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Bullying and victimisation in school children: the role of social identity, problem-solving style, and family and school context

Tony Cassidy

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Abstract The relationship between social identity, family and school context, problem-solving style, self-esteem, health behaviour, psychological distress, and victimisation, was explored in a quasi-experimental survey of 461 children aged between 11 and 15 years old. There was a high prevalence of victimisation (29%) in the group and 44% of those victimised scored above the clinical cut-off on the GHQ. Victims exhibited higher levels of psychological distress, lower self-esteem, more unhealthy behaviours, less support from parents and teachers, poorer problem-solving styles, and lower perceived social identity. Girls had a higher prevalence of victimisation than boys. The best predictors of victimisation were sex, family situation, social identity and problem-solving style. Some implications for interventions are discussed.

Keywords Victimisation · Bullying · Social identity · Psychological distress · Coping

1 Introduction

Most researchers in the field define bullying as *negative actions—physical or verbal—that have hostile intent, are repeated over time, and involve a power differential between the bully and the victim* (Olweus 1993). Those who are on the receiving end of bullying are defined as victims and their experiences as victimization. It is important to recognise the danger of labelling individuals as victims, but since this is the term commonly used it will be used here to avoid confusion. The current study explores the relationship between victimisation and social identity in relation to

T. Cassidy (✉)
School of Psychology, University of Ulster, Magee Campus, Northlands Road,
Derry BT48 7JL, Northern Ireland
e-mail: t.cassidy@ulster.ac.uk

psychological distress, self-esteem and factors that might mediate the process, in older children.

The relationship between bullying and being bullied is not necessarily a simple one and it is generally now accepted in the literature that in addition to bullies and victims there are also bully-victims—i.e. those who are both bullies and victims (Smith 2004; Toblin et al. 2005). Prevalence rates for bullying vary between 15% and 40% across reports with 10–20% of those being on the receiving end as victims of bullying (Smith 2004; Smith et al. 2004; Olweus 1993). Clearly this is likely to vary from school to school and probably from region to region with some communities experiencing even higher rates. It is also an international phenomenon (Kanetsuna and Smith 2006). Depression and anxiety have been consistently demonstrated in victims of bullying (Espelage and Swearer 2003; Austin and Joseph 1996; Olweus 1994) and victimisation has been linked to suicide in a number of cases. In the most serious cases victims exhibit symptoms of Post Traumatic Stress Disorder and most commonly demonstrate low levels of self-esteem (Houbre et al. 2006). The damaging impact of being bullied on psychological health seems well established but the link with physical health is less well supported. Anecdotal evidence would suggest that children who are distressed by bullying might be more inclined to engage in less healthy behaviours, whether through withdrawal or as a way of coping with stress.

The link with self-esteem is interesting in light of recent theoretical developments suggesting that the social identity part of the self-concept is linked with bullying (Ojala and Nesdale 2004). The main focus of this research so far is that bullying may be a group behaviour motivated by group norms and threats to social identity (Ojala and Nesdale 2004; Abrams et al. 2007; Abrams et al. b; Marques et al. 2001). Social identity theory posits that a sense of positive social identity is linked with positive self-esteem. Threats to social identity threaten self-esteem and thus individuals are motivated to defend their social identity (Ellemers et al. 2002). The extensive work of Abrams et al. (2000, 2003a, b, 2007) demonstrates the role of social identity in identifying those to be excluded, essentially the role of social identity processes in explaining how bullies identify their victims. This focus on explaining bullying as group behaviour has been productive and raises the question of group membership and social identity from the perspective of the bullied individual.

There is a growing literature on ostracism and social exclusion (Williams 2007; McDonald and Leary 2005) which demonstrates the prevalence and damaging consequences for individuals who are outcast by desirable groups. Even when inclusion costs and exclusion pays, inclusion still seems to be preferable to exclusion (van Beest and Williams 2006). This literature views exclusion as a form of bullying or part of a bullying process. One might suggest that ostracism or exclusion could be either the antecedent or consequence of bullying, or both. There would seem to be evidence that some children's experience is of being ostracised as a consequence of being bullied (Williams 2007), even if the ostracism is indirect via text messaging (Smith and Williams 2004). On the other hand the evidence cited above suggests that some children are bullied because they are not perceived as part of the group (Abrams et al. 2003a, b, 2007). To some extent the literature on ostracism and exclusion runs parallel to the literature on bullying with obvious overlap though the connections are not always made by the different teams of scientists involved. For the current

study it is proposed to explore the child's perception of social identity in relation to victimisation.

The impact of bullying on victims can to some extent be explained via the stress-coping model (Cassidy and Taylor 2005). Children who are bullied are more likely to exhibit symptoms of psychological distress if they feel unsupported and use ineffective coping strategies. Stress appraisal and perceived support are impacted by social identity, in that in group members' appraisals of stress and offers of support have more impact than the same behaviours from out group members (Haslam et al. 2004). If a victim is denied access to positive social identity it might be predicted that their levels of distress would be elevated. Intervention programmes to reduce bullying and victimisation have tended to focus on social skills training (SST) with elements of interpersonal problem-solving (Fox and Boulton 2003). The evidence for the effectiveness of interventions is equivocal although some of the inconsistency may be due to either ineffective monitoring or patch meal application of programmes (Smith et al. 2004). In effect much of what has been done is based on improving the coping abilities of children but at an interpersonal level. Evidence from conflict reduction research suggests that interventions need to be at the group level, and if bullying is indeed a group behaviour perhaps similar lessons need to be learned here.

Previous research suggests that both family and school factors may impact on bullying (Espelage and Swearer 2003). Family environments that include high levels of conflict and poor cohesion have been linked to bullying behaviour both at home and school (Duncan 1999). In terms of schools, students who have poor perceptions of the school climate tend to be more likely to exhibit bullying and delinquent behaviour (Kuperminc et al. 2001). One might expect that home and school factors would also impact on victimisation but the question does not seem to have been previously addressed. The current study considers the home context in terms of family relations and encouragement from parents as well as family size, crowding and parental marital status. The school context is considered in terms of perceived encouragement from teachers.

In summary, while victimisation is well established as a source of psychological distress and poor self esteem, there is suggestive evidence that it may be linked to family and school context, and to the child's social identity. The current study aims to consider the role of social identity plus family and school context in victimisation. The overall process linking victimisation with psychological distress is considered within the stress-coping model using problem-solving style as a measure of coping. In addition outcomes are measured more broadly than is the usual case including self esteem and health behaviours alongside psychological distress.

2 Method

2.1 Design

This was a quasi-experimental survey design with questionnaire data collection techniques, to explore the impact of victimisation on psychological distress, health

behaviours and self-esteem, and the mediating role of social identity, family relations, encouragement from parents and teachers, and problem-solving style.

2.2 Participants

A sample of 461 children aged 11–15 years (x = 13.1, sd = 1.3), 198 boys and 263 girls, were assessed. All children were attending school in the UK. Of these 128 came from non-intact homes (single parent, divorced or separated), and 333 came from intact homes.

2.3 Measures

Biographical information was obtained on the children in terms of age, sex, marital status of parents, number of siblings, birth order, and size of family home in terms of number of bedrooms, before they completed the measures described below. From the biographical information it was possible to calculate, family size, and crowding (family size divided by number of bedrooms) as measures of family context.

2.3.1 Victimisation

Researchers have debated the relative merits of self-reports, peer assessment and teacher assessment in measuring bullying and victimisation (Leff et al. 1999; Espelage and Swearer 2003). There is also some evidence that those who identify themselves as victims of bullying tend to be more likely to have experienced more intense bullying (Theriot et al. 2005). On the whole self-report measures appear to have reasonable reliability and do provide quick access to relatively large numbers of participants. For these reasons the current study used a two item measure;

1. Have you been hit, kicked or pushed around by another student or group of students on a regular basis?
2. Have you been verbally threatened by another student or group of students on a regular basis?

Response format was forced choice (Yes/No), and participants were defined as having been bullied if they replied yes to both items.

2.3.2 Social identity

This was measured using an adaptation of a six item *Social Identity Scale* developed by Karasawa (1991) with the aim of assessing the strength of participants' identification with a peer group. While a child's social identity will be complex and include a number of groups, arguably there will be one central peer group of friends. The scale allows the participant to initially state whether or not they are part of such a group and then to indicate their level of identification with the group. The scale is shown in the Appendix and has a Cronbach Alpha of 0.89. A higher score indicates a stronger identity or self-categorisation with a central group of friends.

2.3.3 Problem-solving style

This was measured using the *Problem-solving Style Inventory* (Cassidy and Long 1996). This is a 24 item measure of problem-solving style which measures 5 factors, helplessness ($\alpha = 0.80$), control ($\alpha = 0.71$), creativity ($\alpha = 0.75$), confidence ($\alpha = 0.78$), approach style ($\alpha = 0.73$), and avoidance style ($\alpha = 0.71$). Higher scores on the scale indicate a problem-solving style where the person feels less helpless, more in control, more confident, more creative, more likely to approach and less likely to avoid problems. The scale has been used in a number of studies (e.g. Baker 2003; Cassidy and Dhillon 1997; Cassidy 2004) where it has been shown to be reliable and valid as well as practically useful. The scale had not been used previously in this age group, but the items were checked for level before use and the fact that participants had no difficulty with any of the items supports the researchers' view that it is suitable for use with older children. In addition, in this sample it had good internal reliability as shown by the Cronbach Alphas above.

2.3.4 Self-esteem

This was measured using two sub-scales from the *Coopersmith Self-Esteem Inventory* (Coopersmith 1981) which was developed originally for use with children, drawing on items from scales that were previously used by Carl Rogers. Respondents state whether items describing favorable or unfavorable aspects of a person are "like me" or "not like me." There are two forms, a School Form (ages 8–15) and an Adult form (ages 16 and older). Acceptable reliability (internal consistency and test-retest) and validity (convergent and discriminant) information exists for the Self-Esteem Inventory (see Blascovich and Tomaka 1991). The current study used the sub-scales measuring General Self-esteem ($\alpha = 0.85$) and Social Self-esteem ($\alpha = 0.87$).

2.3.5 Family relations

This was measured by the relationship subscales from the *Family Environment Scale* (Moos and Moos 1986). This is a 90 item scale which measures 10 first order factors of family environment, cohesion, expressiveness, conflict, independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious orientation, organisation and control. The scales are scored so that a higher score indicates more experience of the specific factor within the family. The 10 first order factors can be grouped into three second order factors, (1) relationships (cohesion, expressiveness, and conflict), (2) personal growth (independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, and moral-religious orientation) and (3) systems maintenance (organisation and control). The sub-scales measuring cohesion, expressiveness and conflict were used in this study and the overall measure has a Chronbach Alpha of 0.86. A high score indicates more cohesion and expressiveness, and less conflict.

2.3.6 Parental encouragement

This was measured using a 15 item *Parental Encouragement scale* (Cassidy and Lynn 1991; Cassidy 1994). The scale measures the degree of encouragement received from parents and has a Chronbach Alpha of 0.93. A high score indicates more encouragement.

2.3.7 Teacher encouragement

This scale is simply the *Parental Encouragement Scale* with the word parent replaced by teacher. It had a Cronbach Alpha of 0.89 in this study.

2.3.8 Psychological distress

This was measured using the 12-item version of the *General Health Questionnaire (GHQ-12)* (Goldberg 1972, 1978, 1981): This was initially developed for use with adult populations, however its utility in adolescents has also been demonstrated (Tait et al. 2003). It is a widely used instrument to assist in the detection of psychological distress. The 12-item version (GHQ-12) has been shown to have a high internal consistency and a unidimensional structure across a community sample of British adolescents (Banks 1983). The GHQ has also been employed with younger school age adolescent populations (Houlihan et al. 1994; Marinoni et al. 1997). Recently, Parker et al. (2001) found evidence for the validity of a pattern of general psychological distress in children, employing a parent report adaptation of the GHQ with a community sample of two thousand English speaking children in Singapore. The GHQ-12 has two alternate methods for scoring, (1) the Likert method (0,1,2,3) giving a potential range of scores from 0 to 36, and (2) the clinical method (0,0,1,1) which is used in case identification and has a potential range of scores from 0 to 12. The latter method has a cut-off score which distinguishes between cases and non-cases. The most conservative cut-off is 3/4 which was used in this study. Both scoring methods were used in this study for different purposes.

2.3.9 Health behaviours

This was measured using the health action items from the *Reported Health Behaviours Checklist* (Johnston et al. 1995). The scale was originally developed by Prohaska et al. (1985) and the first 15 items focus on health action using items such as *'I avoid food with additives'*. In this study the scale had a Cronbach Alpha of 0.84. A higher score indicates more health behaviours.

2.4 Procedure

A number of schools were contacted to ascertain whether they would be prepared to allow pupils to take part in the survey. The broad aims of the research and the measures to be used were described in order for them to be able to make an informed decision

regarding consent. Since the study did not identify the school, participants were to be anonymous, and the measures presented no issues of concern, permission was given by three schools of a total of eight contacted. Parental and pupil consent were then obtained and 520 pupils assessed with the cooperation of teachers. Questionnaire completion was supervised in class after it was explained that the information they provided would be anonymous, confidential and for research purposes only. All participants were made aware that participation was voluntary and that they could withdraw at any time. A total of 461 usable questionnaires were returned.

3 Results

In this sample 135 of the total 461 (29.3%) were defined as having been on the receiving end of bullying. Using the clinical case scoring on the GHQ-12 with a conservative cut off of 3/4, 44.4% of those victimised were categorised as cases compared to 22.4% of those not victimised. One way Anova produced significant main effects for victimisation on psychological distress ($F(1,460) = 16.91$, $p < 0.001$), general self-esteem ($F(1,460) = 30.55$, $p < 0.001$), social self-esteem ($F(1,460) = 5.28$, $p < 0.05$), health behaviours ($F(1,460) = 11.63$, $p < 0.001$), social identity ($F(1,460) = 90.74$, $p < 0.001$), family relations ($F(1,460) = 4.70$, $p < 0.05$), parental encouragement ($F(1,460) = 9.91$, $p < 0.01$), teacher encouragement ($F(1,460) = 23.52$, $p < 0.001$), and problem-solving style ($F(1,460) = 30.96$, $p < 0.001$). Means and standard deviations are shown in Table 1.

Victims scored higher on distress, and lower on general and social self-esteem, health behaviours, social identity, family relations, parental and teacher encouragement, and problem-solving style. There were main effects for sex on family relations ($F(1,460) = 7.11$, $p < 0.01$), parental encouragement ($F(1,460) = 8.49$, $p < 0.01$), health behaviours ($F(1,460) = 4.53$, $p < 0.05$), and problem-solving style ($F(1,460) = 5.22$, $p < 0.05$). Males reported better family relations, more parental encouragement, poorer health behaviours, and more positive problem-solving style than females. There were main effects for intact versus non-intact homes on family relations ($F(1,460) = 4.34$, $p < 0.05$), and problem-solving style ($F(1,460) = 7.77$, $p < 0.01$). Children from non-intact families reported better family relations and more positive problem-solving style than those from intact families. There were significant main effects for case versus non-case on family relations ($F(1,460) = 18.26$, $p < 0.001$), social identity ($F(1,460) = 132.44$, $p < 0.001$), general self-esteem ($F(1,460) = 76.72$, $p < 0.001$), social self-esteem ($F(1,460) = 39.35$, $p < 0.001$), health behaviours ($F(1,460) = 49.61$, $p < 0.001$), and problem-solving style ($F(1,460) = 5.29$, $p < 0.05$).

There were significant interaction effects for sex by victimisation on family relations ($F(3,460) = 12.14$, $p < 0.001$), teacher encouragement ($F(3,460) = 5.63$, $p < 0.01$), and general self esteem ($F(3,460) = 4.48$, $p < 0.05$). Being bullied related to poorer family relations for females but better relations for males. Bullied females also reported significantly lower levels of teacher encouragement and general self-esteem than their non-bullied peers, while the difference between bullied and non-bullied males was not significant. Chi-square analysis shows that the distribution of bullied children

Table 1 Means and standard deviations across victimisation, sex, intact versus non-intact homes and case

	Mean (sd)							
	Not bullied $N = 326$	Bullied $N = 135$	Males $N = 198$	Females $N = 263$	Intact family $N = 333$	Non-intact family $N = 128$	Non-case $N = 322$	Case $N = 139$
Psychological distress	11.2(5.1)	13.9(7.1)	12.8(6.6)	11.8(5.7)	12.1(5.8)	12.4(6.9)		
Health behaviours	10.3(2.6)	9.3(3.1)	9.5(2.9)	10.2(2.8)	9.9(2.8)	9.9(3.0)	10.6(2.3)	8.4(3.3)
General self-esteem	5.9(1.9)	4.7(2.3)	5.6(2.1)	5.4(2.1)	5.5(2.2)	5.5(1.9)	6.1(1.8)	4.2(2.2)
Social self-esteem	3.4(1.1)	3.1(1.2)	3.3(1.2)	3.2(1.1)	3.2(1.1)	3.3(1.3)	3.5(0.9)	2.7(1.4)
Social identity	5.2(1.5)	3.5(1.9)	4.4(1.8)	4.7(1.8)	4.5(1.8)	4.7(1.9)	5.2(1.4)	3.2(1.9)
Family relations	14.4(3.6)	13.4(5.1)	14.7(4.4)	13.5(4.1)	13.8(3.9)	14.8(4.8)	14.7(3.8)	12.6(4.8)
Parental encouragement	19.2(4.3)	17.7(4.7)	19.5(4.7)	18.1(4.3)	18.8(4.4)	18.6(4.8)	18.9(4.4)	18.2(4.8)
Teacher encouragement	24.9(5.4)	21.8(6.6)	24.0(6.1)	23.7(6.0)	23.8(5.8)	23.9(6.6)	24.2(5.8)	22.9(6.5)
Total problem-solving style	15.3(7.9)	10.8(7.1)	14.8(7.4)	12.9(8.2)	12.9(8.1)	15.5(6.8)	14.3(7.9)	12.2(7.9)

Table 2 Predictors of victimisation from logistic regression analysis

	95% CI for Exp b					
	B (SE)	Exp b	Lower	Upper	χ^2	$p <$
Sex	−0.64 (0.27)	0.53	0.31	0.89	5.72	0.01
Intact	−1.15 (0.29)	0.32	0.18	0.56	16.18	0.001
Social identity	−0.59 (0.08)	0.56	0.48	0.65	67.31	0.001
Problem-solving style	−0.07 (0.02)	0.93	0.89	0.97	16.41	0.001

$R^2 = 0.27$ (Cox & Snell), 0.36 (Nagelkerke)
Model $\chi^2 = 113.55$, $p < 0.001$; % Correct = 76.8

was significantly higher among females (64%) compared to males (36%) ($\chi^2 = 4.26$, $p < 0.05$).

There were no significant interaction effects for victimisation by intact versus non-intact home. However Chi-square analysis shows that the distribution of bullied children was significantly higher among those from intact homes (63%) compared to those from non-intact homes (37%) ($\chi^2 = 8.12$, $p < 0.01$).

There were significant interaction effects for victimisation by case on social identity $F(3,460) = 15.66$, $p < 0.001$), general self-esteem ($F(3,460) = 3.87$, $p < 0.05$), social self-esteem ($F(3,460) = 8.61$, $p < 0.001$), and health behaviours ($F(3,460) = 4.49$, $p < 0.05$). Bullied cases reported the lowest levels of social identity, general self-esteem and social self-esteem and the poorest health behaviours.

Participants were categorised into low and high social identity based on a median split. Chi-square analysis showed that significantly more victims were in the low social identity cell (83%) compared to non-victims (53%) ($\chi^2 = 32.39$, $p < 0.001$).

The next stage in analysis was to use Logistic regression analysis with victimisation as the dependent variable to try and identify the best predictive model. The results are shown in Table 2.

The four significant predictors in the model are, sex, intact versus non-intact home, social identity and problem-solving style, correctly predicting 76.8% of the variance. Females, those from an intact home, those with a lower social identity and poorer problem-solving style are more likely to be the victims of bullying according to these data.

4 Discussion

The prevalence of bullying in this sample is at the upper end of the range with 29% of the sample self identifying as victims. The fact that 44% of these are identified as cases compared with 24% of non-victims provides clear evidence supporting previous studies showing a psychologically damaging impact for victimisation. This is further supported by the significantly higher scores on psychological distress and significantly lower scores on self esteem for the victimised group. In addition victims exhibit significantly more unhealthy behaviours evidencing a more general health impact of bullying. The relationship with health behaviours is important since it has not been previously considered in relation to bullying and provides another target for intervention.

The suggested relationship with social identity is also supported with victims having a significantly poorer sense of identification with a core group of friends. Previous research has shown a link between social identity and bullying but has not tended to consider social identity as implicated in victimisation. There is a parallel literature on exclusion and ostracism but this tends to focus on bullying and how bullies choose their victims (Abrams et al. 2007), or on the impact of ostracism on individuals who have been ostracised (Williams 2007; van Beest and Williams 2006; Smith and Williams 2004). This study suggests that it may be worthwhile exploring social identity as a more central aspect of victimisation.

In addition victims report poorer family relations, less encouragement from parents and teachers and less effective problem-solving styles, supporting the link between home and school context, the coping process, and victimisation. It seems that many victims of bullying are embedded in a context that appears to offer little support and encouragement. In addition they tend to use less effective strategies for solving problems. The direction of effect or indeed the establishment of a causal link is not possible in cross sectional data but from past evidence it is likely to be a case of reciprocal relations of causality. It is known that children who are bullied often keep it to themselves and suffer in silence. Parents and teachers may misinterpret this as lack of cooperation and withdraw their support and encouragement. Failing to talk about the problem, denying and avoiding it, are part of a syndrome of negative coping or problem-solving style.

Sex or parental marital status do not appear to impact directly on psychological distress in this sample although these variables do show some effects for family relations and coping behaviours. Girls seem to experience less support and encouragement from parents and teachers and engage in poorer problem-solving styles and the interaction effects suggest that this is explained by the impact of bullying. Females with poorer family relations, reporting less encouragement from teachers, and poorer self-esteem, were more likely to be bullied. The prevalence of victimisation was significantly higher among girls (64%) than among boys (36%) further supporting the conclusion that it is the sex by victimisation interaction that is linked to the family, school and coping deficits.

The prevalence of victimisation was also higher among those from intact (63%) homes than those from non-intact (37%) homes. This seems somewhat surprising although there is no previous literature with which to compare. However it needs to be read in the context of an even greater distribution bias of non-bullied participants across intact (76%) versus non-intact (24%) homes. In other words while there were more bullied participants from intact home backgrounds, there were also more non-bullied participants from intact homes.

The interaction effects for victimisation by case are not surprising in regard to self-esteem and health behaviours with victims who are cases scoring significantly lower on both. However the interaction on social identity is important here with bullied cases having the poorest levels of social identity. The fact that social identity interacts with victimisation to produce significantly elevated psychological distress provides evidence for the importance of social identity in victimisation. This adds to the literature on exclusion and ostracism (McDonald and Leary 2005; Williams 2007)

and suggests that children who do not have a positive identification with their peers are more vulnerable to bullying and its consequences.

The logistic regression analysis provides evidence to support a model combining sex, family background, social identity and problem-solving style in predicting victimisation. This links social identity to the coping process supporting Haslam et al. (2004). Perhaps some tentative suggestions may be justified regarding interventions. The growing literature on bullying as a group level behaviour suggests that as with the wider conflict reduction work, interventions to prevent or reduce bullying and victimisation need to be at the group level. Much of what has been done has focused on interpersonal skills of one sort or another. There has been some success in work that has improved children's interpersonal problem-solving ability. Perhaps those who work in the area need to consider how these problem-solving interventions can be moved to a group level. Most psychologists will agree that the first step in changing behaviour lies in awareness. A good starting point in bullying interventions might be to help children understand when their own behaviour and that of others is motivated by social rather than personal identity. One way in which this might be done is through Attributional Retraining which is based on Weiner's (1985, 1995) Attribution Theory and aims to enable individuals to change their attribution of the causes of behaviours. It has been used effectively to improve academic effort and performance in children (Hall et al. 2007) through changing their attributed causes for failure and success. Using similar methods one might set about changing children's attributions of the causes of the bullying behaviour directed towards them and their own aggressive behaviour in the case of bullies. This might usefully be incorporated into existing early intervention programmes such as the Pyramid Club (Ohl et al. 2007).

Appendix 1: The social identity scale

Please circle the number between 1 and 7 which best reflects your response to the following six questions

1	I am very much a part of a group of close friends?						
Not at all	1	2	3	4	5	6	7 Very much so
2	Would it be accurate if you were described as a typical member of this group?						
Totally inaccurate	1	2	3	4	5	6	7 Totally accurate
3	Would you feel good if you were described as a typical member of this group?						
Not at all Good	1	2	3	4	5	6	7 Extremely good
4	To what extent do you feel attachment to this group of friends?						
Not at all	1	2	3	4	5	6	7 Very much so
5	Do you feel it is important to be identified with this group of friends?						
Not at all Important	1	2	3	4	5	6	7 Extremely important
6	Do you value the fact that you are a member of this group?						
Not at all	1	2	3	4	5	6	7 Very much so

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Author Biography

Tony Cassidy is currently based in the School of Psychology at the University of Ulster and has previously been Professor and Head of Psychology at several UK Universities. His research interests are in developmental health psychology.