Criminal victimisation: The influence of interpersonal competence on personal vulnerability

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Preface

The general objective of this project was, as set out in our initial application to the Criminology Research Council, to validate a relationship between personal vulnerability for criminal victimisation and specific interpersonal competencies. This aim was derived from earlier research (Wilson & Brewer, 1992) which found not only that people with an intellectual disability were disproportionately at risk for victimisation but also that rate of victimisation among people with an intellectual disability was dependent on characteristics of the victims that reflected their interpersonal competence. Subsequent work by Wilson, Seaman and Nettelbeck (1996) confirmed this result and found that, among persons with an intellectual disability, poor interpersonal competence was not determined by IQ. This result meant that, at least within the range of low intelligence as indicated by IQ, level of interpersonal skill is an important variable which relates to personal vulnerability for victimisation.

Specific aims of the project, formulated within this general framework and set out in the initial application, were (i) to improve the reliability and validity of a test of interpersonal competence developed by Wilson et al. (1996); (ii) to modify this test to make it appropriate for use with a wider range of IQ; and (iii) to establish a normative data base for the test; (iv) to test whether vulnerability for victimisation within the general community can be explained in part by poor interpersonal competence; (v) to distinguish a dimension involving interpersonal competence with friends from one involving strangers; and (vi) to develop an educational model based on research results which would focus on reducing behaviours which influence the likelihood of criminal victimisation.

The research directly addressed all but one of the specific aims, although outcome was not always clear cut. Modifications to the test of interpersonal competence (aim (i),

above) did not improve reliability beyond the initial level although Study 5 did successfully validate the test against a video version of scenarios typical of real-life situations in which instances of victimisation do arise. Aims (ii) and (iii) were limited to the involvement of normal school children, aim (iv) to a study involving schizophrenic patients and aim (v) was not addressed. Study 4, addressed aim (vi) but without achieving an immediate practical solution.

To the extent that the direction of the research has shifted from the initial plan, such deviation has been consistent with the circumstances which emerged as the research proceeded. Thus, for example, an initial study with people with a psychiatric illness raised recruiting and other problems which we had not experienced with the intellectually disabled population, thereby suggesting that resources might be more profitably invested in the latter area. Inevitably too we encountered difficulties which had not been taken into account when planning the work. An initial attempt to develop a qualitatively more informative method of interviewing based on a cognitive model (Fisher & Geiselman, 1992) proved to be unproductive, given the characteristics of the target population. No further details of what was essentially pilot work is included in this report and the procedures followed throughout have been based on directed, structured interview methods as used by Wilson et al. (1996). However, developing improved methods for interviewing individuals with an intellectual disability is certainly an area which future research might usefully explore.

Recruiting sufficient numbers of persons with an intellectual disability to the project and subsequently interviewing them also proved to require time extensively in excess of what had been estimated to be necessary. However, these shortcomings notwithstanding, the research project has successfully met the general objective by identifying behaviours that increase the likelihood that a person with an intellectual

disability will be victimised. In particular, victims tend to display inappropriate levels of hostility when confronted with potentially threatening situations, which nonvictims do not show. Our results have therefore advanced theoretical understanding of the higher incidence of the victimisation of persons with an intellectual disability and there are important implications for practical policies to be drawn from these results.

Publications

1. Wilson, C., Potter, R., & Nettelbeck, T. Victimisation of disadvantaged groups: Further data on victim proneness. *Paper presented at the 8th International Symposium on Victimology, Adelaide, 23 August 1994.*

2. Wilson, C., Nettelbeck, T., Potter, R., & Perry, C. (1996, September). Factors influencing the criminal victimisation of persons with an intellectual disability. *Trends & Issues, No. 60.*

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Summary

The first study investigated the extent of criminal victimisation among a group of persons with chronic schizophrenia. Rates of victimisation for personal crimes, particularly assault, were markedly higher in comparisons based on levels found for members of the general population by the Australian Bureau of Statistics (1983). These rates were also significantly above levels reported by Wilson, Seaman and Nettelbeck (1996) for persons with an intellectual disability. Although the schizophrenic group was found to be characterized by levels on various demographic variables that have been found by other researchers to be associated with higher victimisation rates, these characteristics were found not to provide a sufficient explanation for the high rates observed in Study 1. Thus, the vulnerability to criminal victimisation of individuals with schizophrenia must be due at least in part to factors other than demographic ones. However, measures of interpersonal competence, anger, fear of negative evaluation and knowledge of citizen rights and responsibilities did not distinguish victims from nonvictims.

Two studies were made of "precipitating" behaviours by persons with an intellectual disability who were victims of crime within the past 12 months. It was suggested that these behaviours, although possibly inadvertent, might increase the likelihood of victimisation. Because such behaviours may contribute to the criminal exploitation of those responsible for making them, these behaviours were termed "precipitating factors", following Sparks (1982). Both Study 2 and Study 3 involved comparing the responses of victims and nonvictims on a test of interpersonal competence, an anger inventory, and to hypothetical scenarios depicting everyday situations which participants could commonly expect to have to confront. Results revealed clearly that

most victims had been assaulted; and, most importantly, most incidents had involved a precipitating interaction between the victim and the offender. Victims were highly significantly more likely than nonvictims to maintain a hostile outlook and to display overt anger. When responding to hypothetical scenarios they were more likely than nonvictims to report that they would say or do something in response to an initial approach by the offender, whereas nonvictims were more likely to withdraw quietly. Thus, compared to others with the same levels of intellectual disability, victims of assault were actively confrontative, tending to respond in ways that served to escalate the situation until they were assaulted.

The focus of Study 3 was also extended to include a wider range of specific behaviours which may increase an individual's propensity for victimisation, by testing the main five factors in Sparks' (1982) model of victim proneness. These factors were operationalized in terms of multidimensional anger inventories, scales of antisocial tendencies, measures of eccentricities and odd mannerisms, interpersonal competence, communication skills, and so on. Essentially, the outcome confirmed the relevance of the previous conclusion that uncontrolled angry or aggressive responses in a potentially threatening situation constitute a very important factors contributing to the victimisation of persons with an intellectual disability; no other factor from Sparks' model was nearly as important.

Participants in Study 2 had been recruited from two institutions and analyses revealed that scores on the test of interpersonal competence for one subgroup were significantly higher than those for the other. Enquiries revealed that the participants from the former institution had recently completed an in-house "protective behaviours" workshop, aimed at training effective responses from persons with an intellectual disability in situations where they were at risk for victimisation, particularly for sexual

harassment or assault. Victimisation rates were the same for workshop participants as nonparticipants; but this could not be interpreted as reflecting ineffective training because this had been confounded by time - in effect, many instances of victimisation had occurred prior to the workshop which was very recent.

Study 4 was therefore set up in the second institution to test the effectiveness of the training program under controlled conditions in reducing the risk of victimisation. The protocol for the workshop was obtained from the institution where it had been developed. Residents completing the workshop were compared with others who did not. Effectiveness of the training protocol was evaluated in terms of the modified interpersonal competence questionnaire used in Studies 2 and 3 and scores on scales of maladaptive behaviours. Results from this study found no evidence that this form of training was successful. Training produced no reliable changes from pretest scores for interpersonal competence or maladaptive behaviours.

Some aspects of results for Studies 2 and 3 suggested that it would be preferable to find some means of alleviating difficulties which persons with an intellectual disability encounter when responding to questions about hypothetical circumstances. In particular, it seemed that the interviews based on descriptive scenarios would be better replaced by standardized video versions of actual circumstances. Videos of four hypothetical scenarios involving test situations were developed. These were designed to measure individual behaviours that, on the basis of Studies 2 and 3, were predicted to increase vulnerability to victimisation. The video was scripted and filmed to professional standards. Study 5 examined the degree of agreement between the video version and the interpersonal competence questionnaire. Analyses of these results are not yet completed, although the main outcomes are clear. The questionnaire and video return very similar results, so that in effect the two instruments have served to validate one another.

Moreover, the video is not sensitive to IQ and therefore meets a major objective underpinning its development, namely that it should provide test situations more directly accessible than the questionnaire used previously to persons with an intellectual disability.

However, in one important respect the results from this study have been unexpected - and disappointing. On this occasion, although anger responses from the interpersonal competence questionnaire reliably discriminated between victims and nonvictims, the video did not. It is possible that this outcome was the consequence of the scoring criteria applied to video responses, which were heavily weighted against any requirement that participants be prompted when formulating their answers. This matter will be followed up by reconsidering the method adopted for scoring responses to the video.

Study 5 also included a test of whether the interpersonal competence of persons with an intellectual disability is consistent with their developed mental ages or whether they were deficient in this regard as a consequence of the intellectual disability. To this end, normal children aged 9-13 years, selected so that their mental age measures were comparable with those for our participants with an intellectual disability, completed both the video and questionnaire versions of the interpersonal competence measure. Responses from the children were compared with the data from participants with an intellectual disability who on average had the same mental age as the children. Although all data collection is complete, only preliminary analyses on video scores have yet been carried out and the children's responses to the interpersonal competence questionnaire are yet to be scored. However, the main result is unambiguous; the disabled group's scores to the video-version fell well below those of the children so that there was scarcely any overlap between the two groups. Moreover, a small subset of victims among the children

were reliably distinguished from the nonvictims constituting the majority, on the basis of responses to the video versions of the hypothetical scenarios.

In summary, this work suggests possible reasons why people with an intellectual disability have been found to be much more likely than nondisabled members of the community to be criminally victimised (e.g. Wilson & Brewer, 1992). People with an intellectual disability display levels of interpersonal competence that are significantly lower than those found for normal children at the same mental age. In one sense this is an optimistic finding, in so far as it attests to the sound development of sensible social competence in children by this age. However, the poorer performance of persons with an intellectual disability is therefore not the consequence of developmental delay but constitutes an integral aspect of the intellectual disability. In other words, their interpersonal skills lag significantly behind what would be predicted by their IQ scores. *Among people with an intellectual disability, however, IQ does not predict victimisation and the critical aspect of lower interpersonal competence which can precipitate victimisation is defined in terms of uncontrolled antisocial, maladaptive behaviours.* Victims show high levels of hostility and aggression when confronted with potentially threatening situations, that nonvictims do not show.

These forms of behaviours are readily identified and both the questionnaire and video forms of the interpersonal competence measure and the anger inventory used in these studies have proved suitable in this regard. The video of four test situations is potentially the most useful because it reduces difficulties of understanding inherent in any questionnaire when used with persons with an intellectual disability. However, it remains to be shown that a more subtle scoring procedure can be developed which will discriminate victims from nonvictims with high reliability.

Once undesirable behaviours have been identified, these should be amenable to intervention by appropriate training. However, the research reported here has found that the only program of this kind available in South Australia does not yet meet the aims of decreasing vulnerability to personal victimisation. We are in a position to make suggestions about why this is so. Essentially, that program is too narrowly focussed on the issue of sexual harassment and insufficiently directive with respect to specific behavioural prescriptions designed to prevent confrontation. Future attempts at program development should focus on the importance of appropriate behaviour on the part of the potential victim, as well as on offender behaviour.

There is a good prospect that the research reported here will have considerable practical significance. A clear policy implication from this work is that future planning about how best to deal with the vulnerability for victimisation of people with an intellectual disability requires consideration of the contribution of victim variables as well as characteristics of offenders. There is no intention in advocating this position to blame the victim for being victimised. It is simply the case that these investigations have demonstrated convincingly that behavioural characteristics of victims can impact on the prevalence and nature of crime - an important consideration, particularly in a climate where government policies about deinstitutionalization must have implications for the vulnerability to exploitation of persons with an intellectual disability.

Introduction

Two recent studies have highlighted the disproportionally high vulnerability of persons with an intellectual disability to criminal exploitation (Johnson, Andrew & Topp, 1988; Wilson & Brewer, 1992). To date, factors contributing to this greater risk have not been identified but, given current social policies whereby people with an intellectual disability are increasingly being encouraged and assisted to live within the general community instead of within institutional settings, identification of the factors is a very important consideration. Wilson and Brewer's investigation was prompted by concern within police organisations about possible increasing police responsibilities in this area, as a consequence of the wider community access which persons with an intellectual disability are achieving. This study involved 174 persons with an intellectual disability (3 per cent of the population of such persons in South Australia) and it sharpened the focus on this matter considerably, finding that victimisation rates for crimes of physical assault, sexual assault, and robbery against persons with an intellectual disability were almost three times those reported by nondisabled members of the community in a 1983 census conducted by the Australian Bureau of Statistics. The trend was similar though less marked for other kinds of crime, the incidence of household crime (breaking and entering, property theft) against persons with an intellectual disability being more than one and a half times higher than the level experienced by the general community.

Further, Wilson and Brewer (1992) found that the location and living arrangements for people with an intellectual disability related to rates of victimisation. Specifically, their study involved different organisations which provided services for persons with an intellectual disability and these different locations were confounded to a marked extent by the levels of disability of the persons there. Where an organisation provided services predominantly for individuals with more severe disabilities, housing arrangements

tended to be organized along institutional lines and rates of victimisation involving household/property crime were lower than in locations where levels of disability were more moderate. In contrast, however, victimisation rates for crimes against a person were higher in settings where disabilities were more severe. From this, Wilson and Brewer inferred that if an organisation was responsible for persons with more severe disabilities, then it was likely to provide more intensive levels of property protection. However, the closer proximity between persons within the residential and supported community housing arrangements typically provided for those with more severe disabilities resulted in increased opportunities for personal victimisation by others with a disability. On the other hand, where the disability was less severe, so that independent living was the preferred option, vulnerability to household/property crime was increased.

The outcome of Wilson and Brewer's (1992) study was consistent in part with arguments by several authors that, although any instance of victimisation is dependent on offender attributes and behaviours, victim attributes and behaviours will also contribute (Gottfredson, 1981; Luckenbill, 1975; Miethe, Stafford & Long, 1987; Morrison, 1993). This view challenges explanations for criminal victimisation that have focussed primarily on increased risk as a consequence of lifestyle and routine activities (Cohen & Felson, 1979; Felson & Cohen, 1980). Lifestyle factors may be contributory, particularly for property crimes, but personal crimes like assault are likely to involve some interchange between the offender and the victim, so that the actions of both parties are determined in part by the actions of the other person. For example, Morrison (1993) has argued that a violent interchange is often the result of a misperception concerning the intention of the other party; "one person's actions are perceived to be intentionally provocative by another, although the first person is unaware of being provocative and certainly has no intention of being so" (Morrison, 1993, p. 27). Sparks (1981;1982) has put forward similar ideas,

providing a model of victim proneness which suggests that the probability of an individual being victimised is influenced by behaviours and stable characteristics of the individual, as well as by situational circumstances that reflect location, time and opportunity. These ideas are explored in more detail in sections to follow.

What is victimology?

Attempts to investigate crime empirically have traditionally focussed on criminological factors; that is, variables that predict the offender's behaviour. In addition, implicit in this approach, is the notion that the labels 'victim' and 'criminal' are polar opposites, so that knowledge of one does not necessarily reveal a lot about the other. Recently, however, researchers have begun to consider the possibility that these mutually exclusive concepts are not really useful ones with which to proceed in the policy arena (e.g. Walklate 1990, as cited in Fattah, 1991), and may even serve to confuse the important research questions by "ignoring the complementarity and interchangeability of the roles of the victim and offender" (Fattah, 1991, p. 91). Thus, it is argued that a search for a theory to explain crime should focus on crime as a conflict rather than as an isolated act (Christie, 1977; Kennedy, 1990), with a "thorough and objective investigation into the real and actual roles each party played in the genesis of the crime" (Fattah, 1991, p. 92).

Macro explanations of differential risk rates

Data collected in surveys of victims indicate that the experience of victimisation is not either uniformly or randomly distributed among individuals (Sparks, 1982), within the population as a whole or within any easily identifiable subgroup. There is now a very large body of evidence that has been paired with specific theories to link lifestyle (Hindelang, Gottfredson, & Garofalo, 1991) and routine activities to criminal victimisation (Cohen & Felson, 1979; Felson & Cohen , 1980; Gottfredson, 1984; Miethe, Stafford & Long, 1987).

Lifestyle has been linked to personal crime occurrence by way of the intervening variables of association and exposure, whereby a lifestyle that results in a large amount of exposure to places and times involving high risk and that involves an association with people likely to commit crimes (high risk people) heightens the risk of being the victim of a crime - both personal and property. By contrast, in the routine activities approach, there has been some speculation about whether the relationship between victimisation and routine activities extends only to property crimes. According to this theory, crimes like car theft result from opportunity, proximity, exposure and facilitating factors. Thus, these crimes are held to occur when a recurrent or prevalent activity creates an increased opportunity for a specific sort of crime. These crimes are described by Cohen and Felson (1979) as "direct-contact predatory violations" (p. 589); they are defined as due to the physical coming together of a motivated offender, a suitable target, and the absence of capable guardians (Fattah, 1991). However, the results of one study in the USA have suggested that routine activity theory is not applicable to violent crime because these crimes are generally not premeditated (Miethe et al., 1987), although a study in Canada concluded that the degree of exposure that individuals experience by following certain routine activities (as dictated by lifestyle choices) was significantly related to the probability of personal victimisation (Kennedy & Forde, 1990).

There have been a number of criticisms made of these models, which provide basically opportunistic explanations for differential crime rates (Garofalo, 1986; Jensen & Brownfield, 1986; Miethe, et al., 1987). In the context of the current project, the major criticism is that these models deal with very general descriptive variables based upon population aggregates, rather than with individual behaviours that might discriminate people who are victimised from those who are not. Furthermore, it is possible to argue that individual differences in lifestyles and routine activities may themselves reflect

individual differences in preferred behaviour patterns that are the true predictors of victimisation.

Micro explanations of individual differences in vulnerability

Kennedy & Forde (1990) have argued that their results link the occurrence of personal assault or robbery to a lifestyle that exposes young men to potential interpersonal conflict. They have taken this further to suggest a "need for greater attention to conflict-resolution tactics in handling potentially violent situations ... (with) further work on routine activities ... (examining) how conflict resolution would mediate the impact of exposure to high-risk situations, thereby reducing victimisation" (p. 150).

Thus, while lifestyle and routine activities may bring two groups together (the victim and the offender), other variables will impact on the outcome of this confluence. For example, Kulhorn (1990) has contended that "asymmetry between people in critical encounters facilitates violence from the direction of the most socially deviant" (p. 56).

Understanding the role that the victim may play in the criminal encounter can be facilitated by analysis of the typical behaviours of the victim. Three clusters of behaviours have been linked to the experience of victimisation: provoking and precipitating behaviours by victims; consenting, willing, inviting, soliciting, and participating behaviours; and negligent, careless, imprudent and reckless behaviours. Other sorts of typologies are available (e.g., cultural, structural, and criminological; Von Hentig, 1948; Mendelsohn, 1956; Fattah, 1967) but it is the behavioural focus which offers the opportunity to understand possible causal mechanisms.

The contribution of the first of the behavioural categories - "victim precipitation" - has long been recognised in the literature on personal crimes, particular with regards the crime of murder (e.g., Wolfgang, 1958; Curtis, 1975). In this circumstance, the outcome of a conflict may be the murder of one party by the other, but understanding the causal

factors in the occurrence of the crime involves understanding the acts preceding the occurrence of the criminal act. Most recently (see Gobert, 1977), victim-precipitation has been defined as a form of "overt, aggressive and evocative behaviour by the victim that *triggers* the action of the criminal" (Fattah, 1991, p. 295).

The second category, consenting victims, are not victims at all for the purpose of trying to understand conflict-based victimisation. This category is largely made up of legally created victims - for example, victims of statutory rape.

The third behavioural category recognises the existence of individual differences in the extent to which people protect themselves from vulnerability to victimisation. Where individuals, because of their attitude or general predisposition to act in an imprudent or careless manner, either generally, or under specific circumstances (e.g. when drinking alcohol), place themselves at increased risk of victimisation, they have contributed to the factors explaining the occurrence of the crime. As a general rule, investigating the contribution of the victim to the precedents surrounding the occurrence of crime has greatest explanatory value for victim precipitation and negligence.

Who are the victims?

For our purposes, the important first question in victimology is; who are the victims? We have already established that victimisation is *not* a random occurrence, and it therefore should be possible to establish the existence of descriptors that discriminate victims from nonvictims at any one point in time. Undoubtedly, this task is made difficult by the fact that the operationalisation of group membership (victim or nonvictim) requires a categorical decision at one point in time, whereas the actual mechanism of crime occurrence is an ongoing one. As a consequence, there will inevitably be a degree of error in any study that attempts to discriminate the two groups, with many nonvictims really

potential victims awaiting victimisation. Despite this major difficulty, however, currently existing research evidence is clear enough to make the following observations.

Victims generally come from the same population as offenders. They tend to be young, male, single or divorced, unemployed and of low income, and - in the USA - black or Hispanic. While this result is found to hold generally, regardless of type of crime, it is particularly strong for crimes of violence. Victims also consist in part of a large number of people who have, themselves, committed offences and this may explain the similarities found in the characteristics of the two populations. At this point in time, the evidence does not allow a clear determination of whether offending ultimately precedes or succeeds victimisation.

Another possible explanation for the striking overlap between victimisers and victims is the observation that both groups spend disproportionately more time than the general population in public places, at dangerous times (Braithwaite & Biles, 1984). Additionally, the overlap in the two groups could reflect behavioural preferences and attitudes that result in both offending and being victimised - for example, a propensity to take risk, engage in violence or to drink alcohol.

Another means of conceptualising the likely 'identity' of victims is to describe the characteristics that victimisers find appealing in potential victims. Empirical evidence suggests that five general factors form the basis for victim selection, with the relative weight of these factors varying between offenders, victims and incidents. The first of these factors is proximity. Proximity is important to offenders because most do not travel large distances to commit their crimes. Familiarity with the area and the victim increases the offender's feelings of safety and confidence. The second factor, attractiveness, is a subjective judgement by the offender about the personal characteristics of the victim (i.e., physical attractiveness, profitability/lucrativeness, vulnerability, and hostility).

Geographic and temporal accessibility of the victim or target constitutes the third factor, with manageability of the victim likely to be an important factors in crimes where there is a face-to-face confrontation. The final factor, described by Fattah (1991) under the general label "risk", consists of a variety of issues like the level of security, the amount of protection the target has, the degree of surveillability of the target, the dangers inherent in an attack on the target, the likelihood of police intervention, and the offender's estimate of the potential sanctions if arrested and convicted.

Sparks' model of victimisation

Attempts to define victims in behavioural terms are much less common than descriptive and demographic breakdowns, and much more difficult to do on the basis of existing data pools obtained from victim surveys. This is despite the fact that the behavioural approach offers the opportunity of developing interventions that can serve to reduce risk of victimisation. The most influential proponent of this behavioural approach is Sparks (1982) who noted that "some kinds of people are especially vulnerable to crime and that they may, because of certain attributes or the nature of their interaction with offenders, be especially likely to become victims ... " (p. 6). He describes a short list of six types of cases in which victims of crime may, in some way or other, contribute to their own victimisation, and argues that empirical investigations of multiple victims (i.e., victims who are victimised on more than one occasion), and of "high-risk" and "high-harm" groups should discern the extent to which any of his six factors can successfully discriminate these people from nonvictims.

These behaviours and attributes of a victim described by Sparks are not held to be simply either present or absent in a dichotomous sense but instead are conceived as continua, so that some level of risk will usually attach to each of these factors and proneness to criminal exploitation will reflect the contribution of all. Sparks concedes that

his list is probably not exhaustive but he stresses the relative importance of the six factors which are:

1. **Precipitation.** This is a causal mechanism, not a legal or a moral concept. However, the risk of victimisation can be increased if the victim's verbal or physical behaviour is interpreted by the offender as provocative or encouraging. For example, a victim's response by word or action to an initial approach may arouse emotions in the offender (e.g. anger, fear), who then acts as a consequence of those emotions. Thus, the critical aspect of precipitation which distinguishes it from other factors is that it involves face-to-face interaction. Sparks suggests that this variable could be operationalized by indepth exploration of attitudes, perceptions, lifestyle and behavioural patterns.

2. **Facilitation.** If the victim fails to take adequate precautions against crime, the risk of exploitation is increased. The victim is not actively involved so that no bilateral transaction occurs, as with precipitation, but thoughtlessness or carelessness may create circumstances, which contribute to the offence. For example, leaving a car unlocked may aid theft of or from the car. Alternatively, the victim may unconsciously or inadvertently behave in a way that irritates others. An example of the latter is provided by a person who displays odd or eccentric mannerisms that are beyond control but can be misinterpreted by others.

3. **Vulnerability.** Unlike precipitation and facilitation, vulnerability is not directly dependent on a person's behaviour but, rather, reflects relatively stable longer term characteristics and attributes of the person that effectively define a person's mental and physical strengths and weaknesses. A person known to be intellectually disabled would be vulnerable to some degree, as would be someone who was obviously infirm or intoxicated. Depending on circumstances, very young children, elderly persons or women could show vulnerability because of being less able to resist physical attack.

Vulnerability is distinguished from facilitation because it does not involve any deviation from due care by the victim.

4. **Opportunity.** For an instance of victimisation to occur it is obviously necessary that the victim will have been exposed in some way to others, including the offender. Opportunity is therefore an essential precondition for victimisation. Sparks' point, however, is that although this area has been the primary focus of routine activity theories, it is only one of several possible contributory factors.

5. **Attractiveness.** This dimension reflects the benefits that the offender stands to gain from a victim. It may reflect physical characteristics but also applies to economic considerations. Thus, returns from breaking into a house reflecting affluence are likely to exceed considerably the value of goods found in the home of someone supported by welfare.

6. **Impunity.** This describes the extent to which the offence to the victim is likely to attract punishment or retribution - in effect, the probability that the victimiser will "get away with it." Thus, where a victim was unable or unwilling to report the crime, impunity attaching to the offence would be very high.

Intellectual disability and heightened risk of victimisation

It will be clear from the foregoing account of Sparks' model that the nature of reduced intellectual ability is likely to render such individuals more vulnerable to victimisation. However, this model also suggests that a victim can precipitate or facilitate an offence against him/herself by behaviour that is inappropriate because it encourages or provokes the offender or serves in some other way to increase risk.

Certainly, there is empirical evidence that demonstrates how certain behaviours may precipitate violence. For example, Bender (1976) has described experiences with

young boys who deliberately attempted to provoke assault. These boys were described as clearly displaying evidence of low self-esteem and a sense of inferiority.

Thus, in the context of Sparks' model, the heightened victimisation rates for people with an intellectual disability that were reported by Wilson and Brewer (1992) are likely to reflect influence from a range of variables. Vulnerability, opportunity, and impunity can result from lower than average intelligence and adaptive behaviour, and precipitation can result from deficits in interpersonal competence and self-esteem. Identifying contributions from precipitation, in particular, offers the opportunity of describing 'trigger' behaviours that could be targeted for intervention. This possibility was examined in a study by Wilson, Seaman, and Nettelbeck (1996) which focussed on skills of *interpersonal competence* - e.g. the facility to interpret cues in another's behaviour in an appropriate way or to distinguish a reasonable request from an unreasonable one. Before considering the implications of Wilson et al's. study, however, the theoretical relevance of interpersonal competence within the current project is outlined.

Interpersonal competence

A major concern among those responsible for defining intellectual disability has been limitations to IQ scores as providing a sufficient description of general personal competency. In particular, the relevance of an individual's social competence, the only means for identifying intellectual disability before the successful development of the IQ test, has been emphasized. As a consequence, a good deal of effort has been devoted to developing objective scales of "adaptive behaviour". These scales have typically been designed to measure the levels of skills demonstrated in areas of personal needs (e.g. eating, hygiene, dressing), personal responsibility and self-direction, travelling, money handling, time keeping, communication and socialization; and to relate a measured level of skill to age-equivalent norms. Consistent with this development, the American

Association on Mental Deficiency (AAMD) has for almost 40 years recommended a definition of intellectual disability[1] in terms of both intellectual (IQ) and adaptive (daily living and social) criteria.

The AAMD's status as a foremost authority in the field of intellectual disability has given wide currency to its definition of intellectual disability, which has been periodically updated in the light of improved knowledge, philosophical debate and political circumstances. Nonetheless, there is still a widespread conviction within the field that the concept of social competence captured by available tests of adaptive behaviour is limited in breadth. Greenspan (1979), in particular, has provided a wider theoretical perspective which, in addition to intellectual and adaptive behaviour skills, includes social, specifically interpersonal skills. Debate about this issue has now been ongoing for almost two decades, but without general resolution.

As interpreted by Greenspan, the measurement of adaptive behaviour is essentially limited to the domain of practical living skills; and the extent to which an individual is effective when interacting with other people has been largely neglected by measures of adaptive behaviour. His model is essentially speculative but it has provided a testable framework for research. For example, Mathias and Nettelbeck (1992a, 1992b; Mathias, Nettelbeck & Willson, 1996) have found that, although IQ is still probably the best single predictor of general personal competence, social-interpersonal competence is an identifiable, partially independent factor. As such it is probably of practical significance when attempting to assess the general competencies of a person with an intellectual disability.

[1] In the USA the term "mental retardation" is recommended. Within the Australian context, however, "intellectual disability" is preferred, because of semantic implications attached to terminology. For our purposes the two terms are synonymous but we follow the Australian common usage.

The Wilson et al. (1996) study

Based on a large body of research by Greenspan (1979) and others, Wilson et al argued that interpersonal competence is a separate entity from intellectual ability (as indicated by IQ) or adaptive behaviour - i.e. those activities that define how an individual meets responsibilities, achieves independence in daily living and conforms to social norms. Based on the assumption that lower interpersonal competence would increase an individual's vulnerability, their study tested the hypothesis that persons who had been criminally victimised would demonstrate lower levels of interpersonal competence than persons not victimised. The study's design involved comparisons of victims and nonvictims matched on age, IQ and adaptive behaviour, so that it also had the potential to demonstrate the relative independence of interpersonal competence from IQ and adaptive behaviour - the two variables by means of which intellectual disability is commonly defined. Results were consistent with both these predictions; participants who had been victims of crime within the previous 12 months scored significantly below nonvictims on a measure of interpersonal competence and also on self-reports (but not third party assessments) about their potential to be victimised. As expected, lower scores on the scale of interpersonal competence in part reflected victims' responses that indicated that they had difficulties when discriminating friends from acquaintances or strangers, particularly when setting limits on what friends might reasonably ask one to do. However, victims were also significantly more likely to make inappropriate angry or aggressive responses. Such responses were therefore qualitatively different from other forms of poorly developed interpersonal skills and were consistent with Sparks' (1982) assertion that some behaviours can directly contribute to someone being victimised - i.e. behaviours that 'precipitate' or provoke a reaction from the offender.

Psychotic disorder: schizophrenia

In terms of Sparks' (1982) model, persons with a psychiatric disorder will be vulnerable to criminal victimisation - perhaps as much so as persons with an intellectual disability. This is predicted first, because of demographic characteristics of persons with a psychotic disorder that relate particularly to housing and employment opportunities, and which may themselves be in part a consequence of the psychiatric disorder. Secondly, however, it will be so because the disorder can deleteriously affect virtually all areas of an individual's functioning and particularly social interactions. Thus, in so far as the manifestation of these disorders includes behavioural disturbances in interpersonal skills, as well as disturbed mood (e.g. anger) or motor aspects of behaviour (e.g. overactivity), a person with a psychiatric disorder will be at risk for victimisation because of precipitation, facilitation and impunity considerations, in particular. The relevance of impunity is perhaps most readily appreciated by considering the special case of an individual with schizophrenia. This illness is characterized by confusion of delusions and hallucinations as real events. A prospective offender could therefore perceive that a person with schizophrenia will be less likely to take action leading to retribution - and that, even if s/he did report an incident, this may not be believed.

It is also the case that there has been a significant shift in societal attitudes over the past decade or more towards deinstitutionalisation. Whatever advantages this may have brought to persons with psychiatric disorders, it is undoubtedly the case that their integration into the wider community has exposed them more than was so when institutionalisation was the preferred option for dealing with the treatment of psychiatric disorders.

The current project: Study 1

Following the finding by Wilson and Brewer (1992) that adults with an intellectual disability were markedly more likely than nondisabled adults to be a victim of crime, Study 1 was undertaken with two aims. The first was to test the extent of criminal victimisation among a sample of persons with a psychiatric disorder, compared to levels found in the general population by the Australian Bureau of Statistics (1983), the most recent data base affording this comparison. The second aim was to test whether victimisation among persons with a psychiatric disorder is predicted by those demographic and behavioural characteristics found by Wilson et al. (1996) to differentiate victims from nonvictims among persons with an intellectual disability.

This work was carried out by Hilary Culshaw, in partial fulfilment for the Honours Degree of Bachelor of Arts in Psychology, and supervised by Dr Wilson.

Participants

Forty eight adults (39 males, 9 females) suffering from chronic schizophrenia consented to participate. All were outpatients attending a clinic within a large hospital for treating psychiatric disorders. Ages ranged from 22 to 62 years (mean = 40.87). All 48 participants were interviewed, as described below, to determine whether that individual had been a victim of crime within the previous 12 months. A subset of 30 participants (25 males, 5 females) agreed to complete a number of tests, as indicated below. For this subset the age range was 23 to 62 years, with very similar distributions for victims (40.33 $\pm$ 10.36) and nonvictims (41.40 $\pm$ 11.01). IQ was estimated, by prorating on the basis of the Vocabulary and Block Design subtests of the Wechsler Adult Intelligence Scale - Revised (WAIS-R) and ranged from 67 to 107. IQ distributions for victims and nonvictims were closely matched (83.93 $\pm$ 11.87 *v* 80.80 $\pm$ 6.10)

Procedures

The interview to determine status as victim or nonvictim was structured around the Australian Bureau of Statistics (1983) Victims of Crime Survey, with that questionnaire modified to assist the definition of various offences. Offences were: *household crimes* - break and enter; household property theft; *personal crimes* - car theft, other theft, robbery, sexual assault and assault. Where an individual reported being a victim of crime, further details of the incident, offender and report to police were collected. The interview required about 15 minutes for each participant, on average.

Tests completed were the IQ measures; Wilson et al's. (1996) Test of Interpersonal Competence and Personal Vulnerability but reduced from 20 three-option questions to 15 on the basis of Wilson et al's (1996) analysis of item reliability; the Reaction Inventory (Evans & Strangeland, 1971), a measure of anger in response to a variety of every-day situations (see Appendix 1); the Fear of Negative Evaluation Scale (Watson & Friend, 1969) (See Appendix 2); and the Knowledge of Citizenship Rights and Responsibilities Instrument (Thorin, Browning & Irvin, 1988) which scored knowledge in these areas (see Appendix 3). Demographic details of age, sex marital status, accommodation and employment were also collected.

Results

As may be seen from Table 1, compared with victimisation rates for the general community found by the Australian Bureau of Statistics (1983), rates among this sample were overall extremely high. The Table also includes victimisation rates found by Wilson et al. (1996) for persons with an intellectual disability. The overall differences between the schizophrenic group and the other two were highly statistically significant ($p<.001$) but, as is clear from the Table, the higher rate was substantially the consequence of a very high incidence of other theft, sexual assault and assault. In part, the lower rate of household

crimes for the schizophrenic group reflects the Australian Bureau of Statistics (1983) system for categorising different instances of theft but if both forms of theft are added together it is still clear that the level of this form of victimisation was inordinately high in the schizophrenic group. The rate for different forms of assault for the schizophrenic group was more than twice that for the intellectually retarded group, and vastly exceeded that found in the general community.

Table 1: Victimisation rates (percentages) by different types of offence, for general population and schizophrenic and intellectually disabled groups

	General Population	Schizophrenic Group	Intellectually Disabled Group
Household Crimes			
Break & enter	6.4	4.2	11.4
Household property theft	3.7	0	4.4
Overall[a]	9.8	2.1	15.8
Personal Crimes			
Car theft	0.7	0	0.6
Other theft	6.4	27.0	7.6
Robbery	0.4	2.1	5.1
Sexual assault	0.3	11.0	3.2
Assault	4.0	18.7	11.4
Overall	10.5	48.0	27.9

a) Numbers for victims added down columns across types of offence will be greater than overall percentage if individuals were victims of more than one offence.

There is a considerable literature linking higher risk of becoming a victim of crime to demographic variables for age (adolescence to early adulthood), sex (male, particularly in younger age groups), family income (highest and lowest), urbanisation (urban v suburban and rural) (Australian Bureau of Statistics, 1983; Gottfredson, 1984; Laub, 1990). Beyond these variables, the Australian Bureau of Statistics (1983) also found well-defined correlations between victimisation and (i) dwelling/accommodation arrangements not

involving separate houses (e.g. boarding house, hostel, caravan park); (ii) those individuals never married, separated or divorced; and (iii) those individuals unemployed. Examination of the demographic characteristics of the participants in this study found that these people were clearly vulnerable in these terms. Only three were married or widowed, with 31 never married and 14 separated or divorced . Thirty lived in hostel accommodation, with most of the remainder living in units. None was employed and most lived in low socio-economic areas.

However, when victimisation rates for the current sample were compared with those for members of the general population with comparable demographic characteristics, as obtained from the Australian Bureau of Statistics (1983), it became clear that demographic variables could not account for the high victimisation rates of persons with a psychiatric disorder. Table 2 sets out the observed percentages of victimised persons with schizophrenia, together with levels in the general population. It can be seen that the difference in victimisation rates between the schizophrenic group and the comparable sample from the general population is highly statistically significant for every demographic variable. Moreover, there was no evidence to suggest that demographic variables influenced victimisation within the schizophrenic group, the proportions of victims and nonvictims categorized according to these variables being virtually identical. Thus, irrespective of any demographic influence, individuals with schizophrenia are vulnerable to criminal victimisation because of other than demographic factors.

Table 2: Victimisation rates (percentage) for persons with chroni c schizophrenia and for victimised persons with comparable demographic backgrounds from the general population

Demographic Subgroup	Schizophrenic Group (Observed)	Comparable victimised group General Population	Statistical significance; 2-tailed probability
Males	46	13	p<.01
Never married	47	17	p<.01
Divorced	58	15	p<.01
Income <$4000	48	10	p<.01
Income $4000-9999	48	12	p<.01
"Other" accommodation[a]	47	20	p<.01

a) The Australian Bureau of Statistics (1983) classifies as "other" those arrangements not involving separate houses; e.g. boarding house, hostel, caravan.

However this study did not succeed in identifying what factors contribute to the higher rates of victimisation among this group. No evidence was found to support the hypothesis that the behavioural variables measured played some part. The results set out in Table 3 show no statistically significant differences between victims and nonvictims with schizophrenia in interpersonal competence, reactive anger, fear of negative evaluation or knowledge of citizenship rights and responsibilities.

Table 3: Mean scores (SDs) on tests for interpersonal competence, anger reaction, fear of negative evaluation and knowledge of citizenship rights and responsibilities for victims (n=15) and nonvictims (n=15) with schizophrenia

Measures	Victims	Nonvictims
Test of interpersonal competence and personal vulnerability	12.0 (3.1)[a]	12.1 (3.2)
Reaction Inventory	123.6 (32.1)	108.0 (34.5)
Fear of Negative Evaluation Scale	16.0 (5.9)	16.6 (5.3)
Test for knowledge of citizenship rights and responsibilities	26.6 (2.8)	25.0 (3.7)

a) The maximum scores for the version used here is 15. Rescoring participants in the Wilson et al. (1966) study on the same 15 items yields 9.10 $\pm$ 3.67 for victims and 11.10 $\pm$ 1.97 for nonvictims, respectively.

Discussion

Results strongly supported the proposition that individuals with chronic schizophrenia experience a much higher level of criminal victimisation than most members of the general community. Moreover, results clearly showed that this outcome could not be explained in terms of demographic characteristics. However, although this outcome, together with the observation that most instances of victimisation involved personal crimes, suggests that an individual's behaviour may influence the risk of victimisation, no direct evidence was found to support this theory. With this population, as with other highly vulnerable groups, it may be easier to distinguish behaviourally those not at risk of victimisation.

In part, the present outcome may reflect sampling inadequacies. Recruiting was always a major difficulty and beyond the initial interview stage the 48 participants who initially agreed to take part were reduced to 30 by measurement requirements. Comparisons based on n=15 require relatively powerful outcomes to overcome individual variation in response to questionnaires. Of course, it is possible that the variables chosen were not appropriate for differentiating victims from nonvictims, although interpersonal competence and particularly anger reaction are factors which are not only strongly implicated by Sparks' (1982) but also intuitively plausible. Alternatively, the instruments of measurement were not equal to the task with this sample.

There were some grounds for this suggestion. Mean scores on the test of interpersonal competence and the test for knowledge of citizenship rights and responsibilities were high (maximum scores possible were 15 and 30, respectively - see Table 3), resulting in ceiling effects. In part, this may have reflected poor face validity for these tests with those participants who had higher IQs. In effect, with instruments designed for use with individuals with an intellectual disability, the items may have been

too simplistic so that the desirable responses were transparent. Consistent with this suggestion, significant correlations with IQ of .48 and .50 were found for the test of interpersonal competence and the test for knowledge of citizenship rights and responsibilities, respectively. A similar effect may have influenced scores on the other two scales. As can be seen from Table 3, scores on the Reaction Inventory and on the Fear of Negative Evaluation Scale were around the middle of the range (maximum scores possible were 205 and 30, respectively). Norms for the general population are not available for these tests apart from the Fear of Negative Evaluation Scale; but for that instrument the overall mean of 16.31 and SD $\pm$ 5.52 corresponded closely with the 15.47 $\pm$ 8.62 found by Watson and Friend (1960) for individuals without any psychiatric disorder. Thus, on the two tests for which a high score indicates a positive outcome the current sample scored high; on the two tests where an intermediate score indicates a normal outcome, their performance was consistent with this interpretation.

Although the results from this study highlighted an area of concern relating to the high vulnerability of individuals with a psychiatric disorder to criminal victimisation, the problems raised about the suitability of the tests used suggested that new instruments would need to be developed before undertaking further research involving cases with psychiatric disorders. This, together with considerable difficulties encountered when recruiting on this occasion and difficulties in ensuring future access to appropriate samples, led to a decision to shift the focus of future research to victims with an intellectuality ability, the field in which the first version of the Test of Interpersonal Competence and Personal Vulnerability had been developed (Wilson et al., 1996).

Investigations of precipitating factors with victims with an intellectual disability:

Study 2

The first of two studies made of precipitating factors which may contribute to the criminal exploitation of persons with an intellectual disability was carried out by Caroline Perry in part-fulfilment for the Honours Degree of Bachelor of Arts in Psychology. The research was supervised by Dr Nettelbeck. The aim was to follow up Wilson et al's (1996) findings, by testing an inference drawn from Sparks' predictions about the "precipitation" factor within his model. If victims of assault can contribute to or provoke that assault by inappropriately angry or aggressive behaviour, then victims should display more feelings of anger than nonvictims. Responses by victims of an assault in the past year, and by nonvictims, to hypothetical but common, every-day situations formed the basis of comparisons.

Participants

Forty adults (17 females and 23 males) with an intellectual disability, and employed or living within sheltered organisations, were interviewed. All consented to take part. Victims (n=21) were those who reported being hit, punched, pushed or kicked, or being seriously threatened with these actions, at some time during the previous 12 months. Distributions for age (25 to 61 years *v* 24-49) and IQ (57 ± 7 *v* 57 ± 9) were very similar for victims and nonvictims (n=19).

Procedures

Participants were first interviewed to determine their status as "victim" or "nonvictim"; and, if the former, full details about the incident(s) were recorded. Because victimisation theories that focus on exposure to crime (Sparks' "opportunity" and "vulnerability") have emphasized the importance of lifestyle and routine activities (Felson & Cohen, 1980; Kennedy & Forbe, 1990), this study sought information about location and

style of residence, the use of public transport and the extent to which the individual went into the city at night.

Each participant also completed tests for verbal and nonverbal IQ (the Quick test and TONI-2, respectively), a test of interpersonal competence comprising 20 items adapted from the Test of Interpersonal Competence and Personal Vulnerability (Wilson et al., 1996) and an anger inventory designed to elucidate different dimensions of anger - e.g. frequency of occurrence, duration, the strength of the emotion and whether it was expressed outwardly or not. This questionnaire was derived from the Multidimensional Anger Inventory (Siegel, 1986). The IQ tests are subject to copyright restrictions and are therefore not included here. The test of interpersonal competence and the anger inventory are to be found in Appendices 4 and 5.

Finally, five hypothetical scenarios, in the manner of stories that depicted common situations with the participant as the central character, were described in turn and with due attention to clarifying for each participant what was required. The five situations were presented to each participant in the same order. Each situation included examples of what might be considered inappropriate or aggressive behaviours displayed by both strangers and acquaintances (see Appendix 6). When it was clear that each participant understood the scenario, s/he was asked to describe in as much detail as possible how s/he would react to that situation (eg. queuing for a bus and being pushed out of the way; work tools which are being used are taken away, without asking permission). A written record of responses was kept. The entire procedure varied from about half an hour to an hour but commonly took about 45 minutes.

Responsible others - eg supervisor (workshop), caregiver (residence) - also rated each participant on a 5-point scale on items derived from Siegel (1986) and designed to provide similar information to that sought from the self-reports by the participants about

their experiences and feelings of anger (see Appendix 7). All third-party raters had known the participants for a minimum of 12 months. Third-party ratings were obtained for 33 of the 40 participants.

Results

Consistent with Wilson et al's (1996) results, victims and nonvictims were virtually indistinguishable in terms of IQ or age. No differences approached statistical significance. Table 4 sets out the relevant descriptive statistics.

Table 4: Means, standard deviations (SDs) and ranges for IQ measures, estimated mental age and chronological age for victims and nonvictims

	Victims			Nonvictims		
	Mean	SD	Range	Mean	SD	Range
TONI-2	59.8	4.6	56-72	61.1	7.7	56-75
Quick test	54.0	11.8	39-82	54.8	15.1	39-82
Composite IQ	57.0	7.0	48-74	57.11	9.1	48-78
Mental age (years)	7.4	2.6	3.5-10.0	7.4	3.5	1.8-14.0
Chronological age (years)	36.0	10.4	25-61	37.9	8.9	24-49

Of the 20 victims, 16 had been assaulted by someone they knew. Most frequent types of offences were; being hit or punched (8 cases), or kicked (6 cases). Most importantly, interviews clearly revealed that most assaults involved a provoking interaction between the offender and the victim; e.g. some misbehaviour by the offender that drew a rebuke or threat from the victim, which was in turn followed by the assault by the offender.

Unlike results found by Wilson et al (1996), there were no differences in correct responses to the test of interpersonal competence between victims (mean score = 10.14 $\pm$ 4.22) and nonvictims (mean score = 10.42 $\pm$ 3.99). However this does not necessarily invalidate the previous results; the version in the current study involved the same number of items (20) but all but one from the original version had been substantially modified in an attempt to improve the reliability of the earlier scale. Comparing indices of internal

consistency from this and the earlier study suggests that this was not accomplished. Moreover, the means for both groups here were substantially below those found by Wilson et al. (1996) (12.75 ± 4.05 and 15.04 ± 2.23 for victims and nonvictims respectively). It is therefore possible that the new version of the scale was insufficiently sensitive to detect differences between individuals who were, in any case, operating at very low levels of interpersonal competence. This speculation is supported by a comparison of average IQ in the current sample with that from Wilson et al. (1996). The current sample was about 8 points lower on average (i.e. more than ½ SD below the earlier group).

Result from the anger inventory are shown in Table 5.

Table 5: Means, standard deviations (SDs) and ranges of scores on the self-report Anger Inventory, for victims and nonvictims.

	Victims			Nonvictims			
	Mean	SD	Range	Mean	SD	Range	
Frequency of anger	1.65	1.18	0-5	1.42	1.21	0-5	n.s.
Magnitude of anger	1.50	0.95	0-4	1.21	1.08	1-4	n.s.
Duration of anger	1.15	0.99	0-3	0.95	0.91	0-3	n.s.
Guilt	0.50	0.51	0-1	0.37	0.50	0-1	n.s.
Anger In	0.65	0.75	0-2	0.53	0.51	0-2	n.s.
Anger Out	1.65	0.99	0-3	0.95	1.03	0-3	$p<.05$
Hostile Outlook	2.75	1.21	0-4	1.53	1.22	0-4	$p<.01$
Anger Eliciting Situations	4.19	1.99	0-7	2.79	2.23	0-7	$p<.05$

n.s. = not statistically significant

Self-reports to the anger inventory revealed important significant differences between victims and nonvictims. Victims were more likely to show their anger to others (Anger Out) (t=2.18, df=37, $p<.05$); were more likely to feel hostile towards others (t=3.15, df=37, $p<.01$); and were more likely to feel angry in a wider range of situations (t=2.10, df=38, $p<.05$). Measures of frequency, duration and strength of anger experienced were not different across the two groups. However, logistic regression established that a hostile outlook successfully predicted 70% of victims and 84% of nonvictims, with an overall classification accuracy of 77% ($\chi^2 = 8.84$, df=1, $p<.01$). The correlation between hostile

outlook and victim's status was .31 Thus, the likelihood of a person with an intellectual disability becoming a victim increased as that person's hostile outlook increased.

Overall third party ratings did not differentiate between victims and nonvictims, confirming Wilson et al's (1996) observation that supervisors and other responsible caregivers do not necessarily observe aspects of their client's behaviour that clients are themselves aware of and that place them at risk for victimisation. It is possible of course, that this reflects nothing more than fewer opportunities for supervisors to observe their clients in recreational settings and environments outside of supervisory responsibility. However, individual item analysis did reveal that third party ratings were significantly higher for whether victims get angry when thinking about past events (t=2.32, df=30, $p<$ .05). The mean score for victims was 3.47 (SD=1.21) and for non-victims was 2.33 (1.20). This outcome was therefore consistent with the self-reports to the anger inventory, suggesting that victims may contribute to their victimisation because of an inability to inhibit anger.

Responses to hypothetical scenarios also reliably distinguished victims from nonvictims. Overall, victims were significantly more likely than nonvictims to report that they would say and/or do something in response to the initial behaviour of the offender (t=3.1, df=38, $p<$ .01), whereas, conversely, nonvictims were more likely to say that they would do or say nothing (t=3.0 df=38, $p<$ .01). Separate analyses for each scenario found that responses to scenario 1(χ^2=4.69, df=1, p<.05), scenario 3(χ^2=12.11, df=1, p<.001) and scenario 4(χ^2=5.49, df=1, p<.05) reliably differentiated between victims and nonvictims (Refer to Appendix 6 for a description of these scenarios). There was wide variation in the types of responses made to the hypothetical scenarios but, in general terms, it was obvious that many victims indicated a predilection for physically or verbally abusive acts or confrontative interactions, whereas very few non-victims made such responses.

Discussion

The picture which emerged from these analyses was therefore highly consistent. Compared to persons with the same level of intellectual disability but who have not been victims of assault, persons who had been assaulted showed similar levels of interpersonal competence except in one very important respect. Their responses to the anger inventory and their accounts of how they would behave in situations described by the hypothetical scenarios suggested that, if confronted by a situation which has the potential for an assault to occur, these persons do not ignore the potential offender or quietly withdraw from the situation or act in a manner likely to defuse the situation. Instead, they tend to respond in a confrontative matter, which serves to escalate the situation until they are assaulted. Of course, none of this excuses the actions of the aggressor. But it does seem likely that victims of assault are rendered more vulnerable by stable behavioural traits associated with the manner in which they express anger. This inference is drawn from the lack of evidence that victims experienced anger more intensely or more frequently than nonvictims. Had victims reported more anger than nonvictims, then it could be that heightened hostility is the *consequence* of victimisation, rather than a contributing factor. However, such was not the case. In so far as victims did not necessarily *experience* anger to a greater extent than nonvictims, a plausible psychological account for the more pronounced *expression* of anger is that these persons are poor at inhibiting hostile tendencies. The evidence is strong that these behaviours precipitate assault and in this sense the victims therefore contribute to their victimisation.

Lifestyle issues were also relevant, in so far as victims were more like to live in an institution, hostel or boarding home, with increased exposure to others, than in private housing (χ^2=5.10, df=1, p<.02). However, form of transport and whether the city centre

provided entertainment were not relevant in this study. Public transport was commonly used by most participants and very few ever visited the city at night.

Study 3

This study was undertaken to broaden the focus of specific behaviours which may increase an individual's propensity for victimisation. However, it should be stressed that there was no intention here to "blame" the victim for being victimised. The aim was to identify behaviour patterns that might increase the vulnerability of a person to criminal victimisation, so that educational intervention could then be applied appropriately. This study tested five factors in Sparks' model - precipitation, facilitation, vulnerability, opportunity, impunity - but excluded attractiveness. The latter was assumed to be relatively inconsequential within a sample of persons with an intellectual disability that was relatively homogeneous with respect to socioeconomic variables relevant to this factor. Persons with an intellectual disability who had been victims of physical or sexual assault or robbery of the person were the focus of the study. Although these offences are qualitatively different, they all require some kind of exchange between the offender and victim. Sparks' five factors were operationalized in terms of multidimensional anger inventories and scales of antisocial tendencies ("precipitation", as tested in the first study); measures of eccentricities, odd mannerisms and unacceptable vocal habits ("facilitation" - behaviour not dependent on interpersonal interaction); age and interpersonal competence, especially the ability to identify risk ("vulnerability"); the extent of unsupervised recreational time in the wider community ("opportunity"); and a care-worker's rating for the person's ability to communicate ("impunity" - attributes of the victim which increase the probability that the offender will not be caught).

Participants

Participants were 63 adults (46 males and 17 females) with an intellectual disability, all of whom agreed to participate. Victims (n=31) had reported a physical or sexual assault or personal robbery within the previous 12 months. Ages ranged from 21 to 72 year. IQ scores (Wechsler Adult Intelligence Scale WAIS-R) ranged from 45 to 75 (mean = 60 $\pm$ 8). Distributions for age for victims *v* nonvictims (33.87 years $\pm$ 8.54 *v* 41.53 $\pm$ 12.84) revealed that victims were significantly younger ($F(1, 61) = 7.72$, $p<.01$). Distributions for IQ (60.73 $\pm$ 6.70 *v* 59.71 $\pm$ 8.38) were very similar for victims and nonvictims.

Procedures

Data were obtained during three interviews with each participant, each session lasting approximately one hour. The first step was to complete the self-report measures, recorded on the basis of spoken interviews so as to reduce difficulties arising from generally lower than average literacy within the sample. Self-report measures were, first, the test of interpersonal competence used in Study 2, but scored so that it indicated angry and inappropriately compliant responses separately, as well as the number of correct responses. Next, participants completed a subscale from the Jessness Inventory (Jessness, 1972) used to assess manifest aggression, subtests for vocabulary, similarities, picture completion and block design from the Wechsler Adult Intelligence Scale (WAIS-R), and an adapted version of the Multidimensional Anger Inventory (Siegel, 1986) used to gauge eight dimensions of anger. These were: the frequency of feelings of anger, the magnitude of anger, the duration of anger, the level of hostile outlook, the level at which anger is suppressed, the level at which anger is directed out at others, the level of guilt felt because one is angry, the number of situations that would elicit an angry response. All participants completed these tasks in the same order. Care-workers who had known the

participants for at least 6 months and who were sufficiently familiar with the participants to make judgments about their independent living skills, communication skills and any maladaptive tendencies were asked to complete Part 1 (personal independence domains) from the AAMD, Adaptive Behavior Scales, and six subscales from Part 2 (personality and behaviour disorders) relevant to maladaptive behaviours. These six subscales estimated the extent to which the individual showed violent and destructive behaviour, untrustworthy behaviours, antisocial behaviour, stereotyped behaviour and odd mannerisms, unacceptable vocal habits, and unacceptable or eccentric habits. Careworkers also provided information about participants' recreational arrangements, and rated communication skills, as described below. After all self-report procedures, including IQ tests, had been completed, information was sought to determine victim status.

Spark's (1982) five factors were operationalized as follows.

1. **Precipitation**. Following Study 2, this factor was defined in terms of inappropriate angry behaviour, measured by the eight dimensions of anger from the Multidimensional Anger Inventory, the manifest aggression subscale from the Jessness Inventory, three subscales from the AAMD Adaptive Behavior Scale focussing on violent, antisocial behaviour, and anger responses to the test of interpersonal competence.

2. **Facilitation**. Because many persons with an intellectual disability display odd or eccentric mannerisms that have the potential to irritate others, this factor was defined in terms of the three subscales from the AAMD Adaptive Behaviour Scale sensitive to such behaviours.

3. **Vulnerability**. Five variables defined this factor. Following Sparks (1982), because the sample included a wide range of ages, with six participants older than 55 years, age provided one test for vulnerability. Again, consistent with Sparks' model, both IQ and

adaptive behaviour (Part 1 of the AAMD Adaptive Behavior Scales) were included as markers for vulnerability, although, following results from Wilson et al. (1996) and Study 2, it was predicted that these would not distinguish victims from nonvictims. The fourth and fifth variables were the measure of inappropriate compliance and the number of correct responses, taken from the adaptation of the Test of Interpersonal Competence and Personal Vulnerability[2] (Wilson et al., 1996).

4. **Opportunity**. Opportunity was measured by asking care-workers how many times a week the participant left his/her home, both during daylight hours and during the night time.

5. **Impunity**. Because many persons with an intellectual disability have problems when communicating with others we assumed that this could serve to protect an offender from detection. Competence when communicating needs and wishes was rated (7-point scale) by care-workers.

Results and discussion

Most victims were assault victims (27 from 31), with 10 experiencing more than one victimisation. There were insufficient numbers in other categories to permit comparisons across types of offence.

The main results are set out in Table 6 and were consistent with those from Study 2.

[2] Since "incorrect" responses constitute the sum of angry and inappropriately compliant responses, number correct must correlate highly and negatively with compliance. However, because anger responses reflect precipitation, number correct could in principle make some unique contribution to vulnerability. In fact, it made little and whether it was included or not in the model for analysis left outcome essentially unchanged.

Table 6: Means, standard deviations (SDs) and ranges for chronological age, IQ, and scores on the Multipledimensional Anger Inventory (MAD), the Jessness Subscale and three subscales from the AAMD Adaptive Behaviour Scale, for victims and nonvictims

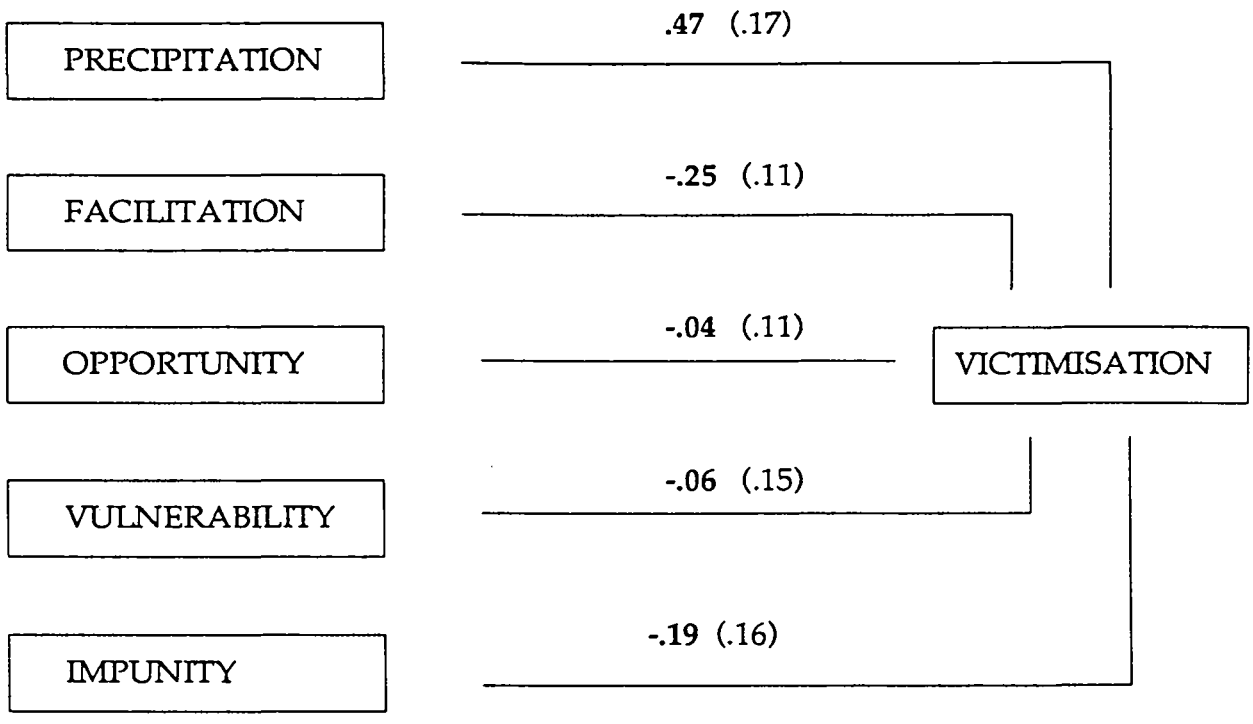
	Victims			Nonvictims		
	Mean	SD	Range	Mean	SD	Range
Precipitation						
Manifest aggression (Jessness)	11.70	2.88	6-19	9.89	2.81	5-15
Violent and destructive behaviour (AAMD)	6.76	10.08	0-43	3.00	4.28	0-15
Untrustworthy behaviour (AAMD)	3.50	4.38	0-15	1.57	2.27	0-9
Antisocial behaviour (AAMD)	10.93	8.81	0-29	6.80	9.05	0-36
Frequency of anger (MDAI)	1.41	1.10	0-4	0.96	1.00	0-3
Magnitude of Anger (MDAI)	1.45	1.01	0-3	1.19	0.90	0-3
Duration of Anger (MDAI)	0.68	0.84	0-3	0.81	0.94	0-3
Guilt (MDAI)	0.77	0.43	0-1	0.73	0.45	0-1
Anger In (MDAI)	0.73	0.46	0-1	0.50	0.58	0-2
Anger Out (MDAI)	1.64	0.85	0-3	1.19	0.80	0-3
Hostile Outlook (MDAI)	3.27	0.83	2-4	2.19	1.33	0-4
Anger Elciting Situations (MDAI)	4.64	2.08	0-7	2.58	2.42	0-7
Aggression (IC)	3.42	3.07	0-12	2.23	2.36	0-9
Facilitation						
Stereotyped behaviour (AAMD)	0.61	1.29	0-5	1.27	3.67	0-18
Eccentric habits (AAMD)	2.00	2.80	0-9	1.20	2.52	0-13
Unacceptable vocal habits (AAMD)	2.11	2.77	0-9	2.20	3.81	0-16
Vulnerability						
Day recreation outings	7.13	7.66	0-40	6.47	4.31	2-20
Night recreation outings	1.75	1.39	0-5	1.56	1.74	0-5
Opportunity						
Chronological age (year)	33.87	8.54	21-62	41.53	12.84	21-72
WAIS-R Full Scale IQ (pro-rated)	60.73	6.70	46-69	59.71	8.38	45-75
Adaptive Behavior Scale (AAMD)	90.83	24.04	29-132	90.37	18.97	52-134
Compliance (IC)	2.06	1.84	0-7	1.71	1.53	0-5
Interpersonal competence (IC correct)	14.48	3.76	7-20	16.06	3.33	8-20
Impunity						
Communication rating	6.13	1.12	3-7	5.77	1.30	4-7

IQ was not related to any of the variables which distinguished victims from nonvictims. Victims registered a significantly higher average hostile outlook than nonvictims ($F(1,46)=10.96$, $p< .01$) and were more likely to feel angry in a wider range of situations ($F(1,46)=9.79$; $p< .01$). On two measures not included in Study 2, they exhibited

higher manifest aggression ($F(1,44)=4.49$; $p< .05$) and a higher level of untrustworthiness ($F(1,56=4.55$; $p< .05$), as judged by care-workers who completed the relevant sections of the AAMD Adaptive Behaviour Scale. Multiple regression found that only precipitation contributed significantly to identification of a victim (r=.44). Of course, the relative contributions of the 13 variables reflected the foregoing analyses of group differences but all but two made some contribution and seven, including aggression from the test of interpersonal competence, had weightings equal to or higher than that for hostile outlook. Only vulnerability (r=-.35) made any other contribution and this was entirely the consequence of the significant age difference between victims and nonvictims, the former being younger (see Table 6). Further comment on this outcome is made below.

Partial least-squares path analysis (Sellin & Keeves, 1994) was used to model these data. The outcome, shown as Figure 1, confirmed the relevance of Sparks' construct of precipitation - in this study, the operationalisation of the idea that angry or aggressive responses in a potentially threatening situation can contribute to an interaction, the end result of which is an assault to the victim by the offender. Beyond this outcome, however, the results provided little to suggest that other factors from Sparks' model were important. This model accounted for 32% variance in victimisation

Figure 1: The relative contributions (beta coefficients, in bold together with jack-knife SDs in parentheses) of five factors from Sparks' (1982) model of victimisation to the prediction of victims and nonvictims



Although the differences between victims and nonvictims for interpersonal competence measures did not reach statistical significance, the aggression subscore from this test loaded well (.21) on precipitation in the path analysis. Moreover, the suggestion that lower interpersonal competence will increase vulnerability was supported by significantly lower interpersonal competence among the 10 multiple victims, compared to the other 21 single instances of victimisation (12.90 $\pm$ 2.73 *v* 15.24 $\pm$ 4.00; $F(1,28)=6.28$; $p<.05$) or the 52 nonvictims (16.06 $\pm$ 3.33, $F(1,44) = 7.40$, $p<.01$). These cases of repeat victims also registered higher Manifest Agression (12.60 $\pm$ 3.27) than nonvictims (10.50 $\pm$ 2.74) , a significant difference ($F(1, 44) = 4.23$; $p<.05$). Similarly, members of this subgroup of persons experiencing multiple victimisation were rated by care workers as displaying significantly higher levels of violent and destructive behaviour ("precipitation") (13.11 $\pm$ 14.69 *v* 3.36 $\pm$ 4.81) for multiple victims and nonvictims respectively. ($F(1, 57) = 14.44$, $p<.001$).

Our finding that, as people with an intellectual disability get older, the propensity for victimisation is reduced, was not the consequence of reduced levels of opportunity; there were no discernible differences between the patterns of activities followed by older or younger victims or nonvictims in geographical locations or times of day or night. Plausibly, people with an intellectual disability become more 'street-wise', and better able to cope with their emotions, as they move beyond early adulthood (20s and early 30s) into middle age. However, our analyses have not revealed anything of significance about the locations at which victimisation occurs. Essentially, situation variables appear to be idiosyncratic - perhaps a case of the individual being in the wrong place at the wrong time. Nevertheless, irrespective of setting, our results have clearly shown that some victims are likely to precipitate victimisation, by behaving in ways that are violent, aggressive or antisocial in other ways. Of course, in so far as they are readily identified, these forms of behaviour are amenable to intervention by appropriate training; so that there is a good prospect that the research reported here will turn out to have considerable practical significance.

General conclusions

Taken together, Studies 2 and 3 showed that, among persons with an intellectual disability, IQ does not have relevance for predicting who will become victims of crime. At least within our samples, physical assault was the main offence committed against such people and - very significantly - victims showed higher levels of antisocial, maladaptive behaviours which may have served to precipitate the aggression towards them. To some extent, these behaviours may have included odd mannerisms which served to draw the attention of others but, much more importantly, victims showed levels of hostility and aggression when confronted with potentially threatening situations, which nonvictims did not show.

In broad terms, these hostile behaviours reflect on other aspects of interpersonal competence but, at this stage, the nature of the relationship is not clear. In part, this is because both studies have focussed on a narrow range of offences - in effect, physical assaults. This was deliberate for the first study, but inadvertently applied to the second also because all but a few of the participants in the sample turned out to be victims of assault. It was also clear from results obtained with the current measure of interpersonal competence that the new version was not yet satisfactory.

Firstly, the low scores registered by both victims and nonvictims raised the possibility that poor comprehension about what was required and less reliable communication skills may have been contributing to outcomes. This difficulty was addressed by developing and evaluating video versions of some of the test scenarios used in Study 2, the rationale being that video role-play may provide a more effective medium than spoken descriptions for representing risky situations to persons with an intellectual disability. The evaluation of the video material is reported below as Study 5.

Secondly, in Study 3, scores of interpersonal competence turned out to be confounded by location. Participants had been recruited from two institutions and analyses found that scores from one were significantly higher than those from the other. Follow-up enquiries revealed that the former group had recently completed an in-house "protective behaviours" workshop, aimed at training effective responses for situations where there is a risk of victimisation. To investigate this difficulty further an experiment was set up within the second institution, based on the original protocol. This experiment (Study 4) was made with the cooperation of supervisory and care-giving staff at the institution involved. Guidelines on research design were provided by the research team, who were also responsible for data collection and analyses. However, the selection of

participants, allocations to conditions and the running of the workshop were done by institutional staff.

Study 4: Evaluation of the Protective Behaviour Training Project

The aim was to test whether those completing this training demonstrate higher interpersonal competence than those who do not and, most importantly, whether any such gain is reflected in lower rates of victimisation.

Participants

Thirty three adults with an intellectual disability, who lived in an institution for the intellectually disabled, volunteered to take part. Their ages ranged from 22 to 58 years (mean = 35.1 $\pm$ 10.2). WAIS-R IQ scores ranged from 45 to 70 (mean = 58.3 $\pm$ 8.3). Seventeen completed the Protective Behaviours Workshop, the other 16 serving as controls. Distributions for age (31.36 $\pm$ 7.30 *v* 37.05 $\pm$ 11.12) and IQ (59.4 $\pm$ 7.22 *v* 59.0 $\pm$ 8.90) were similar for both groups and not statistically different.

Procedures

Participants were assigned either to a group completing the Protective Behaviours Workshop, the program for which is described below, or to a nontreatment group. Ratings on three subscales from the AAMD Adaptive Behavior Scale for violent, antisocial behaviours were made by staff familiar with participants, two weeks before the workshop began. These subscales were: violent and destructive behaviour; untrustworthy behaviour; antisocial behaviour. At the same time IQ was completed (vocabulary and block design subtests from WAIS-R) and the test of interpersonal competence, as used in Studies 2 and 3, was completed by interview. Two weeks following the workshop, all participants completed these same tests except the IQ test. Thus, the study design required measures before and after, with training intervention for one group.

The Protective Behaviours Workshop

Background

The Protective Behaviour workshop is described as "a programme for educators to assist people with an intellectual disability to protect themselves against sexual abuse". It was developed at Minda Incorporated (an agency that delivers educational, residential and vocational services for persons with an intellectual disability) by Ann Thornton, Annette Berwald and Don Tustin, as a part of a series of training programmes on human relations, designed to be used in a small group setting.

Content

The focus of the Protective Behaviours workshop is primarily on reducing risk of sexual abuse. The objectives of the program are listed on pages 6 and 7 of the "Off-site Trainer Manual" as teaching participants to:

1. Understand body ownership and to identify private parts of the body, and to recognise that no-one has the right to touch a person in private parts without consent;
2. Recognise behaviour that is appropriate in private and public places;
3. Recognise safe and unsafe touching;
4. Develop the confidence and skills to identify, express and act upon feelings appropriately, including the feelings of being unsafe;
5. Discriminate types of relationships in terms of degree of intimacy;
6. Recognise appropriate behaviour, especially touching behaviour within each relationship;
7. Develop an understanding of the issue of consent;
8. Develop the confidence and skills to say "No" to a potential abuser;
9. Identify common risk situations with which participants need to be able to cope;

10. Learn strategies to deal with risky situations, and to cope with a potential abuser;.
11. Differentiate between good secrets and bad secrets;
12. Understand how victims of abuse may react and feel;
13. Increase awareness of likely outcomes of reporting an incident of abuse.

The core focus of the program is based around the "Circle Concept" (Champagne & Walker-Hirsch, 1982). This concept uses the notion that relationships can be represented as a series of concentric circles, with the inner circles representing closer relationships, and the outercircles, more distant associations. Four types of relationships are described and differentiated on the basis of overall degree of initimacy, with the current program focusing on distinguishing behaviours according to private touch (the "Me" Circle), cuddle (Special Friend), hug (Friend), handshake or wave (Acquaintance), and no touch (Stranger).

Format and presentation of the program

The Protective Behaviours Workshop consists of nine sessions designed to be run in a small group. Sessions are described as varying in length between 90 and 170 minutes, with a recommendation that two facilitators participate in each session. The session titles are:

1. Consent and sexual abuse - public and private body parts.
2. Touches, feelings and networks.
3. Appropriate behaviours in relationships.
4. Changing relationships.
5. Consent and sexual abuse - recognising risk, trust and consent.
6. Stopping abuse - Part A.
7. Stopping abuse - Part B.
8. What if you are a victim?

9. Review session.

The sessions are presented so as to encourage participation. Trainers are advised to use structured activities at the beginning of the session and concrete objects and examples wherever possible. Slides and training videos are used at various points in the sessions. Given the length of various sessions, some are completed over a number of lesson times.

Results and Discussion

Main outcomes are summarized in Table 7. It is readily apparent that the workshop training did not produce any effect. On the basis of pre-test comparisons between the two groups, and by reference to levels on these variables shown in Table 6, it also seems likely that those participants allocated to the control condition were cases with high levels of problem behaviours, since scores on the maladaptive scales were very high from the outset. A reasonable conclusion, therefore, is that participants were not randomly allocated; nor was an attempt made to match across groups. Instead, participants in the workshop were probably selected on the basis of their perceived capacities to function appropriately within a workshop setting and more disruptive individuals were allocated to the control condition. Moreover, a significant decrease from the first to the second maladaptive behaviour scores in the control group raises the possibility that different staff have provided scores on the two occasions. However, although these shortcomings have jeopardized the adequacy of the control procedure, it remains the case that workshop training did not impact at all on any of the dependent variables.

Table 7 **Means (and SDs) for pre- and post-measures on interpersonal competence and three maladaptive behaviours, for persons with an intellectual disability who either completed a Protective Behaviours Workshop or who participated in a no-treatment condition**

	Workshop		Control	
Outcome variable	Pre	Post	Pre	Post
Interpersonal competence (IC correct)	13.5 (3.3)	13.3 (3.1)	14.1 (2.6)	12.4 (3.6)
Violent and destructive behaviour (AAMD)	3.7 (4.0)	3.4 (4.3)	8.9 (9.7)	6.7 (5.4)
Untrustworthy behaviour (AAMD)	4.5 (3.8)	4.4 (4.3)	7.7 (4.4)	5.3 (4.2)
Antisocial behaviour (AAMD)	10.9 (11.1)	11.1 (12.1)	17.3 (10.5)	12.9 (10.9)

This outcome could mean that the higher interpersonal competency scores observed in the subgroup recruited from the institution at which this training program was developed were the consequence of variables not related to the program. However, a more likely explanation is that the program was too difficult for many of those selected to do it and that those staff mounting the program on this occasion were insufficiently prepared with respect to requirements for the program. Scheduling proved difficult because of competing activities and the initial plan for 13 weeks of training lesson was reduced to eight. Moreover, for about a third of the participants, their schedule was interrupted by vacation periods associated with Christmas. A reasonable conclusion, therefore, is that the validity of the Protective Behaviours Workshop was not tested adequately by this study. Nevertheless, consideration of the content does suggest that changes are required if the program is to address the kinds of behaviours that Studies 2 and 3 have identified as likely to increase the risk of victimisation among individuals with

an intellectual disability. First the focus of the program is too narrow, concentrating entirely on the problem of sexual harassment and abuse. While this is obviously an area of concern, the current project has clearly demonstrated that physical assault and other forms of victimisation are also important issues. Second, training in the program is directed exclusively to the problem of inappropriate compliance to unreasonable requests or suggestions. This is a necessary part of training in protective behaviours but is of itself not sufficient. The current studies have demonstrated that victims among the intellectually disabled population tend to respond to potential victimisers with displays of hostility, so that control issues are certainly as salient as compliance issues. Third, the training strategies underpinning this program reply heavily on description, illustration, discussion and clarification - essentially cognitive intervention aimed at improving trainees' understanding of what constitutes danger and how to deal with it. However, in view of the extent to which people with an intellectual disability tend to respond to both familiar and unfamiliar situations in a relatively rigid way, our recommendation would be that such programs adopt a behavioural approach. This would provide prescriptive, appropriate behavioural strategies with which to deal directly with the control of inappropriate anger.

Study 5

The study had three aims. The first was to cross-validate the video version of the four hypothetical scenarios with the version of the test of interpersonal competence used in the previous three studies. Predictions were therefore (i) that among persons with an intellectual disability both instruments will reliably distinguish victims from nonvictims; and (ii) that scores on the two instruments would be significantly correlated.

The second aim was to test whether poor social competence is a defining characteristic of intellectual disability. Although previous investigations of persons with

an intellectual disability have found interpersonal competence to be independent from IQ and personal living skills (adaptive behaviour), comparisons of intellectually disabled with nondisabled individuals have commonly found significantly poorer social competencies among the former (Greenspan, 1979). Matching intellectually disabled individuals with children at the same age of mental development (mental age, MA) provides a means of testing if the development of interpersonal skills is consistent with delayed development or lags behind normal MA. According to Spitz (1981), finding the latter implies an intellectual deficiency that is never going to be ameliorated entirely by training interventions. In these terms, the prediction would be that the intellectual disabled group would score significantly below children of the same MA on both instruments.

Third, including children provided an opportunity to test whether a version of the test of interpersonal competence (modified for use with school children) and the video presentation of hypothetical scenarios generalized to a sample of normal children. If so, then these instruments should reliably distinguish victims from nonvictims in this group.

Participants

Table 8: Descriptive data for the chronological age (CA), mental age (MA) and IQ of intellectually disabled adults and nondisabled school children

	Intellectually disabled				Children			
	N	CA	IQ	MA	N	CA	IQ	MA
Victims	24	35.7 (11.2)	59.5 (8.6)	11.9 (1.7)	8	11.3 (1.0)	101.3 (5.8)	11.4 (.9)
Nonvictims	28	38.4 (7.8)	54.3 (8.8)	10.9 (1.8)	45	11.2 (1.0)	105.2 (18.0)	11.7 (1.9)
Overall	52	37.2 (9.4)	56.6 (9.0)	11.3 (1.8)	53	11.2 (1.0)	104.6 16.7	11.6 (1.8)

Descriptive statistics for the intellectually disabled adults and the nondisabled school children are set out in Table 8. The intellectually disabled participants were 52 adults (34 males and 18 females) who volunteered to take part. Of these 24 had been a

victim of assault during the past 12 months. Age distributions for victims (35.7 years ± 11.2) and nonvictims (38.4 ±7.8) were very similar. WAIS-R scores (prorated from Vocabulary and Block Design subtests) were 5 points higher among victims (59.5 ± 8.6) than for nonvictims (54.3 ± 8.8), although this was not statistically significant at α=0.5 (p=.06).

Fifty three children (28 boys and 25 girls) were recruited through two private schools. Eight were classified as having been a victim of molestation or theft during the preceding 12 months. Their chronological ages ranged from 9 to 13 years (mean 11.17 ± .96) and distributions for victims and nonvictims were very close. On average these children were a little above average, the mean MA as measured by the Quick Test being about 6 months beyond the mean chronological age. MA distribution for victims (11.4 years ± .9) and nonvictims (11.7 ± 1.9) were similar.

Procedures

All participants completed the Quick IQ test, the video version of four hypothetical scenarios, described below, and the test of interpersonal competence. For the intellectually disabled group, this test was as used in Studies 2 and 3. For the children this was modified by rewording work-related items to make them relevant to school, as set out in Appendix 8. Finally, participants were interviewed to determine their status as victim or nonvictim. The entire procedure required about 1 hour with each participant.

Description of video content and scoring

The video is included as an Appendix insert to the report. In each scenario, an actor is in a situation where the possibility for victimisation is high. The participant viewed the video, which was stopped following each scenario, and was asked to suggest how the actor should resolve the situation. Each scenario ends at a point where the participant has an opportunity to respond in a way likely to avoid victimisation, or to

respond inappropriately so as probably to precipitate victimisation. In all cases, the appropriate response (maximum score = 4) is to disengage the responsible person (e.g. police officer, parent). The maximum total score for the full test is 16. In all cases, a violent response or one that is inappropriately compliant is scored zero. Where a response is insufficiently clear to score 4 - but not obviously zero - a series of prompts is used to elicit a clear answer. Each prompt reduces the maximum score by 1 point.

Scenario 1: This depicts someone attempting to solicit money from a passer-by. The scoring is:

4 pts	**Refusal and disengage** *e.g. Tell him I haven't got any and get away.*		
3 pts	**Half correct** *e.g. Tell him I don't have any*	What should Frank do then?	**Disengage**
2 pts			**Other inappropriate**
3 pts	**Half correct** *e.g. Run away*	What if he follows Frank?	**Refusal**
2 pts			**Other inappropriate**
3 pts	**Incorrect** *e.g. I never carry money*	What if he keeps hassling Frank?	**Refusal and disengage**
2 pts			**Other inappropriate**
	e.g. I'd ignore him	What if he gets really angry and keeps trying?	**Refusal and disengage**
1 pt			**Other inappropriate**
	e.g. I'd tell him to catch a bus	What if he threatens to hurt Frank if he doesn't give him the money	**Refusal and disengage**
0 pt			**Other inappropriate**
0 pt	**Any aggressive response**		
0 pt	**Any compliant response**		

Scenario 2 This depicts a stranger attempting to give a lift in his car to the potential victim. The scoring is:

4 pts	**Refusal and disengage** *e.g. Say no thanks my next bus will be here soon*		
3 pts	**Half correct** *e.g. Say no*	What if he keeps hassling John?	**Disengage**
2 pts			**Other inappropriate**
3 pts	**Half correct** *e.g. Walk away*	What if he follows John?	**Refusal**
2 pts			**Other inappropriate**
3 pts	**Incorrect** (any continuation of conversation)	What if he keeps trying to tell John to get in the car?	**Refusal and disengage**
2 pts			**Other inappropriate**
		What if he gets angry and demands that John get in the car?	**Refusal and disengage**
1 pt			**Other inappropriate**
		What if he jumps out of the car and tries to grab John?	**Refusal and disengage**
0 pt			**Other inappropriate**
0 pt	**Any aggressive response**		
0 pt	**Take lift**		

Scenario 3: This depicts a man attempting to embrace another at a railway station. The scoring is:

4 pts	**Refusal and disengage** *e.g. Get up and walk away*		
3 pts	**Half correct** *e.g. Ask him to keep his arm to himself*	What if he doesn't?	**Disengage**
2 pts			**Other inappropriate**
3 pts	**Incorrect** *e.g. Slide over to the other end of seat*	What if he follows Dave?	**Refusal and disengage**
2 pts			**Other inappropriate**
		What if he tries to touch Daves private parts?	**Refusal and disengage**

1 pt			**Other inappropriate**
		What if he tries to grab Dave and drag him away?	**Refusal and disengage**
0 pt			**Other inappropriate**
0 pt	**Any aggressive response**		
0 pt	**Put arm around him**		

Scenario 4: This depicts a friend stealing money from the potential victim. The scoring is:

4 pts	**Report incident** *e.g. Go and tell someone in a position of authority (e.g. parents or staff)*		
3 pts	**Incorrect** *e.g. Tell him you know he's got it and you want it back*	What if he still doesn't give it back?	**Report incident**
2 pts			**Other inappropriate**
		What if he threatens Phil?	**Report incident**
1 pt			**Other inappropriate**
		What if he tells Phil it was his money?	**Report incident**
0 pt			**Other inappropriate**
0 pt	*I'd let him keep it*		
0 pt	**Any aggressive response**		

Results

The results for the intellectually disabled group on the test of interpersonal competence and the video test are shown in Table 9. Aggression scores from the test of interpersonal competence were higher overall than was found in Study 3 but were still significantly higher among victims than nonvictims. Logistic regression established that Aggression correctly classified 50% of victims and 74% of nonvictims, with an overall classification accuracy of 64% (χ^2=4.15, p<.05). Differences between victims and nonvictims for the compliance and correct scores from the test of interpersonal competence, and on the video test, were not reliably different. Correlations between the

video score and the test for interpersonal competence were .52 (correct, $p<.01$), -.48 (aggression, $p<.01$) and -.14 (compliance, not statistically significant).

Table 9: Means (SDs) for Aggression, Compliance, Number Correct from the Test of Interpersonal Competence and Personal Vulnerability and for score on the video test, for victims (n=24) and nonvictims (n=28) with an intellectual disability

	Victims		Nonvictims	
Variable	Mean	SD	Mean	SD
Aggression (IC)	4.54	2.64	3.13	2.23
Compliance (IC)	1.96	1.85	1.74	1.88
Number Correct (IC)	13.08	2.86	13.89	3.68
Video Score	7.90	4.37	7.62	3.93

As is seen from Table 8, the children and the adults were well-matched for MA; the two distributions were not significantly different. Results form the children for the video test (mean 12.65 $\pm$ 2.58) were markedly above those from the adults with an intellectual disability (mean 7.74 $\pm$ 4.10), the difference being highly statistically significant (t=7.06, df=75.86, $p<.001$; the t-value and df have been adjusted for inequality of variances in these distributions). Moreover, the eight victims (mean 10.88 $\pm$ 1.73) scored significantly below the 45 nonvictims (mean 12.96 $\pm$ 2.59) on this test (t=2.18, df=51, $p<.05$). Results for the Test of Interpersonal Competence and Personal Vulnerability with children have not yet been scored.

Discussion

Once again, the results have confirmed that the critical aspect of lower interpersonal competence found among victims with an intellectual disability is defined in terms of inadequately controlled aggression. The marginally higher mean IQ found here among the victims was not statistically significantly so - and is in the opposite direction to what would be expected if IQ did mediate victimisation. Thus, this outcome is consistent with previous conclusions that within this population IQ is not relevant, whereas precipitating factors are.

The results with the video involving four hypothetical scenarios were not wholly consistent, since scores did not distinguish victims from nonvictims within the intellectually disabled group. There is a possibility that this may reflect over-stringency in the present scoring system, which quite drastically reduces the score obtained for any form of prompting, even when this is directed at clarifying understanding of what is required rather than a partially incorrect answer. This matter is something yet to be explored further. On the other hand, the instrument has done well in so far as it is substantially correlated with both Aggression and Number Correct from the questionnaire version of the Test of Interpersonal Competence and Personal Vulnerability; and children with the same MA on average as the adults with an intellectual disability have significantly outscored the latter. Moreover, among children video scores have successfully distinguished victims from nonvictims. Together, these results amount to a satisfactory cross-validation of the video and questionnaire measures of interpersonal competence.

Conclusions

The results from the research reported here indicate that, consistent with the findings of Wilson et al (1996), people with an intellectual disability are vulnerable to personal crime. Our research also suggests that people with a psychiatric disorder (i.e., chronic schizophrenia) are also more vulnerable, although discerning the factors responsible for this vulnerability is difficult. While routine activities and lifestyle can place any one in the community into a situation in which the chances of victimisation are increased, preferences for various behaviours can also place the person there, and describe the manner in which the crime occurs. In combination, these two factors provide a potentially powerful mechanism for designing interventions that will minimise individual risk.

Sparks' (1981; 1982) model of victimology has provided the theoretical framework for investigating a possible behavioural explanation for the increased vulnerability of some high risk groups. In his model Sparks has identified six nonindependent factors, each of which is measured on a continuum. Five of these factors - precipitation, facilitation, vulnerability, opportunity and impunity - were included in the project. Attractiveness was excluded because of the subjective nature of this variable, and the generally homogeneous nature of the people who have been participants in our studies. The results have shown that for personal crimes, which formed the primary focus of the current series of investigations, precipitation was the key behavioural predictor and, more specifically, the experience of anger and also difficulties in controlling these feelings were associated with a differential probability of being the victim of an assault. Interview data, in which circumstances surrounding the occurrence of a crime were explored, revealed that failure to inhibit a confrontative response in problematic scenarios was likely to lead to that person becoming a victim.

The Test of Interpersonal Competence and Personal Vulnerability has provided a useful, though somewhat limited index of victimisation risk - most usefully discriminating assault victims. However, for a number of reasons, it is possible that the current results have underestimated its usefulness. First, some insensitivity in the scoring procedures and item format may restrict the range of scores possible, thereby underestimating interindividual variability in interpersonal competence. Second, poor scores on the measure found for some nonvictims may simply reflect restrictions in the situational opportunities for victimisation of these people, and changes to these circumstances in the future may result in these people becoming victimised. Ideally, a predictive validity study could test this hypothesis.

The identification of specific behaviours that impact on victimisation does offer the

prospect of developing targeted training packages which should effect crime rates, at least within the population targeted. Although the current study found 'Protective Behaviours' training did not improve interpersonal competence knowledge (as measured by the Test of Interpersonal Competence and Personal Vulnerability), or decrease the display of violent and destructive behaviours, or improve untrustworthy or anti-social behaviours, it may have had beneficial effects in other areas that also influence the probability of victimisation (e.g., assertiveness and personal responsibility) but that were not measured by us. Nonetheless, we would still contend that a well articulated, behaviourally focused and individually tailored training package should provide the opportunity to ameliorate the vulnerability problems of those people with an intellectual disability who have been, or are about to be, victimised by a personal crime. This is perhaps the single most important practical implication of our research results.

Our results in determining the influence of Sparks' factors, other than precipitation, were not clear cut. In part, this may reflect Sparks' failure to specify the relationships between the factors in his model, and difficulties in operationalising these factors. Additionally, it is more than likely that the salience of each of these factors will vary considerably with the nature of the crime. Future research could usefully explore this issue. For example, it is conceivable that inappropriately compliant behaviour (operationalised as an index of 'vulnerability') may impact on the probability of an individual becoming the victim of a robbery or sexual assault; trusting behaviours may 'facilitate' household property theft; failure to discriminate dangerous people, situations and or requests may enhance the 'opportunity' for any sort of personal crime; and lack of confidence in acting assertively may encourage a range of criminally exploitative behaviours by others who see these behaviours as indicating an 'attractive' target with a high probability of impunity.

Despite the measurement difficulties experienced in the current study and the inevitable dilemma presented by a yes or no classification of victimisation status at one point in time, our investigations have indicated that crime does not occur in a vacuum and that the behavioural charcteristics of the victimised group impact on the prevalence and nature of the crime. Further research that focuses on crime as an interactive variable and that seeks to understand the circumstances surrounding individual incidents by determining the perceptions of both the 'victim' and 'victimiser' would provide a significant pointer to possible environmental interventions that could decrease crime rates.

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APPENDIX 1

Reaction Inventory (Evans & Strangeland, 1971)

1. The telephone or doorbell ringing when you are busy at something.

1	2	3	4	5
Not at all	A little	A fair amount	Much	Very much

2. Running out of something you need at the moment.

1 2 3 4 5

3. Missing an activity you really wanted to attend.

1 2 3 4 5

4. Not having enough money to buy something.

1 2 3 4 5

5. Not having enough change for the telephone or parking meter.

1 2 3 4 5

6. Finding out about something you would have liked to have seen after leaving a place.

1 2 3 4 5

7. People who litter public areas.

1 2 3 4 5

8. Destructive people.

1 2 3 4 5

9. Someone driving carelessly.

1 2 3 4 5

10. Having to do something in a way which you know is inefficient.

1 2 3 4 5

11. People being cruel to children.

1 2 3 4 5

12. Being forced to repeat something several times.

1 2 3 4 5

13. People who don't understand something you are trying to explain.

1 2 3 4 5

14. Long waits for service in a restaurant.

1 2 3 4 5

15. People pushing into line.

1 2 3 4 5

16. People who think they are always right.

1 2 3 4 5

17. People who think they know it all.

1 2 3 4 5

18. Phony people.

1 2 3 4 5

19. People who brag about things.

1 2 3 4 5

20. People who speak on subjects they know nothing about.

1 2 3 4 5

21. Ill-mannered people.

1 2 3 4 5

22. Being cheated in a business transaction.

1 2 3 4 5

23. Finding that someone has overcharged for services.

1 2 3 4 5

24. Shops that fail to back their merchandise.

1 2 3 4 5

25. Being underpaid in a job.

1 2 3 4 5

26. Servicemen failing to repair things.

1 2 3 4 5

27. Being teased about your faults.

1 2 3 4 5

28. People trying to better you.

1 2 3 4 5

29. Criticism.

1 2 3 4 5

30. People being sarcastic toward you.

1 2 3 4 5

31. Locking your keys in the car.

1 2 3 4 5

32. Having things spilled on new clothes.

1 2 3 4 5

33. Getting halfway to your destination and having forgotten something.

1 2 3 4 5

34. Running out of petrol.

1 2 3 4 5

35. Being stuck in traffic when you're late.

1 2 3 4 5

36. Losing money or valuables.

1 2 3 4 5

37. People asking personal questions.

1 2 3 4 5

38. People gossiping.

1 2 3 4 5

39. Having your movements restricted.

1 2 3 4 5

40. Being forced to do something you don't want to do.

1 2 3 4 5

41. Having to take orders.

1 2 3 4 5

APPENDIX 2

The Fear of Negative Evaluation Scale (Watson & Friend, 1969)

1. I rarely worry about seeming foolish to others.
2. I worry about what people will think of me even when I know it doesn't make any difference.
3. I become tense and jittery if I know someone is sizing me up.
4. I am unconnected even if I know people are forming an unfavourable opinion of me.
5. I feel very upset when I commit some social error.
6. The opinions that important people have of me cause me little concern.
7. I am often afraid that I may look ridiculo us or make a fool of myself
8. I react very little when other people disapprove of me.
9. I am frequently afraid of other people noticing my shortcomings.
10. The disapproval of others would have little effect on me.
11. If someone is evaluating me I tend to expect the worst.
12. I rarely worry about what kind of impression I am making on somebody.
13. I am afraid that others will not approve of me.
14. I am afraid that people will find fault with me.
15. Other people's opinions of me do not bother me.
16. I am not necessarily upset if I do not please someone.
17. When I am tailing to someone, I worry about what they may be thinking about me.
18. I feel that you can't help making social errors sometimes so why worry about it.
19. I am usually worried about what kind of impression I make.
20. I worry a lot about what my superiors think of me.
21. If I know someone is judging me it has little effect on me.

22. I worry that others will not think I am worthwhile.

23. I worry very little about what others may think of me.

24. Sometimes I think I am too concerned about what others may think of me.

25. I often worry that I will say or do the wrong things.

26. I am often indifferent to the opinions others will have of me.

27. I am usually confident that others will have a favourable opinion of me.

28. I often worry that people who are important to me won't think much of me.

29. I brood about the opinions my friends have about me.

30. I become tense and jittery if I know I am being judged by my superiors.

APPENDIX 3

The Knowledge of Citizenship Rights and Responsibilities Instrument (Thorine, Browning & Irvin, 1988)

1. You can't ride on the bus without paying for the ride or showing your pass.
2. You should only do things for your community if you get paid for it.
3. People should do whatever you want them to do.
4. It's O.K. to cheat at games if you don't get caught.
5. You have to tell strangers anything they want to know about you.
6. If you don't like what other people say it's O.K. to disagree with them.
7. You should not bother to tell the government what you think of things.
8. According to the law, people with disabilities have the same rights as people without disabilities.
9. When you make a mistake its O.K. to blame someone else.
10. If someone thinks they are being treated differently because they have a disability, they should forget it because there's nothing they can do about it.
11. You have a right to go into other people's homes without asking.
12. It's O.K. to throw rubbish if everyone else does it.
13. People who make the laws are elected by voters.
14. Freedom of religion means you have to go to church.
15. You should tell the police if you think someone has committed a crime.
16. Other people should always make decisions for you because they know what's best for you.
17. People can make decisions for you without having to answer your questions.
18. A person should get permission before spending money.
19. Planning what to do with your money is a waste of time.
20. You have the right to have things of your own like a T.V. or stereo.
21. Laws in this country are made to protect everyone.

22. You should think about what will happen before you make a decision.

23. Problems your community has, like litter or crime, are no concern of yours.

24. People who break a law may be put in jail and have to pay money.

25. People have the right to get together in groups if they want to.

26. It's O.K. to make fun of people who are different.

27. If you think a law is not fair, you should break it.

28. You have the right to have a boyfriend or girlfriend if you want to.

29. People with handicaps can only get jobs where they work with other handicapped people.

30. You have to register before you can vote.

APPENDIX 4

Modified version of the Test of Interpersonal Competence and personal Vulnerability (Wilson, Seaman & Nettelbeck, 1996), as used in Studies 2, 3 and 5)

I'm going to ask you some questions about dealing with people you know and people you don't know. I will read some situations you may come across at home, at work, or when out. I will then read 3 answers. There is only one best answer for each problem. You must listen hard to the questions and the answers and tell me which one you think is the best answer.

NAME: _____

PRACTICE ITEM:

If someone at work always teases and hits you, you should

(a) go to his house and fight him there

(b) Tell the supervisor at work

(c) Change jobs.

---

1. If you are walking down the street and a man you don't know comes and asks you for money, you should

   (a) Give it to him so he'll go away

   (b) Tell him no

   (c) Tell him to "get lost".

2. Is someone you don't know gets angry and yells at you, you should

   (a) Ignore them and walk away

   (b) Yell back at them

   (c) Try to make friends.

3. If you are sitting on a bus and a woman you know from work says she likes your watch and asks you for it, you should

   (a) Tell her where she can buy one like it

   (b) Yell at her

   (c) Give the watch to her.

4. If you are in the toilet at work and someone from another section comes in and touches, or says they want to touch your private parts, you should

   (a) Let them do it because they might get angry

   (b) Say you don't like people doing that

   (c) Push him/her out of the way.

5. If you are walking down the street and it is raining, and a car stops and offers you a lift, you should

   (a) Say you'll come if he takes you straight home

   (b) Kick the car

   (c) Keep walking.

6. If a woman who works with your father comes to the door and asks you to sign up to be a member of a gymnasium, you should

   (a) Slam the door in her face

   (b) Find out how much it will cost and check with your parents or someone else

   (c) Sign, because she knows your father.

7. If someone you know says he'd like to take some pictures of you without your clothes on, you should

   (a) Say no, because it would make you feel embarrassed

   (b) Smash his camera

   (c) Say yes, that would be fine.

8. If you are at a bus stop, and someone you don't know puts his arm around you, you should

   (a) Get up and walk away

   (b) Put your arm around them

   (c) Threaten to punch him if he doesn't go away.

9. If your Uncle comes to visit and wants to lie down with you in your bedroom, you should

   (a) Yell at him, and call him names

   (b) Say no and tell your parents or someone else

   (c) Give your Uncle a big hug because he's lonely.

10. If you receive a walkman radio for Christmas and a friend picks it up and asks you to let him keep it, you should

    (a) Give it to him because it's good to share

    (b) Snatch it away

    (c) Let him listen to it, but don't give it to him.

11. If someone comes to your door and says they don't have any money but needs a new TV, you should

    (a) Tell them "tough luck", and slam the door

    (b) Give them yours

    (c) Say you're sorry and close the door.

12. If a man in a uniform asks you to give him all your money, you should

    (a) Scream and push him away

    (b) Give it to him because he may be a policeman

    (c) Say you don't have any.

13. If your dad always punches you when he's had a few drinks, you should

    (a) Tell someone at work or your doctor

    (b) Try to keep him in a good mood

    (c) Punch him first.

14. If you get home from work and find someone you don't know in your house, you should

    (a) Sneak up behind him, and hit him on the head

    (b) Ask him why he's there

    (c) Go next door, or to a phone-box and call the police.

15. If you go out with someone and he/she wants you to have sex but you don't want to, you should

    (a) Do it anyway so they'll go out with you again

    (b) Say you don't really feed like it and go home

    (c) Tell him/her that he/she is a pervert.

16. If a neighbour takes your lawnmower and doesn't give it back to you, you should

    (a) Take his bike to get him back

    (b) Just forget about it

    (c) Tell him you need it back.

17. If you leave some money on a dressing table at home and a friend takes it, you should

    (a) Find him and have a fight

    (b) Tell him you know he took it and you want the money back

    (c) Forget about it.

18. If someone you don't know asks if they can borrow your bike, you should
    (a) Say you don't lend things to people
    (b) Make sure they put on a helmet
    (c) Tell them to get their own bike.

19. If a friend shouts at you and insults you, you should
    (a) Try to make them feet better
    (b) Ignore them
    (c) Punch them in the face.

20. If a man you don't know is following you at night, you should
    (a) Wait until he is not looking, and hit him
    (b) Ask him what he wants
    (c) Find a policeman and tell him.

APPENDIX 5

Self-Report Anger Inventory, adapted from the Multidimensional anger Inventory (Siegel, 1986)

1. Do you get angry more often than your friends or less often? (freq.)

   MORE LESS

2. Do you friends often do things that annoy you? (hos. outlook)

   YES NO

3. Would something make you angry everyday? (freq.)

   YES NO

4. Do you think you feel angrier than you should? (magnit.)

   YES NO

5. Do you always know why you are angry?* (freq.)

   YES NO

6. When you are angry, do you calm down faster than most people?* (dur.)

   YES NO

7. Are you ever surprised by how often you get angry? (freq.)

   YES NO

8. If you remember something in the past that made you angry, do you get angry again? (magnit.)

   YES NO

9. Is it easy or hard to get you angry? (freq.)

   HARD EASY

10. Do you ever feel so angry you don't know what to do? (magnit.)

    YES NO

11. When you are angry, do you calm down slower than most people? (dur)

    YES NO

12. Do you try to talk about your problems without showing that you are angry?* (ang. in)

    NO YES

13. Do you friends get angrier than you?* (magnit.)

NO YES

14. Do you think it is hard to let other people know you are angry? (ang. in)

YES NO

15. Do you think that people talk about you behind your back? (hos. outlook)

YES NO

16. When you are angry with someone do you try to get even with them? (ang. out)

YES NO

17. When you are angry with someone, do you take it out on others around you? (ang. out)

YES NO

18. Do you feel guilty when you show that you are angry? (guilt)

YES NO

19. If someone tries to teach you something, do you ever think you could do it better? (hos. outlook)

YES NO

20. When you get angry, do you stay angry for hours? (dur.)

YES NO

21. Do you sometimes think that people are only pretending to be friendly? (hos. outlook)

YES NO

22. If you were angry with someone would you let them know? (ang. out)

YES NO

23. Do you get angry when: (range of anger-eliciting situations)

(a)	someone breaks their promise	YES	NO
(b)	people are unfair	YES	NO
(c)	something happens that stops you doing what you want	YES	NO
(d)	someone embarrasses me	YES	NO
(e)	the people you are working with make a mistake	YES	NO
(f)	you make a mistake	YES	NO
(g)	no one praises you when you do something well	YES	NO

*indicates item is reverse scored

APPENDIX 6

Five hypothetical scenarios, as used in Study 2

These are intended to reveal qualitative information as to how the participant would react in certain situations. Examples include intentionally inappropriate/aggressive behaviour by both stranger and friend/relations as well as behaviour that is unintended. The situations will probably be elaborated according to how much rapport exists between the interviewer and the participant; questions that are deemed irrelevant will not be included.

1. "You are waiting, by yourself, in a line for the bus and someone comes along and pushes in front of you."

2. "You are walking down the street with a friend and someone yells at you both."

3) "You are in the workshop and someone takes away one of the tools you are using, without asking."

4) "You accidently drop something heavy on someone's foot, they do not listen to your explanation, but come over and threaten to kick you."

5) "You are standing in line for the bus and someone rushes past in a hurry, pushing you out the way. They do not say sorry, but stop to have an argument with a person standing behind you. They shout at the other person and call them names. Finally they stop shouting and turn around to face you."

Potential Questions asked:

- How would this make you feel?
- Would you want this person to know ... (how you felt)?
- How would you let them know ... (how you felt)?
- Would you say anything to them?
- What would you say?
- Would you do anything to stop them?
- What would you do?

APPENDIX 7

Third-Party Anger Inventory, adapted from Siegel (1986), as used in Study 2

A) How long have you known _____?

<3 months 3-6 months 6-12 months >12 months

B) Instructions. Read each statement and circle the answer that best describes _____.

If the statement is completely undescriptive, circle a 1.
If the statement is mostly undescriptive, circle a 2.
If the statement is partly undescriptive and partly descriptive, circle a 3.
If the statement is mostly descriptive, circle a 4.
If the statement is completely descriptive, circle a 5.

_____,

1. tends to get more angry than most people.
   1 2 3 4 5
2. is annoyed by things that their friends do.
   1 2 3 4 5
3. gets angry everyday.
   1 2 3 4 5
4. gets angrier than they should.
   1 2 3 4 5
5. always knows why they feel angry.*
   1 2 3 4 5
6. when angry, calms down faster than most people.*
   1 2 3 4 5
7. gets surprised by how often they feel angry.
   1 2 3 4 5
8. gets angry about something in the past just by thinking about it.
   1 2 3 4 5

9. is easy to get angry.

1 2 3 4 5

10. can get so angry, they might lose control.

1 2 3 4 5

11. when angry, calms down slower than most people.

1 2 3 4 5

12. tries to talk about their problems without showing if they are angry.

1 2 3 4 5

13. gets less angry than most people.

1 2 3 4 5

14. tends to find it difficult to let others know they are angry.

1 2 3 4 5

15. thinks that people talk about them behind their back.

1 2 3 4 5

16. tries to get even when they are angry with someone.

1 2 3 4 5

17. takes their anger out on those around them.

1 2 3 4 5

18. feels guilty when they show their anger.

1 2 3 4 5

19. when being taught something, believes they could do better.

1 2 3 4 5

20. when angry, stays angry for hours.

1 2 3 4 5

21. believes that sometimes people are only pretending to be friendly.

1 2 3 4 5

22. lets someone know if they are angry with them.

1 2 3 4 5

23. gets angry when:

(a)	someone breaks their promise	1	2	3	4	5
(b)	people are unfair	1	2	3	4	5
(c)	something blocks their plans	1	2	3	4	5
(d)	someone embarrasses them	1	2	3	4	5
(e)	someone they are working with makes a mistake	1	2	3	4	5
(f)	they make a mistake	1	2	3	4	5
(g)	no one praises them for good work	1	2	3	4	5

APPENDIX 8

Modified version of the Test of Interpersonal Competence and Personal Vulnerability used with children in Study 5

NAME: _____

I'm going to ask you some questions about dealing with people you know and people you don't know. I will read some situations you may come across at home, at school, or when out. I will then read 3 answers. There is only one best answer for each problem. You must listen hard to the questions and the answers and tell me which one you think is the best answer.

PRACTICE ITEM:

If someone at school always teases and hits you, you should

(a) Go to their house and fight them there

(b) Tell the teacher at school

(c) Leave the school.

---

1. If you are walking down the street and a man you don't know comes and asks you for money, you should

   (a) Give it to him so he'll go away

   (b) Tell him no

   (c) Tell him to "get lost".

2. Is someone you don't know gets angry and yells at you, you should

   (a) Ignore them and walk away

   (b) Yell back at them

   (c) Try to make friends.

3. If you are sitting on a bus and a child you know from school says she likes your watch and asks you for it, you should

   (a) Tell her where she can buy one like it

   (b) Yell at her

   (c) Give the watch to her.

4. If you are in the toilet at school and someone comes in and touches, or says they want to touch your private parts, you should

   (a) Let them do it because they might get angry

   (b) Say you don't like people doing that

   (c) Push him/her out of the way.

5. If you are walking down the street and it is raining, and a car stops and offers you a lift, you should

   (a) Say you'll come if the driver takes you straight home

   (b) Kick the car

   (c) Keep walking.

6. If a woman who works with your father comes to the door and asks you to sign up to be a member of a sports club, you should

   (a) Slam the door in her face

   (b) Find out how much it will cost and check with your parents or someone else

   (c) Sign, because she knows your father.

7. If someone you know says he'd like to take some pictures of you without your clothes on, you should

   (a) Say no, because it would make you feel embarrassed

   (b) Smash his camera

   (c) Say yes, that would be fine.

8. If you are at a bus stop, and someone you don't know puts his arm around you, you should

   (a) Get up and walk away

   (b) Put your arm around him

   (c) Threaten to punch him if he doesn't do away.

9. If someone comes to visit and wants to lie down with you in your bedroom, you should

   (a) Yell at them, and call them names

   (b) Say no and tell your parents or someone else

   (c) Give them a big hug because they are lonely.

10. If you receive a walkman radio for Christmas and a friend picks it up and asks you to let him keep it, you should

    (a) Give it to him because it's good to share

    (b) Snatch it away

    (c) Let him listen to it, but don't give it to him.

11. If someone comes to your door and says they don't have any money but need a new TV, you should

    (a) Tell them "tough luck", and slam the door

    (b) Give them yours

    (c) Say you're sorry and close the door.

12. If a man in a uniform asks you to give him all yo ur money, you should

    (a) Scream and push him away

    (b) Give it to him because he may be a policeman

    (c) Say you don't have any.

13. If someone always punches you in the playground, you should

    (a) Tell someone at school or your parents

    (b) Try to keep him in a good mood

    (c) Punch him first.

14. If you get home from school and find someone you don't know in you house, you should

    (a) Sneak up behind him, and hit him on the head

    (b) Ask him why he's there

    (c) Go next door, or to a phone-box and call the police.

15. If you go out with someone and he/she wants you to do something naughty but you don't want to, you should

    (a) Do it anyway so they'll be your friend

    (b) Say you don't really feel like it and go home

    (c) Tell him/her that he/she is a stupid idiot.

16. If a neighbour takes your bicycle and doesn't give it back to you, you should

    (a) Smash their bike to get even

    (b) Just forget about it

    (c) Tell them you need it back.

17. If you leave some money on a dressing table at home and a friend takes it, you should

    (a) Find the friend and have a fight

    (b) Tell the friend that you know he/she took it and you want the money back

    (c) Forget about it.

18. If someone you don't know asks if they can borrow your bike, you should
    (a) Say you don't lend things to people
    (b) Make sure they put on a helmet
    (c) Tell them to get their own bike.

19. If a friend shouts at you and insults you, you should
    (a) Try to make them feet better
    (b) Ignore them
    (c) Punch them in the face.

20. If a man you don't know is following you, you should
    (a) Wait until he is not looking, and hit him
    (b) Ask him what he wants
    (c) Find a policeman and tell him.