. Alternatively it has been suggested that poor concordance has been found between child and parent reports of internalising problems (Hodges, Gordon & Lennon 1990). It is reported that although there is a strong agreement between parents and children on externalising problems, concordance on internalising problems is low. Parents are less good at reporting internalising problems than the child. They conclude:

"agreement is greatest for observable behaviour and least for private, subjective experiences." (pp. 432)

Consequently obtaining a child's report of internalising problems is recommended.
Future investigations of adolescent perpetrators might consider this issue and incorporate it into the research design.

Rubin et al., (1990) have suggested that low self-esteem, depression and other internalising problems were associated with children who were socially isolated and withdrawn. In support of this evidence depression and low self-esteem have been found in victims of bullying by peers (Olweus, 1992). However, these internalising characteristics were not found in the victimised perpetrators in the current study as measured by the Child Behaviour Checklists. In contrast the only evidence pertaining to the characteristics of social exclusion in victimised perpetrators is the peers’ ratings of aggression. On the basis of results presented in this study there is no evidence to support the position that the socially isolated perpetrators described in clinical studies are not the same as children identified in previous studies as being socially isolated, depressed and having low self-esteem. The second hypothesis is therefore not supported by this study.

6.5.1c Non-victimised perpetrators of sexual abuse

The third hypothesis concerned the psychosocial characteristics of boys who were perpetrators of sexual abuse, but had no history of sexual victimisation. It was suggested that this group would have poor social relationships, and that these would be associated with a pattern of antisocial behaviour. Whilst the non-victimised perpetrators were rejected and rated as aggressive by peers, the results of the current study suggest that this group showed no differences on psychosocial
characteristics to the victimised perpetrators. Despite there being no group differences, the fact that non-victimised perpetrators are actively excluded by their peers represents an important finding. As with the victimised perpetrators this result supports clinical reports that sexually abusive boys have problems with their social relationships.

What are the implications of these findings? In comparison to both victims and antisocial boys, both perpetrator groups were considered less symptomatic on parent and teacher ratings of behavioural and emotional adjustment. Although the current study was not designed to address the aetiology of sexually abusive behaviour, alternative explanations have to be considered concerning the psychosocial characteristics of the non-victimised perpetrators. It was suggested in chapter one that emotional, physical abuse and neglect may play an important role in the aetiology of sexually abusive behaviour. As suggested in the section dealing with the limitations of the study, one important omission from the research design was not to assess abuse and neglect more generally, rather than focusing on sexual abuse alone.

6.5.1d Similarities between non-victimised perpetrators and antisocial boys

Hypothesis four suggested that non-victimised perpetrators would be similar to the comparison group of antisocial boys. This was based on evidence presented in Chapter One that sexually abusive behaviour is a feature of a more global pattern of antisocial behaviour (Becker, 1990; Kavoussi et al., 1988). As discussed
previously the results fail to show that the non-victimised perpetrators were more aggressive than the victims or victimised perpetrators, or equal to the antisocial group. Furthermore this group was not significantly different from the other groups on any of the psychosocial constructs, although as found with the other three groups the non-victimised perpetrators were significantly more rejected and aggressive as rated by peers than boys in the general population.

The proposition that non-victimised perpetrators would be antisocial was based on Becker's (1990) argument that a proportion of perpetrators act out within a pattern of generalised antisocial behaviour. In Chapter One reference was made to incarcerated sex offenders and young men who were found guilty of raping women. It is this latter group which is more likely to be managed within the Youth Justice arena that the Child Protection system and may represent a more antisocial group as described by Becker.

One feature of the non-victimised perpetrators requiring consideration concerns the age of the group in relation to the other three. Whilst there are is no significant difference between the mean ages of the groups, the non-victimised perpetrators are between 6 to 9 months older. It may be suggested that developmentally sexual victimisation leads to perpetrating behaviour at a younger age. Although, given the non-significant result and the small sample size, this requires replication in other studies.

6.5.2 Summary

The results found in relation to the differences between groups on the indices of psychosocial adjustment failed, in the main, to support the hypotheses. It is important to remember that peers rated all four groups as more rejected and aggressive compared to boys in the general population. In addition there were no significant differences between groups in the multivariate analysis. However, according to parents and teachers there is some evidence to suggest that both perpetrator groups were not considered as symptomatic as either the victim or
antisocial groups. There were no significant findings in relation to intimate friendship, social competence, cognitive ability, or sociodemographic variables. Although the results fail to support the hypotheses the findings raise an important issue that needs to be considered.

In order to discuss these issues consider briefly the main findings of the study, first, the results suggesting that all groups are equally likely to be rejected by peers represents an important finding. Second, there is a strong association between social rejection and aggressive behaviour for all four groups equally. Third, parent and teacher ratings suggest that victims and antisocial boys are more symptomatic than boys in the perpetrator groups.

It could be argued that the third result actually contradicts the original hypotheses and yet raises a potentially important finding. The hypotheses were based on an assumption that all four groups would represent boys with relative degrees of psychological disturbance. It was also hypothesised that the victims would be better adjusted and the perpetrators would be worse adjusted, although for different reasons depending on sexual victimisation or antisocial behaviour. Finally it was hypothesised that the non-victimised perpetrators would be as disturbed as the antisocial boys. However the results indicate that the victims were similar to, if not more problematic, than the antisocial boys, and the victimised and non-victimised perpetrators were less symptomatic and did not differ from each other in adjustment.
In attempting to explain this finding three issues need to be considered. First, the most obvious explanation is that the perpetrators were not as disturbed as the victims and antisocial group as judged by parents and teachers. However, this fails to explain what psychosocial factors are associated with extreme forms of sexually abusive behaviour which led to a hospital referral. Second, it is possible that the instruments included in the design of the study fail to assess psychological factors most closely associated with sexually abusive behaviour, in particular, the observation made by teachers that the perpetrators were 'odd'. Peer ratings of social inclusion and behaviour suggest that the perpetrators have social problems, and yet it is unclear which psychological factors are associated with this.

The third explanation is less concrete and is presented as a hypothesis for future research in this field. Given that the victims are relatively more symptomatic than the perpetrators (whether victims or not) it might be suggested externalising psychological disturbance might function to militate against the development of sexually abusive behaviour in boys. In essence the non-perpetrators' psychosocial difficulties are externalised whilst the perpetrators are not. This is partially supported by the argument discussed in chapter one by Watkins & Bentovim (1992) and in evidence presented by Friedrich (1988), mentioned earlier in this chapter. Victims of sexual abuse adopt an externalising pattern of behaviour similar to antisocial boys. The perpetrator who does not act out within a pattern of antisocial behaviour, as described by Becker (1990) and Kavoussi et al. (1988), does not present as a behavioural problem. It might be suggested that at the same
time as presenting as a 'nice', 'quiet' and 'lonely' young man (Stenson & Anderson, 1987), the perpetrator expresses his psychological disturbance through sexualised behaviour. In essence sexually abusive behaviour might be considered a cathartic process in response to abuse and neglect, experienced by the perpetrators preceding the onset of their own sexually abusive behaviour. It must be reiterated that there is only limited evidence in this study to support such an argument based on the psychosocial characteristics of the perpetrators and non-perpetrators.

6.5.3 Evaluation of theoretical and methodological implications

The sociometric assessment of peer relationships provided the most striking results in the study. Whilst the four groups of boys failed to show significant differences in term of social exclusion, this is not necessarily surprising given they were a clinically referred sample. However, sociometric techniques were highly discriminating between the study boys and boys in the general population. Overall this finding supports the 'at risk' hypothesis presented by Parker & Asher (1987) and provides further evidence for the findings presented by Salzinger et al. (1993) and Dodge et al. (1994) that maltreated children experience exclusion from their peer group. This study was based on the theoretical position that social relationships are important in social adjustment (Piaget, 1932; Sullivan, 1953; Hartup, 1983). Evidence in support of this theory suggests that peer relationships play at least an 'incremental' role in the socialisation of children and young people (Dodge, 1992; Coie et al., 1992; Ollendick et al., 1992; Parker & Asher, 1993).
Even though only one of the aims of this study was to compare victims and perpetrators of abuse to boys in the general population, it can be argued that the original contribution of the study has been to provide further evidence of the at risk hypothesis for sexually abused and abusing boys.

However, the peer relationships and sociometry dimension of the study raise an important consideration. The failure of sociometry to discriminate between groups suggests that sociometric techniques have a limited use in sub-categorising clinical populations; though its value in identifying clinical groups cannot fail to be recognised given the results found in the study. This is an important point given the time and resources required to generate the sociometric status of clinically referred cases.

With the exception of Salzinger et al. (1993), all previous sociometric studies have considered normal developmental patterns and children at risk of social exclusion from large scale school based research, the children at risk being identified as a result of the sociometric assessment. Such investigations normally focus on a small number of schools, including large numbers of children. The current study required over 60 separate school visits in order to conduct the sociometric assessments. Whilst the normative data provided a useful comparison in the study, the utility of such a method in clinical practice is dubious given the results obtained here. In summary, sociometry is an effective method for identifying children who are excluded from their peer group and supports theoretical
arguments about the importance of social relationships in adjustment. However, the efficacy of such methods in clinical research remains to be established.

It was established in chapter two that social developmental theory conceptualises social relationships as independent but correlated dimensions: the peer group and intimate dyadic friendship (Bukowski & Hoza, 1989). The correlational analysis in this study supports this relationship; social exclusion was significantly related to difficulties in close friendship as perceived by parents, teachers, peers and social workers. However, the dyadic friendship as perceived externally failed to show significant differences between groups. In addition the boys’ self-report of friendship intimacy was equally not significant. Given the methodological limitations in being able to accurately validate friendship nominations and reciprocity of intimacy, it is difficult to draw conclusions about the implications of these results. With all four groups scoring high on the locus of control scale, indicating an external locus of control, it has been suggested that the boys may not view their social relationships as a problem. The study neither supports nor questions the impact of close intimate friendship on victims and perpetrators of abuse. It may be suggested that relying on self-report instruments failed to accurately assess the boys’ history and current pattern of friendships. Given ethical restrictions, problems in validating friendship measures are likely to remain a major limitation for clinical studies which aim to understand the importance of friendship adjustment.
Deficits in the social competence skill deficits of adolescent perpetrators have been highlighted in previous studies (Katz, 1990). The failure to identify differences between groups on locus of control or interpersonal perspective taking dimensions in this study are however supported by Rowe-Lonzynski (1991). She concluded that sexual perpetrators did not differ from normal controls or an emotionally disturbed comparison group. Crick & Dodge (1994) made a distinction between 'global cognitive constructs' such as the indices measured in this study, and 'social information processing'. They also suggested that an 'emotional' component should be integrated into Social Information Processing Models in order to assess the child's skills in context.

The current study did not provide scope to measure social competence in this way, because the observational techniques used to examine 'process' would have compromised confidentiality. However, given that the use of the more global measures of competence show inconsistent differences it may have been more powerful to examine social information processing. It could be argued that assessing 'process' tests what the child does, rather than what he or she thinks they do. In addition observing children in their own environment may have elicited emotional factors which influence their social response leading to problems in social relationships.

Low cognitive ability was also identified in chapter one as being a potential characteristic of boys who are sexually abusive (Epps, 1991; Fehrenbach et al., 239
1986). Whilst the current study fails to show significant differences between groups, the intelligence scores for the perpetrators compared to standardised norms are below average for the general population. However with no group differences it is not possible to support previous evidence that low cognitive ability is a distinctive feature of abusing youth.

6.6 Conclusions

The aim of this study was to investigate the psychosocial characteristics of sexually abused and abusing boys. It was suggested in clinical studies that one important discriminating characteristic of the adolescent perpetrator was social isolation from the peer group. Social developmental theory and methodology informed the design of a cross sectional four group comparison study to investigate this hypothesis systematically. It was argued that young people who fail to engage with their peer group or close friends are at risk of adjustment difficulties.

The sociometric assessment established that sexually abused and abusive boys are significantly more socially rejected by peers than boys in the general population, and this was associated with aggression as perceived by peers. However, there were few group differences on the psychosocial dimensions investigated. Victims were perceived by parents and teachers as being more symptomatic than both perpetrator groups, and equal to the antisocial comparison group. It is suggested that it is the function of externalising their psychological problems that discriminates the victims and antisocial boys from the perpetrators.
It has been argued that adopting an externalising response to sexual victimisation may act as protective influence against sexually abusive behaviour. Conversely adopting a sexually abusive response may act as a cathartic response to sexual victimisation.

The results support the argument that adolescent perpetrators of abuse do experience social isolation, as do victims of sexual abuse and represents an important contribution to the sexual abuse field. Furthermore, the study provides further evidence to support the 'at risk' hypothesis. Victims and perpetrators of sexual abuse who have problems in their social relationships are at risk of being excluded from important learning experiences, which may affect their adjustment in adulthood and prevent them from enjoying healthy intimate sexual relationships.
References


Doshay, L. (1943) The Boy Sex Offender and His Later Career, New York: Grove and Stratton.


Furman, W. and Buhrmester, D. (1992) Age and sex differences in perceptions of
networks of personal relationships. *Child Development* 63, 103-115.


McCord, J. (1919) A forty year perspective on effects on child abuse and neglect.
Child Abuse and Neglect 7, 265-270.


Prendergasts, W.E. (1979) The sex offender: how to spot him before it is too late. *Sexology*


APPENDIX 1
Dear

The Child Sexual Abuse team at Great Ormond Street Hospital is currently in a position to offer a limited number of places for assessment and short-term intervention with adolescent boys, both victims of sexual abuse, and/or perpetrators.

The treatment programme being offered includes a research component, through which it is hoped to gain a greater understanding of the genesis of sexual abuse committed by adolescents. The research protocol included individual, family and school based assessment. It will run from August 1992 until November 1993, in the first instance.

Due to our limited resources, we are only able to offer places for boys aged between 11 and 15 years. We are particularly interested in receiving referrals of both abused perpetrators, non-abused perpetrators, as well as male victims of sexual abuse in this age range who do not know to have sexually abused.

In line with the current policy of the Special Health Authority, there will be no charge for the service being offered.

Boys accepted into the programme will receive an initial assessment, followed by 12 individual weekly sessions conducted by psychotherapists at Great Ormond Street Hospital. In addition to their individual sessions, the boys may be offered a short-term group therapy, following their individual work, depending upon their particular needs.

Each case will be managed by Dr. Arnon Bentovim, Consultant Child Psychiatrist and his team. The CSA team may also liaise with and provide clinical support for the family and/or support network where necessary. A condition of our accepting a child for assessment and treatment within this programme must include the commitment of the social services department and/or family to escort the young person to and from the hospital for every session.
The research component of this project will be coordinated by Bryn Williams, Research Psychologist, under the direction of Dr. David Skuse, Senior Lecturer in the Institute of Child Health, University of London. Family assessment will be conducted by Michelle New, Clinical Psychologist.

If you have any questions or would like further information please contact Dr. Arnon Bentovim at Great Ormond Street Hospital (071-405-9200) to discuss clinical matters, and Bryn Williams at the Institute of Child Health (071-831-0975) to discuss the research part of the project.

Yours sincerely,

Arnon Bentovim
Consultant Child Psychiatrist

David Skuse
Senior Lecturer

Jill Hodges
Principal Psychotherapist

Bryn Williams
Research Psychologist

Michelle New
Clinical Psychologist
We are currently running a research project designed to understand the genesis of sexually abusive behaviour in male adolescents. As part of the study we are seeking to compare these boys with young people of a similar age, but who have no history of sexual abuse nor are they known to be sex offenders. We would welcome referrals of boys who are displaying behavioural problems. It is important that they are integrated within the community, for example being in school and at least in contact with their family.

Boys accepted into the programme will receive an initial assessment, and if suitable this will be followed by 12 individual sessions conducted by Psychotherapists. Due to our limited resources, we are only able to offer places for boys aged between 11 and 15 years. A school assessment will be conducted by Bryn Williams, Research Psychologist and Michelle New, Research Psychologist will interview the boys' mothers.

In line with other Special Health Authorities and because of the research nature of this project, there will not be a charge for the service being offered.

Each case will be managed by Dr. David Skuse, Consultant Child Psychiatrist and his team. The team may also liaise with and provide clinical support for the family and/or support network where necessary. A condition of our accepting a child for assessment and treatment within this programme must include the commitment of the social services department to escort the young person to and from the hospital for every session.

If you have any questions or require further information please do not hesitate to contact me (071-831-0975). I look forward to hearing from you in the near future.

Bryn Williams
Research Psychologist.
Information on the Study

We would like to understand more about what has led to this referral to the Early Adolescent Study, from both the young person referred and from his family.

We are trying to find ways of improving the help which young people and their families receive following difficulties in the young person's earlier life, or any current problems he may be having.

While your son is involved in this assessment we will be asking mothers to participate in an in-depth interview with one of our psychologists. We will also contact your son's school, in confidence, to help us with our assessment. This will involve the class teacher completing assessment schedules. We want to get a number of different opinions on your son so that we feel we have made every effort to get to know him as well as possible in the time available.

AT ALL TIMES the information which you or anyone else gives us about your child, or family, will be held in COMPLETE CONFIDENCE by the Research Team.

If you have any questions, please ring (071) 831 0975 (and speak to Michelle New or Bryn Williams)

With thanks for your help on this important study.
APPENDIX 3
SCREENING QUESTIONNAIRE

Date of referral: ___________ Case No: ___________

Name: __________________________

Date of birth: ___________ Age: ___________

Current address: __________________________________________

Tel no: __________________________

Social Services

Social Worker's name: __________________________

Address: _______________________________________

Tel no: __________________________

Legal status (write in): __________________________

Domicile: (0=no; 1=yes)

at home with natural parent(s) □
in foster care □
adopted □
children's home □
other local authority residence □
other (specify) □
When was this child first known to social services: dd mm yy

Reason for referral:


Victim Status
Has this boy been sexually abused? (0=no; yes=1) ☐

When was first known episode of abuse? dd mm yy
When was last known episode of abuse? dd mm yy

What is the boy's relationship to the perpetrator: (0=no; 1=yes)

father ☐
mother ☐
brother ☐
step-brother ☐
sister ☐
step-sister ☐
other family member (specify) ☐
outside family (specify) ☐
step/foster/parent ☐
Perpetrator status

Has this boy been engaging in sexually abusive behaviour? (0=no; 1=yes) □

When was first known episode of abuse? □

When was last known episode of abuse? □

What is the boy's relationship to the victim?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Contact abuse</th>
<th>Age of victim</th>
<th>Sex of victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>brother</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>sister</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>other family member</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>(specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>outside family</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>(specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intervention

Has this child had any previous referral to: (0=no; 1=yes) Are they being seen currently?

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Contact</th>
<th>Age of</th>
<th>Sex of</th>
<th>Seen currently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>child psychiatrist</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>psychotherapist</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>educational psychologist</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>clinical psychologist</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>other therapist/counsellor (specify)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
If a period of treatment were to be offered, would your department undertake to bring the child to appointments? (estimate: maximum of 15 visits over 3 months)

0=no; 1=yes

Similarly, if a period of treatment were offered, would you be willing to work with the child to complete a small number of homework tasks?

0=no; 1=yes

**Mother**

Name: 

Address: 

Tel no: 

**School**

Name: 

Head: 

Address: 

Tel no: 

Contact teacher: 
APPENDIX 4
FRIENDSHIP CHECKLIST

1. BOY

2. Parent

3. Teacher

4. Social Worker/Link Worker
Name of Child ____________________________

Friendship Study
Mother/Caregiver perspective

Please can you tell me the name of the person(s) who you would consider to be your son's/foster son's/etc. BEST FRIEND:

1. ____________________________

2. ____________________________

3. ____________________________
School Visit Information Sheet

Name of child: ..........................................................

Name of School: .......................................................

.................................................................

.................................................................

.................................................................

.................................................................

Tel: ......................................................................

Head Teacher: .....................................................

Teacher: .............................................................

Appointment Date: (Day) ........../.../... Time ............

Directions:

.............................................................................

.............................................................................

.............................................................................

.............................................................................

.............................................................................

.............................................................................

.............................................................................

.............................................................................

Visit Complete: Yes/No

Action On Sociometry: .............................................

.............................................................................

.............................................................................

.............................................................................

.............................................................................

.............................................................................
APPENDIX 5
RELATIONSHIP SURVEY (F 1)

Name: 

Case no: 

Instructions: The questions below ask about your relationship with the two people listed on the right. First of all write the names and ages of two friends in the spaces provided. Then on each blank line write one number from 1 to 5. Look at the bottom of the page to see what each number means.

<table>
<thead>
<tr>
<th>Name &amp; age of one friend</th>
<th>Name &amp; age of another friend</th>
</tr>
</thead>
</table>

1. How often do you spend free time with this person? ............ ............

2. How often do you tell this person things that you don’t want others to know? ............ ............

3. How happy are you with your relationship with this person? ............ ............

4. How often do you and this person go to places and do things together? ............ ............

5. How often do you and this person tell everything to each other? ............ ............

6. How much do you like the way things are between you and this person? ............ ............

7. How often do you share secrets and private feelings with this person? ............ ............

8. How often do you play around and have fun with this person? ............ ............

9. How satisfied are you with your relationship with this person? ............ ............

1 - Never or hardly at all
2 - Seldom or not too much
3 - Sometimes or somewhat
4 - Often or very much
5 - VERY often or EXTREMELY much
APPENDIX 6
Name:  

Instructions: Write in your name, friend 1, and friend 2 in the spaces provided. Then answer the questions listed on the right.

On each blank line write a number from 1 to 5. Look at the bottom of the page to see what each number means.

<table>
<thead>
<tr>
<th>HOW GOOD IS THIS PERSON AT .....</th>
<th>You</th>
<th>Friend 1</th>
<th>Friend 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ... asking someone new to do things together, like go to a football match or a cinema?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>2. ... making someone feel better when they are unhappy or sad?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>3. ... asking people to stop doing things that are irritating or troublesome?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>4. ... telling people private things about himself?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>5. ... knowing how to disagree with someone without getting into big arguments?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>6. ... going out of his way to start up new relationships?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>7. ... listening while others &quot;let off steam&quot; about problems they are going through?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>8. ... saying &quot;no&quot; to someone when it is the right thing to do?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>9. ... letting someone see his sensitive side?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>10. ... being able to control his temper when having a conflict with someone?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>11. ... carrying on conversations with new people that he would like to know better?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

1 = Poor at this: would be so uncomfortable and unable to handle this situation it would be avoided if possible.
2 = Fair at this: would feel uncomfortable and would have some difficulty handling this situation.
3 = O.K. at this: would feel somewhat uncomfortable and have a little difficulty handling this situation.
4 = Good at this: would feel quite comfortable and able to handle this situation.
5 = EXTREMELY good at this: would feel very comfortable and could handle this situation very well.
HOW GOOD IS THIS PERSON AT

| 12. | ... being able to make others feel like their problems are understood? | ..... | ..... | ..... |
| 13. | ... turning down requests by others that are unreasonable? | ..... | ..... | ..... |
| 14. | ... telling someone embarrassing things about himself? | ..... | ..... | ..... |
| 15. | ... making up with someone after having a fight? | ..... | ..... | ..... |
| 16. | ... being an interesting and fun person to be with when first getting to know people? | ..... | ..... | ..... |
| 17. | ... helping people work through their thoughts and feelings | ..... | ..... | ..... |
| 18. | ... telling people that they have been neglectful or inconsiderate? | ..... | ..... | ..... |
| 19. | ... opening up and letting someone get to know everything about himself? | ..... | ..... | ..... |
| 20. | ... being able to back down in a disagreement once it becomes clear that he is wrong? | ..... | ..... | ..... |
| 21. | ... introducing himself to people for the first time? | ..... | ..... | ..... |
| 22. | ... giving suggestions and advice in ways that are received well by others? | ..... | ..... | ..... |
| 23. | ... asking people to stop doing things that are embarrassing? | ..... | ..... | ..... |
| 24. | ... telling someone things that he does not want everyone to know? | ..... | ..... | ..... |
| 25. | ... keeping from saying things that might make a little disagreement turn into a big fight? | ..... | ..... | ..... |
| 26. | ... calling new people on the 'phone to set up a time to get together to do things? | ..... | ..... | ..... |
| 27. | ... helping people handle pressure or upsetting events? | ..... | ..... | ..... |

1 = Poor at this; would be so uncomfortable and unable to handle this situation it would be avoided if possible.
2 = Fair at this; would feel uncomfortable and would have some difficulty handling this situation.
3 = O.K. at this; would feel somewhat uncomfortable and have a little difficulty handling this situation.
4 = Good at this; would feel quite comfortable and able to handle this situation.
5 = EXTREMELY good at this; would feel very comfortable and could handle this situation very well.
HOW GOOD IS THIS PERSON AT .....  

28. ... confronting others when they have broken a promise ?  
29. ... telling someone his true feelings about other people ?  
30. ... keeping from saying really mean things when quarrelling ?  
31. ... making good first impressions when getting to know new people ?  
32. ... showing that he really cares when someone talks about problems ?  
33. ... telling people that they have hurt his feelings ?  
34. ... sharing personal thoughts and feelings with others ?  
35. ... being able to quickly forgive and forget after a disagreement or fight ?  
36. ... going places where there are unfamiliar people in order to get to know new people ?  
37. ... helping others understand their problems better ?  
38. ... expressing anger toward people who have treated him unfairly ?  
39. ... telling someone what he really thinks about important things ?  
40. ... not exploding at others (even when it is justified) in order to avoid a damaging fight ?  

1 = Poor at this: would be so uncomfortable and unable to handle this situation it would be avoided if possible.  
2 = Fair at this: would feel uncomfortable and would have some difficulty handling this situation.  
3 = O.K. at this: would feel somewhat uncomfortable and have a little difficulty handling this situation.  
4 = Good at this: would feel quite comfortable and able to handle this situation.  
5 = EXTREMELY good at this; would feel very comfortable and could handle this situation very well.
APPENDIX 7
The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate number on the scale. When you have decided on your answers circle the appropriate number.

READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly and as accurately as you can. Thank you.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Does not describe me well</th>
<th>Describes me very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I daydream and fantasise, with some regularity, about things that might happen to me</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I often have tender, concerned feelings for people less fortunate than me</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I sometimes find it difficult to see things from the &quot;other person's&quot; point of view</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sometimes I don't feel very sorry for other people when they are having problems</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I really get involved with the feelings of the characters in a story</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>In emergency situations, I feel apprehensive and ill at ease</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I am usually objective when I watch a film or play and I don't often get completely caught up in it</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I try to look at everybody's side of a disagreement before I make a decision</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>When I see someone being taken advantage of, I feel kind of protective towards them</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I sometimes feel helpless when I am in the middle of a very emotional situation</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I sometimes try to understand my friends better by imagining how things look from their perspective or side</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Becoming extremely involved in a good book or film is somewhat rare for me</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>When I see someone get hurt, I tend to remain calm</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Other people's misfortunes do not usually disturb me a great deal</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments

16. After seeing a play or film, I have felt as though I were one of the characters

17. Being in a tense emotional situation scares me

18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them

19. I am usually pretty effective in dealing with emergencies

20. I am often quite touched by things I see happen

21. I believe that there are two sides to every question and try to look at them both

22. I would describe myself as a pretty soft-hearted person

23. When I watch a good film, I can very easily put myself in the place of a leading character

24. I tend to lose control during emergencies

25. When I am upset at someone, I usually try to "put myself in his shoes" for a while

26. When I am reading an interesting story, I imagine how I would feel if the events in the story were happening to me

27. When I see someone who badly needs help in an emergency, I go to pieces

28. Before criticising somebody, I try to imagine how I would feel if I were in their place

SOURCE: For Interpersonal Reactivity Index, Davis (1980) Copyright 1980
American Psychological Association
We are trying to find out what boys your age think about certain things. We want you to answer the following questions the way you feel. There are no right or wrong answers. Don't take too much time answering any one question, but do try to answer them all.

One of your concerns during the test may be "What should I do if I can answer both yes and no to a question?" It's not unusual for that to happen. If it does, think about whether your answer is just a little more one way than the other. For example, if you'd assign a weighting of 51 per cent to 'yes' and assign 49 per cent to 'no', mark the answer 'yes'. Try to pick one or the other response for all questions and not leave any blanks.

Tick yes or no next to each item. Thank you.

1. Do you believe that most problems will solve themselves if you just leave them?
2. Do you believe that you can stop yourself from catching a cold?
3. Are some people just born luck?
4. Most of the time do you feel that getting good marks at school means a great deal to you?
5. Are you often blamed for things that just aren't your fault?
6. Do you believe that if somebody studies hard enough he or she can pass any subject?
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
8. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?
9. Do you feel that most of the time parents listen to what their children have to say?
10. Do you believe that wishing can make good things happen?
11. When you get punished does it usually seem it's for no good reason at all?
12. Most of the time do you find it hard to change a friend's (mind) opinion?
13. Do you feel that cheering more than luck helps a team to win?
14. Do you feel that it's nearly impossible to change your parent's mind about anything?
15. Do you believe that your parents should allow you to make most of your own decisions?
16. Do you feel that when you do something wrong there's very little you can do to make it right?
17. Do you believe that most people are just born good at sports?
18. Are most of the other people your age stronger than you are?  
19. Do you feel that one of the best ways to handle most problems is just not to think about them?  
20. Do you feel that you have a lot of choice in deciding who your friends are?  
21. If you find a four leaf clover do you believe that it might bring you good luck?  
22. Do you often feel that whether you do your homework has much to do with what kind of marks you get?  
23. Do you feel that when someone your age decides to hit you, there’s little you can do to stop him or her?  
24. Have you ever had a good luck charm?  
25. Do you believe that whether or not people like you depends on how you act?  
26. Will your parents usually help you if you ask them to?  
27. Have you felt that when people were mean to you it was usually for no reason at all?  
28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?  
29. Do you believe that when bad things are going to happen, they just are going to happen no matter what you try to do to stop them?  
30. Do you think that people can get their own way if they just keep trying?  
31. Most of the time do you find it useless to try to get your own way at home?  
32. Do you feel that when good things happen they happen because of hard work?  
33. Do you feel that when somebody your age wants to be your enemy there’s little that you can do to change matters?  
34. Do you feel that it’s easy to get friends to do what you want them to?  
35. Do you usually feel that you have little to say about what you get to eat at home?  
36. Do you feel that when someone doesn’t like you there’s little you can do about it?  
37. Do you usually feel that it’s almost useless to try in school because most other children are cleverer?  
38. Are you the kind of person who believes that planning ahead makes things turn out better?  
39. Most of the time, do you feel that you have little to say about what your family decides to do?  
40. Do you feel it’s better to be clever than to be lucky?
I give permission for the research team from the Institute of Child Health to interview my son at school.

I understand that all of the information collected will be treated in the strictest confidence and will not be seen by anyone except the research team.

Please sign here. Date.
APPENDIX 10
A I C Q - Teacher's Version

Name of pupil: Subject no:

We are interested in understanding more about the development of friendship patterns during adolescence. Write the name of the pupil and then two of his good friends. Then answer the questions for each of the people listed on the right.

On each blank line write a number from 1 to 5. Look at the bottom of the page to see what each number means. Thank you very much for your help.

HOW GOOD IS THIS PERSON AT ......

1. ... asking someone new to do things together, like go to a football match or a cinema ? ...... ...... ......
2. ... making someone feel better when they are unhappy or sad ? ...... ...... ......
3. ... asking people to stop doing things that are irritating or troublesome ? ...... ...... ......
4. ... telling people private things about himself ? ...... ...... ......
5. ... knowing how to disagree with someone without getting into big arguments ? ...... ...... ......
6. ... going out of his way to start up new relationships ? ...... ...... ......
7. ... listening while others "let off steam" about problems they are going through ? ...... ...... ......
8. ... saying "no" to someone when it is the right thing to do ? ...... ...... ......
9. ... letting someone see his sensitive side ? ...... ...... ......
10. ... being able to control his temper when having a conflict with someone ? ...... ...... ......
11. ... carrying on conversations with new people that he would like to know better ? ...... ...... ......

1 = Poor at this; would be so uncomfortable and unable to handle this situation it would be avoided if possible.
2 = Fair at this; would feel uncomfortable and would have some difficulty handling this situation.
3 = O.K. at this; would feel somewhat uncomfortable and have a little difficulty handling this situation.
4 = Good at this; would feel quite comfortable and able to handle this situation.
5 = EXTREMELY good at this; would feel very comfortable and could handle this situation very well.
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>You</th>
<th>Friend 1</th>
<th>Friend 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>... being able to make others feel like their problems are understood?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>13.</td>
<td>... turning down requests by others that are unreasonable?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>14.</td>
<td>... telling someone embarrassing things about himself?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>15.</td>
<td>... making up with someone after having a fight?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>16.</td>
<td>... being an interesting and fun person to be with when first getting to know people?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>17.</td>
<td>... helping people work through their thoughts and feelings</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>18.</td>
<td>... telling people that they have been neglectful or inconsiderate?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>19.</td>
<td>... opening up and letting someone get to know everything about himself?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>20.</td>
<td>... being able to back down in a disagreement once it becomes clear that he is wrong?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>21.</td>
<td>... introducing himself to people for the first time?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>22.</td>
<td>... giving suggestions and advice in ways that are received well by others?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>23.</td>
<td>... asking people to stop doing things that are embarrassing?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>24.</td>
<td>... telling someone things that he does not want everyone to know?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>25.</td>
<td>... keeping from saying things that might make a little disagreement turn into a big fight?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>26.</td>
<td>... calling new people on the 'phone to set up a time to get together to do things?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>27.</td>
<td>... helping people handle pressure or upsetting events?</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

1 = Poor at this; would be so uncomfortable and unable to handle this situation it would be avoided if possible.
2 = Fair at this; would feel uncomfortable and would have some difficulty handling this situation.
3 = O.K. at this; would feel somewhat uncomfortable and have a little difficulty handling this situation.
4 = Good at this; would feel quite comfortable and able to handle this situation.
5 = EXTREMELY good at this; would feel very comfortable and could handle this situation very well.
HOW GOOD IS THIS PERSON AT ....

28. ... confronting others when they have broken a promise ?
29. ... telling someone his true feelings about other people ?
30. ... keeping from saying really mean things when quarrelling ?
31. ... making good first impressions when getting to know new people ?
32. ... showing that he really cares when someone talks about problems ?
33. ... telling people that they have hurt his feelings ?
34. ... sharing personal thoughts and feelings with others ?
35. ... being able to quickly forgive and forget after a disagreement or fight ?
36. ... going places where there are unfamiliar people in order to get to know new people ?
37. ... helping others understand their problems better ?
38. ... expressing anger toward people who have treated him unfairly ?
39. ... telling someone what he really thinks about important things ?
40. ... not exploding at others (even when it is justified) in order to avoid a damaging fight ?

1 = Poor at this; would be so uncomfortable and unable to handle this situation it would be avoided if possible.
2 = Fair at this; would feel uncomfortable and would have some difficulty handling this situation.
3 = O.K. at this; would feel somewhat uncomfortable and have a little difficulty handling this situation.
4 = Good at this; would feel quite comfortable and able to handle this situation.
5 = EXTREMELY good at this; would feel very comfortable and could handle this situation very well.
APPENDIX 11
This is a questionnaire about you and the people in your class. All of your answers will be kept confidential, so it is important that you work quietly on your own, and respect the privacy of the people sitting near you.

If you need help ask the teacher.

When you have finished return your questionnaire to the teacher.

Please write your first name here

.................................
1. Write down the names of three people in the class who you like the most.

1. ........................................
2. ........................................
3. ........................................

2. How much do you like to spend time with each of the people listed below?

<table>
<thead>
<tr>
<th>Name</th>
<th>I don't like to</th>
<th>I like to a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin B</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Karen J</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Daniel B</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Barrie S</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Mark S</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Anthony H</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Catherine N</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Rebecca R</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Chris L</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Darren O</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Josephine D</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Mark A</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Melanie M</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Fiona M</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Easir C</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Laura D</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>James J</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Leigh Anne S</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Maelanie A</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Kieron J</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Natasha Y</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Tracy D</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Adrian B</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Heidi Hogben</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Laura K</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Melissa M</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stuart R</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Glynn C</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Michelle G</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Elizabeth K</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chiara P</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nicola T</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lucy W</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Put a circle round the names of any of the people in your class who you think best fit the descriptions below:

"Someone you can trust"

<table>
<thead>
<tr>
<th>Kevin B</th>
<th>Daniel B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen J</td>
<td>Barrie S</td>
</tr>
<tr>
<td>Mark S</td>
<td>Anthony H</td>
</tr>
<tr>
<td>Catherine N</td>
<td>Rebecca R</td>
</tr>
<tr>
<td>Josephine D</td>
<td>Darren O</td>
</tr>
<tr>
<td>Melanie M</td>
<td>Easir C</td>
</tr>
<tr>
<td>Fiona M</td>
<td>Laura D</td>
</tr>
<tr>
<td>James J</td>
<td>Leigh Anne S</td>
</tr>
<tr>
<td>Maelanie A</td>
<td>Natasha Y</td>
</tr>
<tr>
<td>Kieron J</td>
<td>Tracy D</td>
</tr>
<tr>
<td>Adrian B</td>
<td>Heidi Hogben</td>
</tr>
<tr>
<td>Melissa M</td>
<td>Laura K</td>
</tr>
<tr>
<td>Glynn C</td>
<td>Stuart R</td>
</tr>
<tr>
<td>Michelle G</td>
<td>Elizabeth K</td>
</tr>
<tr>
<td>Chiara P</td>
<td>Nicola T</td>
</tr>
<tr>
<td>Lucy W</td>
<td></td>
</tr>
</tbody>
</table>

295
"Shy"

Kevin B
Karen J
Barrie S
Mark S
Catherine N
Rebecca R
Darren O
Josephine D
Melanie M
Fiona M
Laura D
James J
Maelanie A
Kieron J
Tracy D
Adrian B
Laura K
Melissa M
Glynn C
Michelle G
Chiara P
Nicola T
Lucy W

Daniel B
Anthony H
Chris L
Mark A
Easir C
Leigh Anne S
Natasha Y
Heidi Hogben
Stuart R
Elizabeth K

296
"Can't take teasing"

Kevin B
Karen J
Barrie S
Mark S
Catherine N
Rebecca R
Darren O
Josephine D
Melanie M
Fiona M
Laura D
James J
Maelanie A
Kieron J
Tracy D
Adrian B
Laura K
Melissa M
Glynn C
Michelle G
Chiara P
Nicola T
Lucy W

Daniel B
Anthony H
Chris L
Mark A
Easir C
Leigh Anne S
Natasha Y
Heidi Hogben
Stuart R
Elizabeth K
"Disrupts things in a group"

- Karen J
- Mark S
- Rebecca R
- Josephine D
- Fiona M
- James J
- Kevin B
- Barrie S
- Catherine N
- Darren O
- Melanie M
- Laura D
- Maelanie A
- Kieron J
- Adrian B
- Melissa M
- Michelle G
- Daniel B
- Anthony H
- Chris L
- Mark A
- Easir C
- Leigh Anne S
- Natasha Y
- Heidi Hogben
- Laura K
- Glynn C
- Chiara P
- Nicola T
- Lucy W
"Kind"

Kevin B
Karen J
Barrie S
Mark S
Catherine N
Rebecca R
Josephine D
Fiona M
James J
Kieron J
Adrian B
Melissa M
Michelle G

Daniel B
Anthony H
Chris L
Darren O
Melanie M
Laura D
Leigh Anne S
Maelanie A
Tracy D
Laura K
Glynn C
Chiara P
Nicola T
Lucy W

299
"Easy to push around"

Kevin B
Karen J          Daniel B
Barrie S
Mark S          Anthony H
Catherine N
Rebecca R        Chris L
Darren O
Josephine D      Mark A
Melanie M
Fiona M
Laura D          Easir C
James J
Maelanie A       Leigh Anne S
Kieron J
Tracy D
Adrian B         Natasha Y
Laura K
Melissa M        Heidi Hogben
Glynn C
Michelle G        Stuart R
Chiara P
Nicola T         Elizabeth K
Lucy W

300
"Starts fights"

Kevin B
Karen J
Barrie S
Mark S
Catherine N
Rebecca R
Darren O
Josephine D
Melanie M
Fiona M
Laura D
James J
Maelanie A
Kieron J
Tracy D
Adrian B
Laura K
Melissa M
Glynn C
Michelle G
Chiara P
Nicola T
Lucy W

Daniel B
Anthony H
Chris L
Mark A
Easir C
Leigh Anne S
Natasha Y
Heidi Hogben
Stuart R
Elizabeth K

301
"Cooperates in a group"

Kevin B
Karen J
Barrie S
Mark S
Catherine N
Rebecca R
Darren O
Josephine D
Melanie M
Fiona M
Laura D
James J
Maelanie A
Kieron J
Tracy D
Adrian B
Laura K
Melissa M
Glynn C
Michelle G
Chiara P
Nicola T
Lucy W

Daniel B
Anthony H
Chris L
Mark A
Easir C
Leigh Anne S
Natasha Y
Heidi Hogben
Stuart R
Elizabeth K

302
APPENDIX 12
Instructions for administering Sociometric Questionnaire

A set of sociometric questionnaires has been prepared specifically for the class identified. Every child listed on the class register has been included, however should there have been any recent additions to the class please ask the pupils to add this child to the list before beginning the task. Please do not exclude any of the children on the list if they have recently left the class, been suspended or expelled or if they are simply away. Please note the following points:

1. Pupils should be reassured that their answers are confidential and will only be seen by you as the teacher. You might want to discourage pupils discussing their answers once they have completed the questionnaire.

2. In order to ensure confidentiality outside the classroom and school, please encourage pupils to write their first name only on the cover sheet.

3. Explain for question 1. that each person is simply to write down the first name of three people in the class they like the most.

4. Some pupils find the scales on question 2 somewhat difficult to understand at first. Rather than complicate the questionnaire with detailed instructions, it has proved more effective if the teacher works through an example on the board. Essentially a 1. indicates a tendency not to want to spend time with a person, whilst 5 indicates an extremely positive regard for a person. Some explanation should be given that 2, 3 & 4 are somewhere in between.

5. For the section in which pupils are asked to identify children which best fit the eight behavioural descriptions, it should be explained that you simply circle the name of any number of people in the class who best fit each category. It is possible that some pupils will be identified in all categories, others not at all. This is useful information.

6. It is absolutely essential that the target child is not identified in anyway. The child in question is aware that the hospital is making contact with the school, and that the teacher will carry out a classroom task. Please do not make any reference to the hospital.

Finally, may I thank you for your help and cooperation in gathering this information, it is very much appreciated.

Bryn Williams
Research Psychologist
Great Ormond Street Hospital
APPENDIX 13
# Sociometric Reciprocity Measure

**Case:** Name & No: ________________________________

<table>
<thead>
<tr>
<th>(Target Child)</th>
<th>(Nom 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td>y/n</td>
<td>y/n</td>
</tr>
<tr>
<td>g/r</td>
<td>g/r</td>
</tr>
<tr>
<td>r/r</td>
<td>r/r</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Nom 2)</th>
<th>(Nom 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td>y/n</td>
<td>y/n</td>
</tr>
<tr>
<td>g/r</td>
<td>g/r</td>
</tr>
<tr>
<td>r/r</td>
<td>r/r</td>
</tr>
</tbody>
</table>

---

306
Name of Subject: ____________________  No: ____________________

Sociometric Friendship Nominations:

1. _______________________________
   _______________________________
   _______________________________
   _______________________________

2. _______________________________
   _______________________________
   _______________________________
   _______________________________

3. _______________________________
   _______________________________
   _______________________________
   _______________________________

4. _______________________________
   _______________________________
   _______________________________
   _______________________________

Proportion Score: _____________

_____________________________________________________________________

Friendship Checklist:

Names on FI: ________________________________

Friends: Yes ______  No ______

Validation: Yes ______  No ______

Name validated by: _____________________________
APPENDIX 14
Osborne Social Index - CSA Study

GOSH Rx. Number:---------- MN. Rx. Number:----------

1. Highest Qualification of either parent:
   - No qualifications = -2
   - Vocational qualifications eg. trade apprenticeships = -1
   - G.C.E. 'O' Level or equivalent = 0
   - G.C.E. 'A' Level or equivalent = +1
   - State Registered Nurse = +2
   - Teacher's Certificate of Education = +4
   - Degree or equivalent = +5

2. Classification of father's (HOH) (OPCS Social Class)
   - 1 = +5
   - 11 = +3
   - 111 (non-manual) = +1
   - 111 (manual) = -1
   - 1V = -3
   - V = -5
   - Unemployed, Student, Retired = 0
   - No information = 0
   - No father = 0

3. Persons per room ratio = Number of Persons
   Number of Rooms

eg. 6 persons = 3 persons to 1 room = >2.00 = -8
2 rooms

or. 2 persons = 1 persons to 3 rooms = <0.50 = +4
6 rooms

<table>
<thead>
<tr>
<th>&lt;</th>
<th>.50</th>
<th>=</th>
<th>+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;</td>
<td>.50</td>
<td>&lt;</td>
<td>.75</td>
</tr>
<tr>
<td>&gt;</td>
<td>.75</td>
<td>&lt;</td>
<td>1.00</td>
</tr>
<tr>
<td>&gt;</td>
<td>1.00</td>
<td>&lt;</td>
<td>1.50</td>
</tr>
<tr>
<td>&gt;</td>
<td>1.50</td>
<td>&lt;</td>
<td>2.00</td>
</tr>
<tr>
<td>&gt;</td>
<td>2.00</td>
<td>=</td>
<td>-8</td>
</tr>
</tbody>
</table>

No information = 0

309
Osborne Social Index - CSA Study

GOSH Rx. Number:-------- MN. Rx. Number:-------

1. Highest Qualification of either parent:

- No qualifications = -2  
- Vocational qualifications eg. trade apprenticeships = -1  
- G.C.E. 'O' Level or equivalent = 0  
- G.C.E. 'A' Level or equivalent = +1  
- State Registered Nurse = +2  
- Teacher's Certificate of Education = +4  
- Degree or equivalent = +5

2. Classification of father's (HOH) (OPCS Social Class)

<table>
<thead>
<tr>
<th>Social Class</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+5</td>
</tr>
<tr>
<td>11</td>
<td>+3</td>
</tr>
<tr>
<td>II (non-manual)</td>
<td>+1</td>
</tr>
<tr>
<td>II (manual)</td>
<td>-1</td>
</tr>
<tr>
<td>IV</td>
<td>-3</td>
</tr>
<tr>
<td>V</td>
<td>-5</td>
</tr>
<tr>
<td>Unemployed, Student, Retired</td>
<td>0</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
</tr>
<tr>
<td>No father</td>
<td>0</td>
</tr>
</tbody>
</table>

3. Persons per room ratio = \( \frac{\text{Number of Persons}}{\text{Number of Rooms}} \)

eg. 6 persons = 3 persons to 1 room = \( >2.00 = -8 \)
2 rooms

or. 2 persons = 1 persons to 3 rooms = \( <0.50 = +4 \)
6 rooms

\[
\begin{array}{c|c|c}
\text{Persons per room ratio} & \text{Score} \\
\hline
< .50 & = & +4 \\
> .50 & < .75 & = & +2 \\
> .75 & < 1.00 & = & 0 \\
> 1.00 & < 1.50 & = & -3 \\
> 1.50 & < 2.00 & = & -5 \\
> 2.00 & = & -8 \\
No information & = & 0
\end{array}
\]

310
APPENDIX 15
Severity of Sexual Abuse Index

Type of Abuse:

1 = Non contact - exposure, voyeurism, indecent suggestions, pornography
2 = Non-genital contact - touching of breasts/buttocks, kissing - sexual acts which were stopped
3 = Genital, being touched - clothed or unclothed
4 = Genital, touching abuser - forcing or persuading child to touch the abuser’s genital area
5 = Attempted intercourse - attempted removal of clothing etc.
6 = Intercourse

Total 1/6/SAP Vars 30-67

Duration of Abuse: (Length of time over which abuse has occurred)

1 = 0 to 6 months
2 = 6 to 12 months
3 = 12 months or more

Total 1/3/SAP Var 70

Frequency of Abuse:

1 = Single
2 = Multiple

Total 1/2/SAP Var 14

Nature of Relationship with Perpetrator:

1 = Stranger
2 = Aquaintance
3 = Authority figure
4 = Friend
5 = Relative
6 = Parent

Total 1/6/SAP Var 21-22

Number of Perpetrators:

1 = 1 Perpetrator
2 = 2 or more

Total 1/2/SAP Var 13
Total Score possible 1/17