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Moral judgment, assertive social skills, and female adolescent birth control behavior in a middle class community

Shockley, Kathie Call, Ph.D.
The Ohio State University, 1987
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UMI
MORAL JUDGMENT, ASSERTIVE SOCIAL SKILLS, AND FEMALE
ADOLESCENT BIRTH CONTROL BEHAVIOR
IN A MIDDLE CLASS COMMUNITY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By

Kathie Call Shockley, B.S., M.A.

* * * * *

The Ohio State University
1987

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To my family, with love
I wish to thank my family and friends for believing in me and helping make this incredible endeavor possible. To my husband, Tom, I can't begin to express my appreciation for your love and support. Thanks for being there by my side from cleaning rat pans to long nights on campus. To Brett, Todd, and Katie -- I thank you for your understanding and love. I know how difficult it has been having a busy, grumpy Mom, but your love and help has pulled us through it. Each of you is very special to me. To my parents, Royce and Louise Call, I offer sincere thanks for your unshakable faith in me, for your emotional and financial support, and for your love, wisdom and guidance through the years. To my mother-in-law, Betty Shockley, thanks for your love. And to my many colleagues and friends, too many to mention each by name, thanks for being there when I needed you most.

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Adolescents are engaging in sexual intercourse more frequently and at younger ages; yet at the same time, a large majority are using no birth control protection -- the question becomes: What are the reasons for nonuse of contraceptives among these teenagers, and what implications might this have for formulating more appropriate sex education programs? During the last several decades, developmental research has begun to place more emphasis on adolescent sexuality. Wagner (1980) suggested that "the paucity of information and attention is attributed to the sex-negative attitudes of society, and the research difficulties that follow" (p. 567). Due to the controversial nature of adolescent sexuality, it has recently been questioned whether or not sexuality should be taught in our schools and how it should be taught? Fiely (1987) discussed the findings from a newspaper poll which stated that "nearly everyone -- 75 to 88 percent, polls show -- believes that we should. And we have been teaching it, in one form or another, since shortly after the turn of the century. Yet sex education persists as a volatile issue in the United States. The teenage pregnancy epidemic and the
AIDS outbreak have pushed the issue back under the microscope" (p. B-1). Fisher (1983) emphasized the fact that the problem of adolescent pregnancy will require political (whether sex education is to be taught) as well as pedagogical (what should be taught) solutions. "In addition to securing political approval, it is necessary to decide just what should be included in contraceptive education programs" (p. 281). In this regard, research can add the important piece to the complex puzzle to help in formulating appropriate sex education programs.

Not only have attitudes toward adolescent sexuality changed and new needs for educational programs been recognized; but also, there have been even more dramatic changes in contraceptive technology during the same period (Morrison, 1985). With the alarming rate of teenage pregnancies, it now becomes an important question to ask what factors affect adolescent contraceptive use.

**Rationale**

Sexual intercourse among U.S. teenagers is occurring more frequently and at younger ages than ever before (Zelnik & Kantner, 1977). Dembo et al. (1979) reported that "numerous investigations have indicated that a large percentage of unmarried adolescents never use contraceptive methods (Goldsmith et al., 1972; Kantner & Zelnik, 1973; Sorenson, 1973; Boyce & Benoit, 1975)" (p. 657). Morrison
presented some alarming findings: "In 1978, 1.14 million American teenagers -- over 10% of all teenage women -- became pregnant. The large majority were unplanned and unwanted. Over 80% were conceived premaritally and almost 40% ended in abortion (Alan Guttmacher Institute, 1981). In 1979, one-third of all abortions were performed on women under twenty years of age (National Center for Health Statistics, 1980)" (p. 538). Further, "the Planned Parenthood Federation recently reported that since 1961, out-of-wedlock births have increased 75% among teenagers up to 17 years of age...In the United States more than a million adolescent women become pregnant annually, two-thirds of them unintentionally" (Dembo et al., 1979, p. 657). Hayes (1987) reiterated these findings by stating that "levels of sexual activity and pregnancy increased dramatically during the 1970s among an expanding population of unmarried teenagers. Although these rates have declined slightly since their peak in the late 1970s, a significantly greater proportion of adolescents is sexually active and experiencing unintended pregnancy in the mid-1980s than in 1971 (Zelnik & Kantner, 1980; Pratt and Hendershot, 1984)" (p. 15).

Although adolescent sexuality is not a new concern in our country, many of the issues have changed over the past several decades. Hayes (1987) reminded us that "although the age of initiation and rates of sexual activity are
comparable, the United States leads most other developed
countries in the rate of early pregnancies, abortions, and
births to adolescent mothers" (p. 261). She pointed out
that "everyone is affected, directly or indirectly.
Adolescent pregnancy and childbearing are issues of broad
national concern, and they are issues that require urgent
attention" (p. 261).

Teenage pregnancies bring with them a host of
problems. "According to the Population Commission report,
pregnant teenagers, especially those in their early teens,
are more likely to experience serious health, social, and
psychological difficulties. The Commission also reports
that teenage mothers have a suicide rate ten times that of
the general population" (Cvetkovich et al., 1975, p. 257).
Further, Schneider (1982) pointed out that "studies have
shown that there is greater incidence of infant morbidity
and mortality, birth anomalies, prematurity, and maternal
complications among teenage pregnancies than for the
population as a whole" (p. 285). Therefore, with the
increased potential for physical and emotional problems, why
do so many adolescent females disregard the need for
protection?

Over the past several decades, more information on
contraceptive methods, better sex education programs, and
more availability of contraceptives has taken place for
adolescents. Legal sanctions have been removed regarding
obtaining information and products. Finkel & Finkel (1978) explained that "in many, if not most of the states, teenagers who have the capacity to give informed consent may consent to all sex-related medical care (Paul, Pilper, & Wechsler, 1976)" (p. 444). Yet, few adolescents use them. Finkel & Finkel (1978) stated further "it stands to reason that if more teenagers could be encouraged to use effective methods of birth control, the probability of unwanted pregnancies would be reduced" (p. 444). It is apparent that there is a need to better understand the relationships between adolescent sexual attitudes, sexual behaviors, and contraceptive use.

With the technological advances in birth control methods and the onset of "the pill," contraception, which had mainly been the male's responsibility (with a condom), now places more emphasis on female accountability. It impacts the psychology of contraceptive use -- by moving the use of contraception away from association with intercourse and into the realm of long-range planning for uncertain events (Morrison, 1985). Cohen and Rose (1983) surveyed male adolescents and found that "most males viewed sex and birth control decisions as female decisions" (p. 239). Newsweek's (Kantrowitz et al., 1986) article on "Kids and Contraceptives," stated the same finding -- "adolescent males agreed on the need for contraception, but most seemed to think the girl should take care of it" (p. 60). Scales
(1977) pointed out that "many males do not even share the responsibility for use of contraception. Although the overwhelming majority of males have been found to assent to the strong, egalitarian social principle that both partners should have the responsibility (Finkel & Finkel, 1975; Keith, Keith, Bussel, & Wells, 1973; Wilson, 1974), few females in Sorenson's (1973) study of United States teenagers said they would depend on the male taking responsibility (14%; similar percentages were found by Goldsmith, Gabrielson, Matthews, & Potts, 1972, and by Furstenburg, Gordis & Markowitz, 1969)" (p. 213). Rogel et al. (1980) found that girls were generally poor contraceptors. "They viewed the costs of contraception (in terms of safety) to be high; and they positively valued physical intimacy, opportunities for which come up unexpectedly and sporadically. These factors, along with their ambivalent views toward pregnancy and child-bearing seemed to encourage their risk-taking behavior" (p. 491).

Over the past several years, more attention has been given to the increased incidence of sexually-transmitted disease, especially AIDS. The media has been encouraging individuals to consider the use of condoms for protection. Also, increased knowledge regarding the potential risk factors of using birth control pills has been substantiated. Therefore, we may see more emphasis placed on the male responsible method of using a condom. The questions still
remain to be proven -- Will a fear of AIDS be great enough for adolescents to be concerned about using condoms, or will the adolescent females be concerned about the adverse effects of using birth control pills? It is important to consider the developmental stage and the egocentricity of the adolescent period. In a recent article in "Newsweek's On Campus" (Seligmann et al., 1987), they stated that "to many, AIDS is just another scary headline, a remote threat—like nuclear war. Among college students, 'there's this very pervasive sense of invulnerability or invincibility'" (p. 13).

It is also important to consider the sociocultural group. In a 1978 study, it was stated that "when general use of the condom is analyzed by sociocultural group, statistically significant differences are apparent (p<.001)...the majority of the Black and Hispanic males hardly ever or never use condoms (55 percent and 54 percent, respectively) while the majority of the White males always or sometimes use condoms (64 percent)" (Finkel & Finkel, 1978, p. 446). This finding needs replication.

Cvetkovich et al. (1978) suggested that patterns of contraceptive use are substantially different for men and women. "Although attitudes toward contraception were good predictor's of men's contraceptive behavior, women's behavior was not so easily explained. For women, decisions about using contraception seemed to vary in part with
whether or not they had resolved their sex-role identity when they first became sexually active" (Morrison, 1985, p. 564). Developmentally, perhaps, the female adolescent is not emotionally, cognitively, nor physically ready to make such decisions regarding her own sexuality. Hayes noted that "adolescents, at a formative stage of development and striving to identify their niche in the world, are especially responsive to their societal context. The experience of growing up in the 1980s has changed since the 1960s and even the 1970s...and among different racial, ethnic, socioeconomic, regional, and religious subgroups there is substantial variation in the patterns of adolescent experience and the behavior of their parents" (p. 75). Therefore, it is important to look at the many variables which may be responsible for the decision to become sexually active and the decision to use or not use contraception, taking into consideration the changing societal context, as well.
CHAPTER II
LITERATURE REVIEW

Over the past several decades, researchers have made significant contributions to the advancement of knowledge regarding adolescent sexuality and birth control behavior. Many factors have been studied regarding adolescent nonuse of adequate protection. Morrison (1985) comprehensively reviewed the many findings of descriptive studies and cited comparative data. She presented the simple relations between contraceptive use and predictor variables. She further discussed theory-based studies representing cognitive, emotional, and developmental perspectives. Some of the individual differences reviewed were: locus of control, self-esteem, dogmatism, feminism, sexual anxiety, demographic differences, educational aspirations, partners, family, etc. Morrison (1985) stated that "a relatively new area for research in contraceptive use is the application of developmental models" (p. 563). Developmental models have looked at such things as adolescent value formation and the discrepancy between adolescent's attitudes and parent's beliefs (Jorgensen, 1980); egocentrism (Cvetkovich et al., 1975); and formal operational thought (Cobliner, 1974). The
overall findings from the research over the past several decades have been summarized by Morrison (1985) as follows:

1. Many adolescents are startlingly uninformed about basic reproductive physiology. A sizable proportion of adolescents believe themselves to be immune to pregnancy, or at least very unlikely to become pregnant, even though they are aware of the theoretical probability of pregnancy. The popular image of the sexually sophisticated teenager is not supported by this research.

2. Birth control pills are popular with adolescents, but condoms remain the only effective method of contraception used with any frequency at first intercourse.

3. Adolescents do not like to use contraceptives. It is not clear, however, why. In looking across studies, it appears that almost any precoded response will attract adherents. The failure to find specific negative attributes of contraception that are reliable across studies lends support to the hypothesis that some generalized negative affect toward sex-related topics is one component
underlying adolescents’ attitudes toward using contraceptives.

4. Personality variables, specifically locus of control and self-esteem, are correlated with contraceptive use, but their effects are small, and situationally limited.

5. Contraceptive use increases with chronological age and frequency of intercourse, although it is unclear whether these are direct or indirect relations. There may be a "critical" stage or stages, in the developmental sense, for learning about or adopting a contraceptive method.

6. Adolescent's nonuse of contraception is not irrational given their level of information, beliefs and attitudes. Reasons for not using contraception include underestimating the possibility of pregnancy, not having access to contraceptives, and not anticipating the need for contraceptives (pp. 564-565).

More specifically, the research findings in the developmental area are reported (Morrison, 1985) as follows:
1. To state that when parents' and peers' values and attitudes differ, adolescents will experience conflict, and this conflict will be reflected in inconsistency in their behavior is too simplistic. This has mixed support -- peers' attitudes are predictive to the extent that they are correlated with the subjects' own attitudes, but there is no way to tell from the studies which is causal. Parents' and peers' norms have independent effects on adolescents' contraceptive behavior.

2. Many adolescents have not yet reached the stage of operational thinking and are not fully capable of anticipating future consequences of present actions.

3. The egocentricity of adolescents leads them to believe that others are as preoccupied with them as they are with themselves. Admitting to themselves that they are planning to have sex (by obtaining contraceptives) is therefore perceived as advertising their interest in sex to a wider audience. Adolescents also overestimate their own uniqueness, and may feel that they are immune from the possibility of accidental pregnancy (pp. 563-564).
"The psychologically oriented literature on adolescent contraceptive use covers a number of areas, and one promising area for the future may be in using psychological models with developmental factors" (Morrison, 1985, p. 538). For this reason, it becomes important to take a look at normal developmental factors and analyze which aspects may contribute to adolescent sexual activity and contraceptive use or nonuse. By considering normal, as well as abnormal, development of moral values, moral behavior, and interpersonal skills we may better understand why so many sexually active adolescents display irresponsible birth control behaviors.

We also need to understand the period of adolescence from a developmental perspective. There are many developmental tasks to be achieved during adolescence--several of which are: developing a sense of personal identity, separating and individuating, evolving a sexual identity and role-appropriate behaviors, attaining the ability to conceptualize at an abstract level, and evaluating and forming personal values (Horrocks, 1976). "Adolescence is simultaneously a biological, social and psychological phenomenon, with development at each of these levels of integration proceeding not independently, but with significant interaction" (Eisenberg, 1971, p.32). Seltzer
(1982) pointed out that "adolescence is considered a period of radical change in the total individual, difficult to understand within any exclusive theoretical discipline" (p. 17).

Wenar ((1982) described several context categories to be considered when viewing change in a developmental perspective -- intrapersonal, interpersonal, superordinate, and organic -- which interact at all points in time as well as over time. This picture becomes even more complex when one considers there is a multidirectional relation between people and their contexts. Lerner & Shea (1982) suggested that "adaptation to one's context involves bidirectional influences involving changes in the context, to fit individual 'needs' and changes in the individual to meet the contextual 'demands' (Dobzhansky, 1973; Harris, 1957; Lerner, 1978; Piaget, 1970) -- that is, such interactions may involve one or multiple components of the context and one or more individual-psychological processes (Riegel, 1975, 1976)" (p. 503). Wenar (1982) described an "ideal" general developmental model which would incorporate multiple variables in diverse interactions which change over time. He pointed out that this is far too complex for the state of the art at present, but it will be important for us to understand the growth patterns of some of the variables that are necessary for normal development. "The process of adolescent development, while constant and predictable in
many aspects, is significantly influenced by the historical and social context in which it takes place" (Hayes, 1987, p. 92).

The approach of this chapter is to discuss the research findings on the development of moral and social behavior. Further, it is to describe why knowledge of development in these areas is important to the understanding of adolescent sexual behavior and contraceptive decisions.

Moral Development

Kohlberg (1964) set the stage by explaining that "for many generations, morality was the central category for defining social relationships and development, and the social sciences were termed 'the moral sciences.' The great theorists of the early twentieth century also considered morality to be the key to understanding social development, as indicated by McDougall's (1908) statement that 'the fundamental problem of social psychology is the moralization of the individual by the society,' or Freud's (1930) statement that 'the sense of guilt is the most important problem in the evolution of culture" (p. 383). Morality research has taken many forms. Reviews of morality commonly have been subdivided into three areas: thoughts, behaviors, and emotions -- "this kind of presentation suggests that three basic psychological elements exist, each governed by different processes (e.g. equilibrating
cognitive structures, conditioning and modeling, and identification and the operations of the superego" (Rest, 1981, p. 558). Rest suggested that dividing morality into these subareas is inadequate. It is important to look at a more integrated picture of morality -- with many kinds of interactions among the three subgroups.

Different aspects of morality have been examined by several noted researchers throughout the past fifty years or so. Hartshorne and May (1928-1930) presented important work on children's moral character; Piaget (1932) on children's moral judgment (up to twelve years of age), and Kohlberg (1964, 1969) on cognitive developmental stages of moral reasoning.

Hartshorne and May (1928) examined moral character and concluded that "honesty or dishonesty is not a unified character trait, but a series of specific responses to specific situations" (p. 243). They further stated that "the consistency with which an individual is honest or dishonest is a function of the situations in which he is placed in so far as (1) these situations have common elements, (2) he has learned to be honest or dishonest in them, and (3) he has become aware of their honest or dishonest implications or consequences" (p. 211). Hartshorne et al. (1930) clarify these statements even further by saying that "honest and deceptive tendencies represent not general traits nor action guided by general
ideals, but specific habits learned in relation to specific situations which have made the one or the other mode of response successful" (p. 372).

Recent research has questioned Hartshorne and May's argument against the stability of personality traits of honesty. "Hartshorne and May's method was to look at conduct -- in other words, moral character traits should be assessed from actions, rather than from judgments and feelings" (Kohlberg, 1964, p. 366). Siegal (1982) argued that "their evidence against the stability of moral character has been one disproportionately publicized feature of the results. What Hartshorne and May actually did find was that, although honesty in any single situation has a disappointingly low predictive value for honesty in another single situation, it is possible to predict behavior averaged over a sample of situations" (p. 95). He further stated that "generalizability would appear to be at least partly a function of the similarity of the situation" (p. 96). This statement concurred with Mischel's (1968) earlier suggestion that "the more similar the situation, the more accurate the generalization." Burton (1963) reconsidered Hartshorne and May's conclusion regarding the specificity of moral behavior. He reanalyzed their data using factor analysis and Guttman's (1955) simplex model. Burton stated "that the evidence indicates there is some underlying generality in moral behavior although there is still much of
the variance of honesty tests due to specific test determinants" (p. 481).

The issue of generality versus specificity should be discussed in more detail at this point. Burton (1963) stated that "the conception of generality of character holds that a person is, or strongly tends to be, consistent in his behavior over many different kinds of situations. In contrast, the conception of specificity of moral behavior holds that a person acts in each situation according to the way he has been taught to act under those particular conditions" (p. 482). Hartshorne and May's conclusions have been reconsidered by numerous researchers -- Maller (1934); Brogden (1940); Barbu (1951); and Eysenck (1953). The results from Burton's repeated analyses, and the findings from other researchers supported the generality hypothesis— in other words, "there is an underlying trait of honesty which a person brings with him to a resistance to temptation situation" (Burton, 1963, p. 492). Kohlberg (1964) qualified Hartshorne and May's findings further by stating that "we need not interpret this personality factor in cheating as a specific trait of honesty. It may simply represent differential cautiousness or sensitivity to possible punishment; or more probably, the personality factor represents a character tendency that is more general than a specific attitude toward honesty or a fear of being caught" (p. 387).
Kohlberg chose to investigate moral development within a framework of moral judgment, rather than conduct. Since this study used the theoretical orientations and assessment measures developed by Kohlberg, discussion will be based on information according to his position. Colby and Kohlberg (1984) described the basic assumptions of Kohlberg's account of moral judgment development:

This approach to moral judgment focuses on the qualitative form of the child's moral reasoning and on developmental changes in that reasoning. Kohlberg has attempted to describe general organizational or structural features of moral judgment that can be shown to develop in a regular sequence of stages. The concept of structure implies that a consistent logic or form of reasoning can be abstracted from the content of an individual's responses to a variety of situations. It implies that moral development may be defined in terms of the qualitative reorganization of the individual's pattern of thought rather than in the learning of new content. Each new reorganization integrates within a broader perspective the insights that were achieved at lower stages. The developing child becomes better able to understand and integrate diverse points of view on a moral-conflict situation and to take more of the
relevant situational factors into account. In this sense, each stage presupposes the understanding gained at previous stages. As a result, each stage provides a more adequate way of making and justifying moral judgments. The order in which the stages develop is said to be the same in each individual not because the stages are innate but because of the underlying logic of the sequence. Kohlberg has hypothesized that the developmental levels that he has described constitute stages in a strict Piagetian sense. First, the stage concept implies that under normal environmental conditions developmental change will always be upward in direction. Second, it implies that there will be no stage skipping. The individual must pass through each stage in order to reach the next stage in the sequence. Third, the stage concept implies that individual's thinking will be at a single dominant stage across varying content, although use of the stage adjacent to the dominant stage may also be expected (pp. 41-42).

"Building on stage notions of development, Kohlberg formulated a typology of definitive and universal levels of development in moral thought, with two stages within each"
The classification of moral judgment into levels and stages of development as formulated by Kohlberg can be found in Appendix G. "Cognitive developmental theorists (Piaget, 1932/1965; Kohlberg, 1969) have studied the development of moral reasoning (the cognitive component of morality) and found that the criteria children use to judge right and wrong change rather dramatically over the course of development" (Brody & Shaffer, 1982, p. 31).

The adolescent period is the beginning of 'conventional' morality. Lickona (1983) described the shift from Stage 2 or 'What's in it for me' to Stage 3 or 'What will people think of me' as an important development in moral reasoning. He states that "in the teens, Stage 3's strength -- caring about others -- becomes its weakness. Now kids care so much about what others think of them that they can turn into moral marshmallows, willing to do something because 'everybody's doing it.' The need for peer approval is stronger than ever before" (p. 161). Therefore, it is important to examine how development of moral reasoning relates to moral action.

A comprehensive review of studies relating moral judgment to moral action (Blasi, 1980), revealed that "in the clear majority of studies using Kohlberg's measure of moral reasoning, there is a correlation between relatively high moral judgment and what is commonly considered to be
moral behavior, including honesty, resistance to temptation, and altruism. Yet despite the correlations, we have had, until recently, little understanding of why or how moral judgment and moral action are related" (Kohlberg & Candee, 1983, p. 52). Kohlberg (1984) noted that the type A type B distinction may be an important determinant of moral action. Gibbs (1986) suggested that this hypothesis has received preliminary support. Kohlberg (1983) stated that moral judgment can be described not only in terms of developmental maturity, but also in terms of developmental type. "Autonomous content choice for resolving moral dilemmas is made more than 75% of the time by Stage 5 individuals; but individuals at lower stages of moral development also make autonomous content choice in their reasoning displaying certain formal features (e.g., prescriptivity, universality) which are not displayed by persons using same stage reasoning, but who make the heteronomous choice" (Kohlberg, 1983, p. 44). Kohlberg discussed the difference between moral types. He explained that "in his original work Piaget (1932) distinguished two stages of justice; a first stage of heteronomous orientation to rules and authority, and a second stage of autonomous orientation to fairness, equality, and reciprocity" (p. 43). Kohlberg’s types A and B correspond to Piaget’s distinctions between heteronomous and autonomous orientations respectively. Kohlberg hypothesized that "subjects using B-substage reasoning would
be more likely to engage in the moral action they believed to be just, than would users of A-substage reasoning" (p. 44). Kohlberg considered type B reasoning to be more "structurally equilibrated and more formally moral" because it reflects the "notion of autonomous choice as well as the presence of certain formal features of reasoning" (p. 45). Gibbs et al. (1986) interpreted the "formal" morality of type B as "ethical ideality (indicated by balancing or reversing perspectives, invoking autonomous standards, granting priority to fundamental values such as life)."

They questioned whether type B reasoning would be related to "moral courage" as measured by Havighurst and Taba (1949). These researchers found that moral courage is related to moral judgment in terms of both judgment and type. "The results were consistent with the possibility that type B moral judgment fosters the interpretation of complex but morally relevant social situations in terms of their sociomoral significance" (p. 191).

Classification by substage is based on the content aspect of moral choice as well as on more formal features of moral judgment. Kohlberg, et al. (1983) suggested that "we have called some of these formal criteria 'Kantian,' because they reflect a neo-Kantian notion of autonomous judgment" (p. 45) (Table 1). They further suggested that "while Piaget was influenced by Kant in his notion of moral autonomy, he also differentiated heteronomous respect for
rules from a respect for justice based on relations of mutual respect, cooperation, and contract. The latter attitudes give rise to reversible moral judgments whereas the former do not" (p. 45). This latter distinction gave rise to some additional criteria used to define substage B (Table 2).

Table 1. 'Kantian' Criteria for Substage B

1. **Choice:** The subject must choose the more 'just' course of action or solution to the dilemma (i.e., the choice which is empirically agreed upon by subjects at Stage 5). In the Heinz dilemma (III), the choice is to steal the drug; in dilemma III', the choice is for the judge to set Heinz free, or to put him on probation; and in the Joe dilemma (I), the choice is to refuse to give the father the money.

2. **Hierarchy:** Reflects the second formulation of the categorical imperative: 'treat persons never simply as means, but always at the same time as ends.' As such, the right to life, the value of acting on one's conscience, and the importance of promise keeping or of respecting earned property (understood to be the only considerations that insure that persons are treated as ends), are all placed above any other considerations in the resolution of the respective dilemmas in Form A (III, III', and I).

3. **Intrinsicalness:** The intrinsic moral worth of persons, or an intrinsic respect for persons and personality (including personal autonomy) is recognized and upheld in the course of resolving the dilemma. This may be reflected in responses that refer to the intrinsic value of life, the intrinsic rights that all human beings possess, the intrinsic value of persons and personality in general, or the intrinsic value of promises as a means to insure respect for persons and personality.

4. **Prescriptivity:** The categorical imperative also implies a categorical moral 'ought' that prescribes a certain set of moral actions (e.g., saving a life or keeping a promise) regardless of the inclinations of the actor, or various pragmatic considerations. As such, the categorical imperative is distinguished from a hypothetical imperative, which is not prescriptive, and thus takes a simple 'if-then' form.

5a. **Universality:** Reflects the third formulation of the categorical imperative: 'act so that your will can regard itself at the same time as making universal law through its maxim.' Universality implies that the particular set of actions that have been prescribed in the course of resolving the dilemma must apply universally to any and all human beings. As such, human beings are understood to be universal moral objects, and the corresponding universal moral judgment takes the following form: you should act this way (do X) toward any and all human beings.

5b. **Universalizability:** Reflects the most crucial of the tests implied by the first formulation of the categorical imperative: 'act as if the maxim of your action were to become through your will a universal law of nature.' Universalizability implies that the particular set of actions that have been prescribed for the actor in the dilemma must be such that they apply to any and all other actors in similar situations or circumstances. As such, a universalizable moral judgment implies a universal moral subject, and the judgment takes the following form: all agents in A's position should act this way (do X).
Table 2. 'Piagetian' Criteria for Substage B

6. Autonomy: The response to the dilemma must reflect an understanding that the actor in question is an autonomous moral agent, and hence must make moral judgments and decide on a moral course of action without determination by external sources of power or authority, using a rational and logical method of decision-making.

7. Mutual respect: This criterion reflects the understanding that the actors in the dilemma must have mutual respect for each other as rational and autonomous moral agents. As such, in Dilemma III, Heinz must be understood to view and treat all of the other actors in the dilemma (the wife, the friend, the stranger, and the druggist) with mutual respect; the Judge must treat Heinz with mutual respect in Dilemma III; and in Dilemma I, Joe and his father must have mutual respect for each other.

8. Reversibility: The most important criterion from the Piagetian perspective (but also the most difficult one to identify in an interview) is reversibility. It is understood to be present when the judgments made in response to the dilemma consider the interests and points of view of all the actors involved, such that it is clear that the subject can, and has, viewed the problem from the perspective of all the actors involved in the situation. Only in this way can the subject make a decision that he or she could logically and rationally support if he or she were to trade places with each and every other actor in the dilemma; i.e., a fair and just decision. For Piaget, logical operations are equilibrated when they are reversible; hence, a formal criterion for equilibrated moral judgments (i.e., judgments at the B substage) must be a correlative form of reversibility.

9. Constructivism: This criterion reflects the subject's awareness that the rules, laws, and principles used to guide and frame moral decision-making are actively constructed by the human mind, in the context of a social system, and are made under considerations of autonomy, mutual respect, and reversibility. In other words, all of society (however 'society' is interpreted by the subjects), including its institutions, rules, and laws, is understood to be derived from communication and cooperation between and among persons. (Note: This notion of constructivism is understood to refer only to the subject's normative ethical judgments, and not to his or her metaethical judgments.)

Besides differences in moral types, it is important to ask if there are any sex differences in development of moral reasoning. Kohlberg suggested that "after examining comprehensive literature reviews, Rest (1979) and Walker (1984) note that in studies controlling for variables
relevant to role-taking opportunities (education, SES, and occupational choice), none have found a sex difference in moral judgment stage. Kohlberg also noted, however, that the lack of 'difference in the formal struture of moral reasoning' does not preclude the possibility of sex differences in 'preferential orientation to moral judgment'" (p. 519). Gilligan challenged Kohlberg by supporting a morality of responsibility and care as separate from a morality of rights. "Research results suggest that this enlarged conception of morality may be less specific than Gilligan has claimed" (Brabeck, 1983, p. 289). Further, Gibbs et al.(1984) explained that "it is plausible that a greater feminine orientation to empathy (Hoffman, 1977) or caring (Huston, 1983) is reflected in moral judgment differences, the differences need not necessarily entail a stage disparity" (p. 1040). Brabeck (1983) explained that "women may differ from men in moral orientation, but not as defined by either Kohlberg's interview or Rest's objective measure of moral judgment. This accounts for a bias in definition, but not in scores obtained" (p. 283).

Level of moral judgment (using Kohlberg's measures) has been examined as a possible predictor of responsible birth control behavior by several prior researchers. The researchers found no significant differences in stage of development among contraceptive users and nonusers (Ashley, 1983; Bower, 1980; Fawcett, 1981). Jurs (1984) further
looked at correlations of moral development stage with use of birth control and pregnancy among teenagers. She found that there was no significant difference in moral stage when pregnant, non-pregnant, responsible and irresponsible birth control users were compared. It is difficult to compare the results of the studies due to several methodological problems, such as: difficulty in inferring cause and effect, difficulty with the use of inappropriate items or measures, and different definitions of the samples used.

Type of moral reasoning has not been examined in any study; and this is the variable which Kohlberg suggested may be responsible for an individual acting on his moral choice. As mentioned earlier, a research example of this is Candee & Kohlberg's (1983) finding that type B subjects were more likely to engage in the action expressed by their 'just' choice than are type A subjects.

Gibbs et al. (1982) stated that "a recent accomplishment in the field of social development has been the psychometric validation of Kohlberg's Standard-Issue Scoring Moral Judgment Interview (MJI) (Colby, Kohlberg, Candee, Gibbs, Hewer, Kaufman, Power, & Speicher-Dubin, in press; Kohlberg, 1981)" (p. 895). Gibbs et al. (1982) showed that "the Sociomoral Reflections Measure (SRM) has acceptable concurrent validity with the MJI as well as high levels of construct validity and reliability (interrater, test-retest, parallel form, and internal consistency" (p. 895). A short
form of the measure is proving, in preliminary studies, to be a good method of analyzing the level and type of moral reasoning. Therefore, the SRM-SF was used in this study to examine the adolescents' developmental level of maturity of moral reasoning (stage) and type of expression of their moral choice.

Social Development

Another important area of development is psychosocial development. "The importance of effective interpersonal behavior has been stressed by nearly all philosophical and scientific theorists concerned with the nature of human social relationships" (Eisler, 1981, p. 369). Baldwin (1969) expressed that "socialization explains how the child becomes an individual who fits into his society, who shares its beliefs and values, and who has acquired and uses skills that are important for the maintenance of society" (p. 325). He further clarified that "while in principle only a part of the child's acquisition of adult behavior and personality characteristics is strictly socialization, socialization permeates so completely the child's growth and development that it is almost impossible to separate socialization from child development in general" (p. 325). Baldwin also suggested that it seems unfeasible to consider socialization as just a part of the child's learning in childhood; rather "it is a factor in the child's growth and development that
cannot be segregated from other developmental influences in the sense of being the explanation of some aspects of the child's behavior, while playing no role in other aspects of development" (p. 326).

"The process of socialization, when closely examined, proves always to be a mutual process, affecting the behavior of participants on each side of the equation" (Rheingold, 1969, p. 782). Kendall et al. (1984) suggested that "for at least two decades some developmentalists have stressed that children influence those who influence them (Bell, 1968; Thomas, Chess, Birch, Hertzig & Korn, 1963); that is, socialization is reciprocal rather than unidirectional (from parent to child) (Bandura, 1977; Hartup, 1978; Lerner & Spanier, 1978). Moreover, not only do children affect those who influence them but they get feedback as a consequence of these effects, and this feedback may influence their further development (Schneirla, 1957; Thomas & Chess, 1977)" (p. 72). This bidirectional nature of interactions is an important factor in learning and change; and social interactions, of all types, are learning experiences during development. Adequate social skills are a necessary component of all interpersonal relationships. Kazdin et al. (1984) made the point that "social behavior is related to concurrent dysfunction and to future adjustment and psychopathology (e.g. Singleton, Spurgeon and Stammers, 1980; Wine and Smye, 1981)" (p. 129). Brown (1982)
suggested that research has shown that "many interpersonal problems occur because of poorly developed or inadequate social skills" (p. 5).

Shantz (1983) presented a complete review of the development of social knowledge and reasoning, which are necessary for good interpersonal relationships (please refer to this for a more complete presentation). There are several basic assumptions stated in her review: "1) The way in which one conceptualizes and reasons about others has a major effect on how one interacts with them; and 2) social interaction and experiences have a major influence on the child's social conceptions (e.g., Damon & Killen, 1982)" (p. 495). Shantz (1983) stated that "friendship among children undoubtedly plays an important role in social development, particularly with its emergence during the early preschool years" (p. 530). "Studies strongly suggest that at about age 15 adolescents are especially vulnerable to deficits that may occur in their relationships with friends; especially for girls, for whom sensitivity, empathy, and acceptance on the part of friends is particularly important" (Chilman, 1983, p. 23).

Harter (1983) presented many important issues dealing with the development of the self-system. She stated that "there is a new resurgence of interest in the self and self-system" (p. 276). The way in which knowledge of self is related to one's pattern of social interaction and to one's
knowledge of others is an important developmental issue. The self/other relation is a primary aspect of development. Both Piaget and Werner have characterized ontogenetic changes in the self/other relation as a movement from egocentrism to perspectivism (Shantz, 1983, p. 508). This shift has implications for developing adequate social skills.

Horrocks (1976) described adolescence as "a time of development of a set of concepts of self, the confirmation and integration of which will be crucial in determining the adolescent's personal and social behavior as well as his future status as a functionally mature individual" (p. 87). Adolescence has commonly been referred to as a period of moratorium, - "the psychological moratorium of youth" - by Erickson, Marcia, and others -- which describes youth as a period of standing back, of analyzing, and of not having to assume the role of an adult, although free of the child's role (Horrocks, 1976) -- and during this period the adolescent experiments with many different ways of relating in interpersonal and sexual situations. This psychological moratorium has implications for the importance of adequate social skills and birth control decisions. "Sexuality is a cornerstone of identity, and adolescent sexual explorations are a means by which this aspect of identity develops and crystalizes" (Siegel, 1982, p. 545). Wenar (1982) stated that "the adolescent's task of achieving an identity is
wrought with the resources and vulnerabilities from the past -- trust, autonomy, initiative, and industry on the positive side; mistrust, shame, doubt, guilt, and inferiority on the negative side" (p. 266). It is important to understand these variables necessary for normal development and the complex growth patterns that they exhibit over development.

Within the important area of interpersonal relationships in social development, the psychosocial aspects of the development of adolescent sexuality and responsible behavior should be examined. Chilman (1983) suggested that "the individual's development is strongly affected by sociocultural factors -- including the social status of the person and his or her family, as well as the cultural patterns of the larger society and the smaller reference groups to which the person belongs" (p. 18). Chilman further explained that "culture affects all aspects of sexuality: attitudes and behaviors concerning gender and sex identities, sexual expression, sex roles, mating, fertility control, and parenthood. There has been a great deal of research over the past several decades on role socialization, and it has been established that boys and girls are socialized differently in regards to sex roles and occupations. This role socialization also affects attitudes toward sexual behaviors -- traditionally, more sexual freedom has been allowed to adolescent males because of the
double standard of sex morality" (p. 21). For this reason and others, it has been shown that adolescent females may have difficulty achieving a positive self-image of a sexual self; and "it is clear that adolescents' denial of being sexually active is a major barrier to their usage of contraception" (Oskamp & Mindick, 1983, p. 68).

The influence of one's peers has been an important social factor that has been highly researched for the adolescent period. Lerner & Shea (1982) stated that "peer interaction may be a facilitative factor in influencing moral development" (p. 521). They further explained that "social interactions outside the family may be more likely to advance moral development because, by avoiding the inevitable power differences between parents and children, they may more readily promote the reciprocal and mutual interaction involved in decentered, morally principled thinking. Further, one reason for this may be that adolescents' increased interaction with their peers (by their definition equals) provides them with the precise context necessary to facilitate moral development" (p. 521).

Although it is common to emphasize the extreme importance of peer group pressure on adolescent behavior, Chilman (1983) suggested that "it appears that the power of this pressure varies for different kinds of adolescents" (p. 24). Chilman suggested that research indicates "the teenagers who need to conform to the peer group are more likely to be under age
15, have low group status, lack self-esteem, have poor communication and low involvement with parents, and be members of a strife-torn family (Coleman, 1980; Conger, 1973). This finding has implications for the adolescent period and female adolescents, in particular, when examining the relationship between resistance to peer pressure and sexual behaviors. Chilman noted that "it has also been found that individuals vary in their tendency to conform to either peers or parents -- with important contributing factors being personality traits, level of maturity, quality of family relationships, and other variables yet to be clearly identified" (p. 24).

Social relationships are important to personality development in that the experiences within these relationships provide for successful growth. "According to psychoanalytic and related theories, personality development includes a gradual growth from the complete dependency, narcissism, impulsivity, and feelings of omnipotence of the infant through the increasing independence, social awareness, abilities for self-control, and reality perceptions of the older child" (Chilman, 1983, p. 28).

Social relationships between adolescent boys and girls have changed within the past several decades. Girls have become more equalitarian - with their assuming as much initiative as boys in social activities (Chilman, 1983, p. 47). However, this aspect has not been seen in sexual
behaviors, where the more traditional roles are assumed by the adolescent females.

Selman & Demorest (1984) stated that "effective interpersonal behavior in children and adolescents has been shown to be an important predictor for later development and adult relationships. In recent years a large body of literature has addressed itself to the influence of children's social competence on their establishment and maintenance or peer relationships" (p. 288). "Social competency is of critical import in the present functioning and future development of the child; and social skills not only permit reinforcers to be emitted and elicited but allow the child to assimilate his/her various roles and social norms" (Michelson & Wood, 1980, p. 243), and "peer acceptance and popularity play important roles in the socialization of the child" (p. 246).

The term "social skills" has received much controversy over the past several years. One major reason for this is that the definitions for the terms are somewhat vague and ambiguous. The definition of social skill requires operationalization and explanation to be practically useful (Gresham, 1986). Gresham (1986) suggested that "it is important to distinguish between behavioral constructs and the more trait-oriented approaches to social skills" (p. 3). He stated that "behavioral constructs are tied to observable behavior, which have clear referents within specific
situations (Linehan, 1980); while trait-like conceptualizations of social behavior view social skillfulness as a hypothetical construct referring to a global, underlying personality characteristic or response predisposition (McFall, 1982). Since there appear to be some parallels between behavioral and trait-like constructs and the "sample" versus "sign" approaches in personality assessment (Goldfried & Kent, 1972), a description of the controversy is included.

Curran (1979) detailed the historical controversies as follows:

Wiggins (1973, p. 368) defined a trait as "a hypothetical construct which provides an organizing principle for relating a variety of superficially dissimilar behaviors under a single dispositional unit." Mischel (1968) articulated many of the objections against the assumption of the trait model. He noted that defining a trait as a dispositional or causal variable was basically a circular argument. Mischel (1968) further cited evidence arguing against the consistency of traits as well as their lack of cross-situational generality. Mischel (1968) rebuked trait theorists for ignoring behaviors as samples rather than as signs of criterion.
measures. In point of fact, most studies examining the contributions of both situation and individual differences are approximately equal and quite small in comparison to the variance contributed by interactions of situations, responses, and individual differences (Wiggins, 1973). Furthermore, the interpretation of behavior as either samples or signs, while providing heuristic dichotomy, is, in most cases, nonrepresentative of actual theoretical positions, and these two positions are best thought of as end-points that define a continuum of conceptualization (Wiggins, 1973) (p. 56).

"McFall (1982) identified these two general approaches that have been taken in conceptualizing social skill: 1) the trait model, which views social skills as an underlying, cross-situational response predisposition; and 2) a molecular model, which views social skills as discrete, situation-specific behaviors with no reference to an underlying personality characteristic or trait" (Gresham, 1986, p. 3). After identifying numerous problems with each model, Gresham (1986) concluded that a conceptualization that is intermediately placed on the trait-molecular continuum would be the most useful.
Hersen & Bellack (1977) suggested that "rather than providing a single, global definition of social skill, we prefer a situation-specific conception of social skills. The overriding factor being effectiveness of behavior in social interactions. However, determination of effectiveness depends on the context of interaction (e.g., returning a faulty appliance, introducing oneself to a prospective date, expressing appreciation to a friend) and, given any context, the parameters of the specific situation (e.g., expression of anger to a spouse, to an employer, or to a stranger)" (p. 512). Curran & Mariotto (1980) have suggested that "since the explicit or implicit model of most investigators in social skills research is best described as a response capabilities rather than a response predispositional model (Wallace, 1966), there should be no necessary conflict between employment of assessment principles and basic psychometric theory to the abilities assessment of social skills" (pp. 2-3).

Measuring social skills is not a simple matter. The assessment of social skills reveals that "we are dealing with a megaconstruct involving many different and complex topologies in varied and relatively unrestrained situations (Curran, 1979, p. 56). Fiske (1978) reported that "there has been very little research on the way we 'chunk' behaviors into meaningful units" (p. 76). Many examples of molar level assessment of social skills are found in the
literature. Curran (1979) suggested that "one argument in favor of this type of recording is that molar assessment strategies may have greater generalizability because of the similarity that exists (however, this is an empirical question)" (p. 64). The major advantage of molecular unit recording over molar is the degree of precision in which molecular units can be defined; however, Curran (1979) pointed out that "it does us little good to be able to reliably measure a particular unit of behavior if it is not related to the behavior which we wish to predict" (p. 64).

A related concern is item or response generalizability— the extent to which a score (based on a set of responses) obtained from a sample of items is representative of the mean of scores that would be obtained by exhaustively sampling the universe of similar items (Curran & Mariotto, 1980). They explained this problem as one in traditional measurement to be viewed as a problem of item homogeneity and is usually evaluated by the family of internal consistency coefficients. "The degree of homogeneity-heterogeneity desired in measurement instruments of social skills is dependent upon the degree of specificity of the behavior, the population, the setting, etc. to be measured; and higher internal consistency may be expected if the goal is to measure a specific component of social skills, than if the goal is to measure the global construct of social skill in a general population over a wide variety of social
situations" (p. 19). For a more complete description of generalizability across settings, observers, occasions, sources and methods, please refer to Curran & Mariotto (1980).

One final warning Curran (1979) gave is that we should be wary of falling into the trap that previous trait theorists did when attempting to measure other psychological constructs. "Social skills should not be viewed as an invariant trait. An individual's social skills performance in one particular situation may not be predictive of his performance in other criterion situations" (p. 69).

Research in the area of relating social skills to contraceptive behavior has been limited. Hyrnes (1982) investigated the relationship between sex-role orientation, level of assertiveness, affective orientation to sex and model of contraceptive behavior using path analysis. She found no statistically significant relationship between contraceptive effectiveness and the set of social skills and person history variables. This study was poorly controlled with a low level of power; therefore, the results are tentative.

Eisler et al. (1981) explained that "one of the first conceptual areas to be delineated for interpersonal skills training was developed under the rubric of assertive behavior (Wolpe, 1958, 1969)" (p. ). Eisler et al. suggest that "assertiveness has been and still is confused with the
expression of social maladaptive hostility and aggression" (p. 373). Assertiveness, by definition, "can be thought of as the ability to express, in a nonhostile manner, one's thoughts and feelings while not violating the rights of others" (Deluty, 1979). In other words, assertive—but considerate expressions. Another issue that has had little attention in research is delineating the role of the social interpersonal context in determining whether a response is "assertive" (Eisler et al., 1975). Also, measuring assertive behavior can be difficult due to the nonverbal and verbal responses occurring simultaneously.

One major overriding factor in the definition of social skill is "effectiveness" of behavior in social interactions. I am suggesting that assertive behavior, behavior which expresses one's feelings and does not submit under pressure, may be a strong component in effective sexual relationships for female adolescents. It is unlikely that all behaviors which are judged to be associated with assertiveness or skillfulness in one interpersonal context will be necessary or sufficient in other interpersonal situations. Eisler (1981) makes his point by giving an example, that if one is waiting in line to purchase a ticket to a ball game and someone cuts in line in front of him, the appropriate amount and type of assertion will differ depending on whether the person cutting in is a middle-aged man, an old woman, or a young child (p. 375). The implication is that competent
social skills require an individual to exhibit quite different behaviors when one is interacting with different individuals. There have been no published studies on the relationship between assertive social skills in problematic situations and contraceptive behavior.

Gibbs et al. (1987) developed an inventory to assess the competency of social skills in problematic situations. This inventory, the Inventory of Adolescent Problems-Short Form (IAP-SF), consists of vignettes of problem situations commonly faced by adolescents. This measure was adapted from the Adolescent Problems Inventory (Freedman et al., 1978) and the Problem Inventory for Girls (Gaffney & McFall, 1981; 1986). The original API has shown acceptable levels of reliability and validity, and most of the questions on the new IAP-SF correspond highly with the original items. A short form is proving to be a good method of assessing social skills in adolescents. Hartup (1980) suggested that there are two social worlds of childhood "the adult/child world and the world of peers." The IAP-SF takes this fact into account and has some vignettes dealing with adult/adolescent conflicts, as well as vignettes dealing with peer situations. Socially unskilled behavior may be imbalanced in either of two areas: imbalanced in favor of the other person, e.g., when one acquiesces to deviant peer pressure; or imbalanced in favor of self, e.g., one assaults another person. Two proposed subscales were formed a priori
to examine performance under peer pressure or provocation. Inappropriate submission or evasion relates to items comprising a peer pressure/assertiveness subscale, and inappropriate aggression or antisocial conduct relates to items comprising a provocation subscale. These two areas of social skills (or social skills deficits) were found in a recent factor analysis of the IAP-SF (Simonian, 1987). To receive high scores on the peer pressure items, one's response must be assertive and competent (see Appendix J for scoring of items). The IAP-SF provides, then, not only an overall social skills performance score (total); but also a peer pressure/assertiveness subscale and a provocation subscale. Therefore, use of the IAP-SF in this study is an appropriate means of examining the adolescent females' assertive or submissive behaviors in problematic situations, especially those situations where she is faced with peer interaction.

Statement of Problem

A tremendous amount of research now exists indicating that "becoming a parent as a teenager leads to lower social and economic attainment for young mothers and their families and that it entails considerable health and developmental risks" (Hayes, 1987, p. 123). Further, VanBiema (1987) recently pointed out that our dismay about "babies having babies" has turned to "deep fear with the recognition of the
combined possibilities of adolescent sexuality and AIDS. Suddenly, the grim ante had been raised. Now our children's promiscuity could mean more than pregnancy -- it could mean death" (p. 111). Therefore, with the alarming rate of teenage pregnancies and the numerous problems associated with adolescent promiscuity, it is essential to gain a better understanding of the relationships among adolescent sexual behavior, contraceptive decisions and their relevant variables.

The purpose of this study is to examine the relationship between adolescent female birth control behavior and developmental maturity of moral reasoning and actions and developmental competency of social skills, especially in relation to assertive behavior. I am suggesting that if an adolescent conceptualizes her environment and reasons about moral situations in an immature or inadequate manner, her moral decisions and subsequent behavior may be irresponsible and/or socially unacceptable. Kohlberg et al. (1983) explained that the formal properties of the stages are divided into two components, with the first being social perspective level. Stage 1 reasoning has "an undifferentiated or egocentric perspective"; Stage 2 reasoning is focused more on the individual's self-interest; Stage 3 understands the other "in the context of shared role expectations in personalized relationships"; Stage 4 understands the other "in the context of a less
personalized social system of norms and roles”; and Stage 5 "has a prior to society perspective" (p. 42). Therefore, I am suggesting that more mature moral reasoning enables the adolescent to take a third-person perspective which allows her to justify her norms on such bases as mutual interpersonal expectations, empathic role-taking, and a concern for interpersonal approval. With this orientation, she should act more responsibly toward her sexuality and contraceptive decisions.

I am further suggesting that adequate development of social skills is an important component which enables the adolescent female to act responsibly toward contraception. One possible explanation is that adolescents may acquiesce to peer pressure or sexual involvement because they lack the requisite social skills to act otherwise or that they do not have enough assertive behavior to achieve their desired goal.

There have been numerous factors implicated as contributing to adolescents’ sexual behavior and contraceptive usage. As Hayes (1987) pointed out: "Race, socioeconomic status, family structure, family size, and parents’ education are strongly associated with attitudes about sexual and fertility behavior...yet, as several researchers point out, not all adolescent girls from poor black inner-city backgrounds or rural white poverty and not all girls from single-parent households or from large
families are at higher risk of early pregnancy and childbearing (Furstenberg & Brooks-Gunn, 1985; McAnarney & Schreider, 1984)" (p. 121). The question then becomes: What makes the difference?

In this study, the subject variability was reduced by recruiting subjects with many similar characteristics such as: sexual education, age, race, time of initial intercourse, SES, and IQ. In an attempt to better understand and ultimately reduce the problem of adolescent pregnancy, this study examined the relationship between contraceptive behavior and assertive social skills and sociomoral reflective reasoning. If such relationships can be established, then these measures could be used to screen adolescents to determine those at risk. Further, the findings could have clinical implications for formulating more appropriate sex education programs. An important contribution could be to aid in the understanding and conceptualization of adolescent contraceptive behavior, and this is a necessary first step in providing successful intervention.

**Hypotheses**

The following hypotheses were tested:

1. Adolescent females who engage in sexual intercourse and are good contraceptors will show significantly more competent social skills, greater assertiveness, and
increased responsible moral judgments than those sexually active females who are poor contraceptors, as measured by:

a. Good contraceptors will score significantly higher on the Rathus Assertiveness Schedule (total) than poor contraceptors.

b. Good contraceptors will score significantly higher on the peer pressure/assertiveness subscale and the overall social skills score on the Inventory of Adolescent Problems-Short Form (IAP-SF) than poor contraceptors.

c. Good contraceptors will score significantly higher (more type B orientation) on the Sociomoral Reflection Measure (SRM) than poor contraceptors.

2. The two supplemental items (23 and 24) of the IAP-SF, dealing with more molecular aspects of sexuality and contraception, will significantly correlate with the peer pressure/assertiveness subscale of the IAP-SF over all subjects.

3. Adolescent females who have not engaged in sexual intercourse and have good sexual knowledge will show significant differences on the RAS (total) and the IAP-SF peer pressure/assertiveness subscale compared to the sexually active group who are good contraceptors. The opposite being true, with the sexually active poor
contraceptors showing no significant differences with the virgin group who possess poor sexual knowledge.

4. Level of sociomoral reasoning will not be significantly different for any group.

5. The peer pressure/assertiveness subscale on the IAP-SF will significantly correlate with the RAS assertiveness subscale over all subjects.

6. The scores on the peer pressure/assertiveness subscale of the IAP-SF will correlate with the type of moral reasoning, in that higher assertiveness scores will be seen in type B reasoners.
CHAPTER III
METHODS

Subjects

The subjects for this study were 83 females ranging from 16 to 19 years of age, with a mean age of 16.87. All subjects were white junior or senior high school students from the same middle class community. All had successfully completed a course on sexuality and contraception as part of their required Health Education program. The IQ range, from scores obtained on the Otis-Lennon School Ability Index, Grade 7, for the adolescents was from 82 to 150, with a mean IQ of 112.73. The grade point average range, as of the prior grading period, was from 1.26 to 4.00, with a mean GPA of 3.00. There were 25 girls (30%) who reported having been sexually active and 58 reported virgins (70%). Of the sexually active group, 24% first engaged in sexual intercourse between 14-15; 72% between 16-18; and 4% at 19 years of age. None engaged in intercourse prior to 14 years of age. Half of the girls who took part in the study were given extra credit in Health Education for their participation, while the other half were paid to fill out the questionnaires.
Measures (Descriptive Data in Appendix H)

Sociomoral Reflection Measure - Short Form (SRM-SF) (Appendix C)

This test is a production-task measure -- specifically, a pencil and paper test -- of reflective sociomoral thought. The questionnaire is the short-form and consists of ten (10) questions. The questions probe the subject's reasoning regarding six norms: affiliation - family; affiliation-friendship; life (saving a life); law (and property); and legal justice. The SRM was designed to serve as a group-administerable version of Kohlberg's Moral Judgment Interview (MJI), which is based on Kohlberg's stage theory of moral judgment development. Previous studies have established high concurrent validity of the SRM with the MJI, as well as other favorable psychometric properties of the SRM. The SRM yields two primary types of overall protocol rating: (1) modal stage, which is simply the stage most frequently used by subjects in their protocol responses (Stage 1,2,3,4); and (2) the sociomoral reflection maturity score (SRMS), a psychometrically more differentiated rating that ranges from 100 to 400. The SRM rating procedure provides not only stage but also content information. The term "sociomoral reflection" is introduced for several reasons. Sociomoral (rather than moral) denotes the Kohlbergian (and Piagetian) emphasis on social interaction
as the context for defining that which is morally right and good. Reflection indicates that the 'judgment' studied pertains to the thoughtful consideration of reasons for certain decisions and values. Sociomoral reflection, then, is seen as the specific form of moral judgment assessed by both the MJI and the SRM. (Above material cited from Gibbs et al., 1982, 1984).

The SRM also makes possible assessment of type B (type A is indicated by absence of type B). Based on Kohlberg's descriptions of type B, presence of at least two of three moral justification modalities is required for designation of a moral judgment protocol as type B; balancing (especially, appealing to consideration or role-taking of other's perspectives), moral autonomy (reference to one's conscience, values, or integrity), and fundamental valuing (appeal to the preeminent status of basic moral values, e.g., life as 'precious' or more important than property). A four-point scale is used, with a score of 0 indicating that none of the criteria was present in the protocol and 3 indicating that all three were present. The assessment procedure was adapted from that used with the MJI for scoring type (Tappan et al., in press). Tappan et al. reported acceptable levels of test-retest and interrater reliability for type using the MJI procedure (above information cited from Gibbs et al., 1986, p. 187). The Short Form does not present the dilemmas; however, it has
been effective in obtaining stage and type of moral reasoning.

Inventory of Adolescent Problems - Short Form (IAP-SF) (Appendix E)

This inventory is a self-report questionnaire designed to identify strengths and weaknesses in the personal and interpersonal skills repertoires of adolescents. The IAP-SF was adapted by Gibbs, Swillinger, Simonian, Shockley, Paradissis (1987) from two existing measures -- the Adolescent Problems Inventory (Freedman, et al., 1978) and the Problem Inventory for Adolescent Girls (Gaffney & McFall, 1981, 1986). It is an inventory, not a scale, consisting of maximally dissimilar, nonoverlapping items. Each question is descriptive of a problem situation with which many teenage girls are familiar, and the problem situations were ones that if mishandled, could get a teenager into trouble. At the end of each vignette, the subject is instructed to write a response to the question, "What do you say or do now?" There is a rater's manual which presents explicit criteria for rating subject's responses to each item on a 5-point scale. Scale values are 8,6,4,2,0 -- with these values corresponding to judgments ranging from very competent to very incompetent. Each item has specific criterion for scoring (Appendix J). The API (from which this test was derived) has been subjected to
has specific criterion for scoring (Appendix J). The API (from which this test was derived) has been subjected to tests of concurrent discriminant validity, and research (Freedman et al., 1978) suggests that the IAP-SF is a valid measure of social skills in adolescent males. This is one of the first studies to test the measure with adolescent females. The IAP-SF provides not only an overall social skills performance score (total); but also a Peer Pressure (Assertiveness) subscale and a Provocation subscale. Two experimental items, which were ecologically related to the population being sampled, were added. These two items were not figured into the total social skills score; but were examined separately within and between groups. Items 23 and 24 were vignettes dealing with sexual experience and contraception decisions, in that order. These items have never been used before in a study, so there has been no empirical construct validity established.

**Rathus Assertiveness Schedule** (Appendix D)

The RAS is a self-report questionnaire consisting of thirty items. For each item, the subject is instructed to indicate how characteristic or descriptive the statement is of her by using a six-point scale. The scale is as follows: +3 = very characteristic, extremely descriptive; +2 = rather characteristic, quite descriptive; +1 = somewhat characteristic, slightly descriptive; -1 = somewhat
uncharacteristic, slightly nondescriptive; -2 = rather uncharacteristic, quite nondescriptive; -3 = very uncharacteristic, extremely nondescriptive. The total score is obtained by adding numerical responses to each item, after changing signs of reversed items. There are seventeen reversed items on the questionnaire. The RAS permits reliable and valid assessment of assertiveness or social boldness. The schedule is shown to have moderate to high test-retest reliability ($r = .78; p < .01$) and split-half reliability ($r = .77; p < .01$). Validity in terms of the impressions respondents make on other people ($0.33 < r_s < 0.62; p < .01$) and in terms of their indications of how they would behave in specific situations in which assertive, outgoing behavior can be used with profit ($r = .70; p < .01$) is satisfactory. Item analysis shows that 27 of the 30 items correlate significantly with external criteria. Considerations regarding the usage of a shorter version of the scale were considered, (only 19 items) but an item analysis showed that retaining all items will not detract from the instrument's validity. It was recommended that all 30 items be retained since they will provide more information regarding behaviors which are most typical of them in a variety of situations (Rathus, 1973, pp. 398-406). "Although most of the scale items are concerned with expression of both positive and negative feelings, the items predominantly reflect the expression of 'hostile assertion'"
rather than 'commendatory assertion' (Wolpe, 1969)" (Hersen & Bellack, 1977, p. 530). Vaal (1975) in a study using junior high school students suggested that the RAS can be reliably used with pre-adolescent and adolescent students.

**Demographic Questionnaire** (Appendix F)

This is a questionnaire designed to collect pertinent information regarding sexual experience, birth control usage and method, time of first intercourse, and current knowledge and attitudes. This assessment consists of eighteen (18) questions.

**Intelligence**

IQ scores were obtained from the academic files at the high school for each girl. The Otis-Lennon School Ability Index was available for each subject (administered in the seventh grade). Current grade point average (as of the prior grading period) was also collected to determine her current achievement level.

**Procedure**

The subjects for this study were chosen in two ways. The first group was selected from several Health Education classes. The instructor explained the nature and purpose of the study and asked her class if any of the students would like to participate. Both males and females were included
at this time; however the male data did not become a part of this study. The students were told that they would receive extra credit points for filling out the four questionnaires. Participation was voluntary. The second group was selected from several senior English classes. The instructor explained the nature of the study to her class and offered any girl $5.00 who wished to fill out the questionnaires.

Since most participants were minors, informed consent was obtained both from the parents and student (Appendices A & B). After the subject brought back a signed consent form, she was given a sealed packet of materials. Each packet included, in the following order, the SRM-SF; the IAP-SF; the RAS; and a demographic questionnaire. Each subject was allowed to take the packet home over night and complete the questionnaires, which took approximately two hours. She returned the questionnaires, in the sealed envelope, the following day. The subjects' names did not appear on any test sheets. There was a master list with numbers, so that archival data could be collected at a later point. No data with a name on it was made part of any permanent record.

The following instructions were given to each subject. "You have been informed about the purpose of the study and have decided that you would like to participate. There are four separate questionnaires for you to fill out. It will take you approximately two hours to complete them. It is extremely important that you be honest in all of your
answers. Your answers will be totally confidential, and your name will not appear on any of the questionnaires. It is also important that you work on these questionnaires alone. Please write down the first answer that comes to mind on the questions, and read all directions carefully. If, at any time, you become uncomfortable about answering any of the questions, you may drop out of the study. Your participation is voluntary. We appreciate your taking the time to work with us. Please seal the envelope when you have finished and return it to the school tomorrow."

**Group Definition**

The 83 subjects were divided into groups in several ways, both by their sexual experience and by their sexual knowledge. Each girl was a member of three groups. There were eight groups assembled in the following manner:

**Good Contraceptor**

For a girl to be in this group, she had to have engaged in sexual intercourse and had to have used a reliable method of birth control at last intercourse. She also had to possess accurate knowledge as to the time of month when she could be at greatest risk for becoming pregnant. n=14

**Poor Contraceptor**

For a girl to be placed in this group, she had to have engaged in intercourse and had to have used no method of contraception at last intercourse, or have inaccurate
knowledge as to the time of greatest risk for pregnancy. 
n=11

Virgin

These girls reported they had never engaged in sexual intercourse. This group was based on virginity status, not sexual knowledge. n=58

NonVirgin

This group consisted of those females who had engaged in sexual intercourse. The subjects were placed in this group on virginity status, not sexual knowledge. n=25

Low Risk

To be placed in this group, the subject could be either a virgin or nonvirgin. The major criterion was adequate sexual knowledge regarding risk for pregnancy. n=56

At Risk

This group consisted of either virgin or nonvirgin. To be placed in this group, the subject displayed inaccurate sexual knowledge regarding greatest risk for pregnancy. n=14

Safe Virgin

This group was made up of girls who had never engaged in sexual intercourse, and had good sexual knowledge regarding timing of the greatest risk for becoming pregnant. n=42

Risk Virgin

This group consisted of girls who had never engaged in
sexual intercourse, and did not know when the time was of greatest risk for pregnancy. n=16

Data Analysis
The SRM-SF, IAP-SF, and RAS protocols were scored blind by trained raters. The IAP-SF questionnaires were scored by the 5-point system, with interrater reliability at .92. The negatively scored RAS items were reversed to be positive numbers and a one to seven point scale was used. The SRM-SF rating procedure provided four scores: a global stage, a modal stage (most frequent), a maturity score ranging from 100-400, and a type score. The SRM-SF questionnaires were scored by the two coauthors of the scoring manual; therefore, interrater reliability was not established.

Analysis of variance was utilized to determine the differences attributable to sexual experience, contraceptive practice, or the interrelatedness of both on the RAS, the IAP-SF, and the SRM-SF. Tukey's Studentized Range (HSD) Test was used to determine which groups were statistically different from one another. To make inferences between groups about differences in means, t tests (using pooled standard deviations) were applied. Correlational matrices were formed to examine the differences within each group.
CHAPTER IV
RESULTS

This study evaluated the relationship of contraceptive behavior with several measures of assertion and moral reasoning. Three instruments were utilized for the analyses -- the Rathus Assertiveness Schedule, the Inventory of Adolescent Problems-Short Form (and the appropriate subscales within each), and the Sociomoral Reflection Measure-Short Form. Although the primary focus of this paper was on contraceptive behavior comparing the relationships between "good" and "poor" contraceptors, the data analysis further compared a number of relationships between the three primary measures and different groups based on virginity status and sexual knowledge.

Eighty-three adolescent females, between the ages of 16-19, completed four questionnaires to assess assertive social skills, moral reasoning, moral responsibility, sex knowledge and birth control usage. Comparison groups were formed using the following information. All girls were members of three groups; but comparisons were made between only two independent groups at a time. Twenty-five (30%) of the girls reported having engaged in sexual intercourse; while 58 (70%) of the group were reported virgins. Fourteen of
the sexually active group (56%) were good contraceptors and 11 (44%) were poor contraceptors. Of the group of virgins, 42 (72%) of the girls had good sexual knowledge and were placed in a "safe" group of virgins; while 16 (28%) displayed poor sexual knowledge and were assembled into a "risk" group of virgins. Two additional groups were compared, those being the groups determined by the "risk" factor. In other words, the group of sexually active "good" contraceptors were combined with the safe virgins to form a "low risk" group of 56 (67%), and the group of "poor" contraceptors were combined with the risk virgins to form an "at-risk" group of 27 (33%).

Coefficient Alphas

The reliabilities of the Rathus Assertiveness Schedule and the Inventory of Adolescent Problems-Short Form and each of their relevant subscales were assessed. Coefficient alpha is a measure of the internal consistency of each scale. It tells to what extent the items measure the same construct and may be added to produce a total score (Cronbach, 1951). The reliability increases with the number of items being included in the scale. The coefficient alphas for the 30 items of the Rathus Assertiveness Schedule and for the 22 items of the Inventory of Adolescent Problems-Short Form were adequate (Table 3). These coefficient alphas indicate that the items within each test
are measuring the same construct. It should be noted that this is not a comparison between the two measures, but a test of internal consistency within measures. Further observation of the subscales within each test show fair coefficient alphas. It must be noted that the subscales are comparing a limited number of items. The comparison of the eight item assertiveness scale on the Rathus and the eight item peer pressure/assertiveness subscale on the Inventory of Adolescent Problems-Short Form reveal similar alpha levels. Table 3 shows the internal consistencies of the remaining five subscales of the Rathus and the remaining two subscales of the IAP-SF.

**Table 3**

Alpha Internal Consistency Reliability for the Rathus Assertiveness Schedule and the Inventory of Adolescent Problems-Short Form

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient Alpha</th>
<th>N</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rathus - Total</td>
<td>.8616</td>
<td>61</td>
<td>30</td>
</tr>
<tr>
<td>Rathus - Bold</td>
<td>.7992</td>
<td>61</td>
<td>17</td>
</tr>
<tr>
<td>Rathus - Outspoken</td>
<td>.7808</td>
<td>61</td>
<td>17</td>
</tr>
<tr>
<td>Rathus - Assertive</td>
<td>.5953</td>
<td>61</td>
<td>8</td>
</tr>
<tr>
<td>Rathus - Aggressive</td>
<td>.7091</td>
<td>61</td>
<td>13</td>
</tr>
<tr>
<td>Rathus - Confident</td>
<td>.3102</td>
<td>61</td>
<td>6</td>
</tr>
<tr>
<td>Rathus - Niceness</td>
<td>.6172</td>
<td>61</td>
<td>6</td>
</tr>
<tr>
<td>IAP - Total</td>
<td>.7683</td>
<td>61</td>
<td>22</td>
</tr>
<tr>
<td>IAP - Peer</td>
<td>.6086</td>
<td>61</td>
<td>8</td>
</tr>
<tr>
<td>IAP - Provocation</td>
<td>.6601</td>
<td>61</td>
<td>11</td>
</tr>
<tr>
<td>IAP - Social Competency</td>
<td>.3207</td>
<td>61</td>
<td>3</td>
</tr>
</tbody>
</table>

**Hypothesis One**

It was hypothesized that adolescent females who had engaged in sexual intercourse and were good contraceptors would show significantly more competent social skills,
social skills and sociomoral reasoning. In comparing the differences between the groups -- virgins versus nonvirgins, there were significant relationships for three of the four measures (Table 5).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Virgin Mean</th>
<th>Nonvirgin Mean</th>
<th>df</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAS-Total</td>
<td>121.40b</td>
<td>135.52a</td>
<td>1.81</td>
<td>6.32*</td>
</tr>
<tr>
<td>IAP-SF Peer</td>
<td>44.35a</td>
<td>37.60b</td>
<td>1.81</td>
<td>6.93*</td>
</tr>
<tr>
<td>IAP-SF Total</td>
<td>132.86a</td>
<td>117.20b</td>
<td>1.81</td>
<td>10.73**</td>
</tr>
<tr>
<td>SRM-Type</td>
<td>1.29a</td>
<td>1.52a</td>
<td>1.72</td>
<td>NS</td>
</tr>
</tbody>
</table>

Note. Means with the same subscript are not significantly different at p < .05 based on Tukey's Studentized Range Test.

* p < .05. ** p < .01.

Nonvirgins scored significantly higher on the Rathus Assertiveness Schedule than virgins [F(1, 81) = 6.32, p < .0139]. Virgins, on the other hand, scored significantly higher than nonvirgins on the IAP-SF total [F(1, 81) = 10.73, p < .002] and on the IAP-SF peer pressure/assertiveness subscale [F(1, 81) = 6.93, p < .01]. There was no significant difference between virgins and nonvirgins on moral type.

There were no significant differences found between groups separated by knowledge on any of the measures (Table
nor were there any significant differences due to the interaction of virginity status and sexual knowledge factors.

### Table 6
Mean Scores and Anova Analyses for "At Risk" and "Low Risk" Groups on Four Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean At Risk</th>
<th>Mean Lo Risk</th>
<th>df</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAS-Total</td>
<td>122.04</td>
<td>127.39</td>
<td>1.81</td>
<td>NS</td>
</tr>
<tr>
<td>IAP-SF Peer</td>
<td>40.15</td>
<td>43.36</td>
<td>1.81</td>
<td>NS</td>
</tr>
<tr>
<td>IAP-SF Total</td>
<td>122.81</td>
<td>130.71</td>
<td>1.81</td>
<td>NS</td>
</tr>
<tr>
<td>SRM-Type</td>
<td>1.29</td>
<td>1.38</td>
<td>1.72</td>
<td>NS</td>
</tr>
</tbody>
</table>

Therefore, what these findings seem to indicate is that assertive social skills are related to virginity status, but not to contraceptive behavior or knowledge factors.

**Hypothesis Two**

It was hypothesized that the supplemental two test items, Items 23 and 24, of the Inventory of Adolescent Problems-Short Form — those dealing with aspects of sexuality and contraception — would significantly correlate with the Peer Pressure/Assertiveness subscale of the IAP-SF. The IAP-SF Peer Pressure subscale measures the amount of
assertion or submission shown by the adolescent in a given problematic situation when faced with peer pressure. Overall subjects, Item 23 did correlate with the peer pressure subscale \[r(81)=.251, p=.022\]; however Item 24 did not show a significant relationship to the peer pressure subscale. When comparing both items to the total IAP-SF score, Item 23 was significantly related to the total IAP-SF score \[r(83)=.285, p=.0089\], but Item 24 was not statistically related.

An interesting difference is seen when looking within the virgin/nonvirgin groups. For virgins, Item 23 is significantly correlated with the peer pressure/assertiveness subscale \[r(58)=.290, p=.027\]; while Item 24 is significantly correlated with the provocation subscale \[r(57)=.512, p=.0001\]. There is no significant relationship between either item on either scale for the nonvirgins.

To determine if there were any significant differences between groups on Items 23 and 24, an analysis of variance was utilized. There were no significant relationships between Virgins and Nonvirgins on either item; however there was a significant difference between "good" and "poor" contraceptors on Item 23, but not on Item 24 (Table 7).
Table 7
Mean Scores and Anova Analyses for "Good" and "Poor" Contraceptors and Virgins and Nonvirgins on Items 23 & 24

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean &quot;Good&quot;</th>
<th>Mean &quot;Poor&quot;</th>
<th>df</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 23</td>
<td>8.00</td>
<td>6.36</td>
<td>1.23</td>
<td>5.38*</td>
</tr>
<tr>
<td>Item 24</td>
<td>7.69</td>
<td>6.36</td>
<td>1.23</td>
<td>NS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Virgin/Nonvirgin</th>
<th>Mean Virgin</th>
<th>Mean Nonvirgin</th>
<th>df</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 23</td>
<td>7.55</td>
<td>7.28</td>
<td>1.81</td>
<td>NS</td>
</tr>
<tr>
<td>Item 24</td>
<td>7.47</td>
<td>7.08</td>
<td>1.79</td>
<td>NS</td>
</tr>
</tbody>
</table>

*p<.05.

Hypothesis Three

This hypothesis states that virgins with good knowledge and the sexually active good contraceptors will not differ significantly in their relationships with the RAS and the IAP-SF peer pressure subscale (Table 8). Likewise, sexually active poor contraceptors and virgins with inadequate knowledge will not significantly differ on the IAP-SF peer pressure subscale nor the RAS total (Table 9). In other words, it was hypothesized that one could combine the girls into two groups entitled "low risk" and "at risk" accordingly.
Mean Scores for Safe Virgins and Good Contraceptors on the RAS Total and the IAP-SF Peer Pressure Subscale

<table>
<thead>
<tr>
<th>Measure</th>
<th>Group</th>
<th>n</th>
<th>Mean</th>
<th>s.d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAS Total</td>
<td>SafeV</td>
<td>42</td>
<td>123.095</td>
<td>25.291</td>
</tr>
<tr>
<td>RAS Total</td>
<td>Good</td>
<td>14</td>
<td>140.286</td>
<td>19.487</td>
</tr>
<tr>
<td>IAP-SF Peer</td>
<td>SafeV</td>
<td>42</td>
<td>45.333</td>
<td>10.347</td>
</tr>
<tr>
<td>IAP-SF Peer</td>
<td>Good</td>
<td>14</td>
<td>37.429</td>
<td>7.978</td>
</tr>
</tbody>
</table>

Mean Scores for Risk Virgins and Poor Contraceptors on the RAS Total and the IAP-SF Peer Pressure Subscale

<table>
<thead>
<tr>
<th>Measure</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>s.d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAS Total</td>
<td>RiskV</td>
<td>16</td>
<td>116.938</td>
<td>22.673</td>
</tr>
<tr>
<td>RAS Total</td>
<td>Poor</td>
<td>11</td>
<td>129.455</td>
<td>21.482</td>
</tr>
<tr>
<td>IAP-SF Peer</td>
<td>RiskV</td>
<td>16</td>
<td>41.750</td>
<td>11.121</td>
</tr>
<tr>
<td>IAP-SF Peer</td>
<td>Poor</td>
<td>11</td>
<td>37.818</td>
<td>14.379</td>
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</table>

Good contraceptors displayed significantly higher assertiveness scores on the RAS than did safe virgins \([t(54)=-5.48, \ p<.05]\). Safe virgins showed significantly higher assertiveness ratings on the IAP-SF peer pressure subscale than did good contraceptors \([t(54)=2.61, \ p<.05]\).

Poor contraceptors displayed higher assertiveness scores on the RAS than did risk virgins \([t(25)=-1.44, \ p<.05]\), but this was not a statistically significant difference. Risk virgins showed higher assertiveness ratings on the IAP-SF
peer pressure subscale than did poor contraceptors \[t(25)=.80, p<.05\]; however this difference is not statistically significant.

**Hypothesis Four**

Hypothesis four stated that level of sociomoral reasoning would not be significantly different for any group, regardless of sexual activity or contraceptive behavior (Table 10). This hypothesis was confirmed. There were no significant differences between groups on the SRMS-total.

**Table 10**

Descriptive Data for Level of Sociomoral Reasoning over All Groups

<table>
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<th>Group</th>
<th>Mean</th>
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<th>n</th>
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<tr>
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<td>72</td>
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<td>Nonvirgin</td>
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<td>Risk Virgins</td>
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</table>
Hypothesis Five

The peer pressure/assertiveness subscale on the Inventory of Adolescent Problems was compared to the assertiveness scale on the Rathus Assertiveness Schedule across all subjects, and it was hypothesized that there would be a significant relationship. No significant relationship was found. In fact, the trend was to be related in an inverse fashion (Table 11).

Table 11
Mean Scores on Assertiveness Subscales of the RAS and IAP-SF

<table>
<thead>
<tr>
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<td>RAS</td>
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$r=-.072$, $p=.52$

Hypothesis Six

The scores on the assertiveness scale of the Inventory of Adolescent Problems were hypothesized to correlate significantly with the type of moral reasoning, with the higher IAP-SF peer pressure subscale scores seen in type B
reasoners. This hypothesis was not confirmed over all subjects. Only two groups showed a correlation between assertiveness in regards to peer pressure and type of moral reasoning -- the good and poor contraceptors. There was no significant difference between groups; however, there was a significant inverse pattern within the groups. For good contraceptors, as the scores on the IAP-peer increased, there was more type B reasoning seen \( r = .686, \ p = .03 \). The reverse was true for poor contraceptors \( r = -.716, \ p = .03 \). As the scores on the IAP-SF peer pressure subscale increased, more type A reasoning was present.

**Additional Findings**

By studying the responses on the demographic questionnaire from all 83 subjects, the following information was obtained.

1. Eighty-five (85%) percent of the adolescent females felt that premarital intercourse is okay in a loving relationship; while thirteen (13%) percent said that it is never okay before marriage.

2. Ninety-one (91%) percent of the girls felt that they would get pregnant if they were to have intercourse without using a contraceptive.

3. Ninety (90%) percent of the females stated that they knew where to obtain birth control; while ten (10%) percent did not know where to get it.
4. Ninety-nine (99%) of the subjects stated that contraception is the responsibility of both the male and female. Only one (1%) percent stated that it was the male's responsibility. No subjects felt that it was the female's responsibility solely.

5. Seventy-eight (78%) percent of the girls knew that a teenager does not have to have parental consent to obtain birth control pills. Twenty-two (22%) felt that legally it was necessary.

6. Forty-five (45%) percent of the girls' parents have talked with them about birth control; while fifty-five (55%) stated that their parents had never discussed birth control with them.

7. Eighty-five (85%) percent of the sample felt that it would not be difficult to discuss birth control with their boyfriend; while fifteen (15%) percent stated that it would be difficult.

8. Seventy-nine (79%) percent of the females worried about AIDS, and eighty-one (81%) percent of these girls reported they would protect themselves against it through using a condom.

9. Of the group of sexually inactive girls, there were numerous reasons given for why they had never engaged in sexual intercourse: 12% reported that they had never had the opportunity; 12% said they felt premarital sex was wrong; 52% reported they wanted to love someone first; 43%
stated they wanted to wait until they got married; 10% said they got nervous every time they got close to the experience; and 0% reported abstaining for fear of AIDS. (Some girls gave multiple answers and their scores were computed into two categories).

10. Of the sexually active group who had used birth control, the following contraceptive methods had been used: condoms (47%), withdrawal (23%), birth control pills (19%), rhythm (7%), and chemical methods such as foam or jelly (4%). No girl had ever used a diaphragm or an IUD.

11. Of the sexually active group, the following responses were reported in answer to the question regarding how many times they had engaged in intercourse over the past six months: once a week (28%); just once (24%); once a month (16%); less than once a month (16%); not at all (12%); more than once a week (4%).

12. When the sexually active group was asked with how many different people they had experienced sexual intercourse over the past six months, 60% reported just one, 12% reported two, 16% reported three to five, and 12% reported none.

Correlational Matrices

Pearson product-moment correlation coefficients were run between measures to check for significant relationships. Table 12 shows the correlations and descriptive statistics.
for all the subjects on twelve measured variables. Table 13 reveals the correlations for "good" contraceptors; while Table 14 reveals those for "poor" contraceptors. Table 15 shows the correlations for virgins and Table 16 for nonvirgins. Table 17 examines the "low risk" and Table 18 examines the "at risk" group. Table 19 reveals the correlations for "safe virgins" and Table 20 reveals those for "risk virgins."
Table 12: Zero-Order Correlations and Descriptive Statistics for Measured Variables with All Subjects

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* p < .05, ** p < .01.
Table 13: Zero-Order Correlations and Descriptive Statistics for Measured Variables with the Good Contraceptor Group

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*p < .05.  **p < .01.
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Table 15

Zero-Order Correlations and Descriptive Statistics for Measured Variables with the Virgin Group

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*p < .05. **p < .01.
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*p<.05. **p<.01.
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*p < .05. **p < .01.
Table 20
Zero-Order Correlations and Descriptive Statistics for Measured Variables with the Risk Virgin Group

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* p < .05
** p < .01
CHAPTER V
DISCUSSION

Adolescent sexuality continues to be a controversial subject; yet the fact still remains that more than one million adolescents become pregnant each year; with just over 400,000 teenagers obtaining abortions, and nearly 470,000 giving birth (Hayes, 1987). In the past several decades, there has been an increase in the number and variety of intervention programs directed at adolescent pregnancy prevention. One of the major goals of research is to provide useful information to appropriate sources, so that better programs can be developed implementing the research findings. In an attempt to understand the relationship between adolescent sexuality and responsible birth control behavior, this study looked at adolescent sexual decisions within the context of sociomoral and psychosocial development.

The findings from this study indicated that three measures of assertive social skills (RAS, IAP-SF total, and IAP-SF Peer Pressure) significantly correlated with sexual behavior (virginity status), but none of the measures correlated significantly with contraceptive behavior (good versus poor contraceptors), nor quality of sexual knowledge.
There are several factors which may have affected the findings. The number of subjects in the sexually active groups was quite small, and the sample sizes and variances were unequal. To avoid violating the assumption of homogeneity of variances pooled estimates of the standard deviations were implemented. However, when variances are unequal and there are different sample sizes with a small number, the conclusions of the statistical tests stand a chance of being greatly affected. A larger number of subjects would give more power to the test to raise the chances of detecting significance.

Another complication which may have affected the results is the definition of groups within the sexually active adolescents. Due to the nature of questions that could be asked the adolescents because of the sensitivity of the subject, "good" and "poor" contraceptive status were based on a limited amount of information. Of the sexually active group, 24% reported having had intercourse only once over the past six months, 16% reported less than once a month, and 12% reported not having engaged in intercourse at all over the past six months. Therefore, this finding suggests that infrequent sexual experiences are occurring, and to determine if a girl is a "regular" user is difficult. The problem of group definition has occurred numerous times in the literature on adolescent sexuality. There are many relevant variables which can be chosen to distinguish
groups. It makes comparison between studies difficult. In this study, it was found that risk factors and knowledge factors were not appropriate to differentiate the girls. Additional information was needed to properly group the subjects.

One further factor affecting the results is that the data is subject to all the limitations of self-report methods and should be considered a first step in understanding a psychologically complex issue. Honesty becomes a question when dealing with such a sensitive issue as sexuality. The population used in this study were all from a middle class social structure and were aware of the socially desirable answers to give. This study was looking at social performance, not social competency; however, many of the girls may have answered what they thought they should say rather than what they would do.

This is the first study to assess social skills using the IAP-SF in a group-administered fashion. Prior studies have utilized a one-on-one method of interviewing. The subject's performance many have been affected as a function of the test conditions. Interviewing allows the examiner to benefit not only from the content, but also from the tone of the response. Written responses (especially those without names) may allow for more honesty. Pros and cons can be found; however, for the population in this study, paper and pencil testing was appropriate. The adolescents were all
able to express their thoughts on paper and their responses were scorable.

This study is one of the first to use the IAP-SF with a female population. Prior research studies have tested the validity of the measure with male samples and with antisocial youth. This study was not trying to look at deviant behavior. In fact, as Byrne (1983) stated, "It is now the norm, at least statistically speaking, for American teenagers to have sexual intercourse before they get married. Unfortunately, however, it is also the norm for them to do so without using effective means of contraception" (p. 3). The use of the IAP-SF was to evaluate differences between groups on measures of assertive behavior, especially as it applies to behavior under peer pressure or provocation.

Since the subjects in this study were minors, it was necessary to gain parental consent for their participation. This may have biased the sample towards more liberal subjects.

There are limitations to this study which qualify the conclusions. However, there are some interesting findings which should be noted.

One interesting observation regarding assertion is that there was an inverse relationship found for the scores on the two assertiveness measures. For virgins, the RAS (bold assertion) was significantly lower than that of sexually
active girls; whereas the resistance to peer pressure/assertiveness scale of the IAP-SF, or "considerate" assertion was higher for virgins than nonvirgins. Upon examination of the correlations among measures over all subjects, the assertiveness scale on the IAP-SF did not significantly correlate with the assertiveness scale on the RAS; therefore suggesting that each scale may be measuring a different type of assertion. These findings may have implications for the type of assertion used by each group. More bold, outspoken assertion was seen in the sexually active girls; while more assertive, but considerate responses to peer pressure were seen in virgins. As mentioned earlier, one overriding factor in the definition of social skills is "effectiveness" of behavior in social interactions. Assertion may be culturally different, as well as situation specific. For each group, a different type of assertion means may be necessary to reach effective ends. Further, the RAS appears to be measuring more global assertion and the IAP-SF deals more with peer interactions. Nonvirgins may see themselves to be more aggressive and assertive displaying more bold, outspoken behavior than others. Research supports the notion that sexual behavior is not seen in isolation, rather other behaviors may accompany it. Therefore, one explanation may be that sexual behavior may be an expression of "acting out" against parental figures. Sexual decisions may also be mature,
responsible decisions; and therefore, this explanation needs further qualification.

The IAP-SF correlated significantly with IQ and GPA, with higher scores on the IAP-SF being related to higher IQs and GPAs. Girls with higher IQs and GPAs responded with more socially acceptable, effective ways of dealing with peer pressure and provocation. The scores on the RAS were not significantly correlated with IQ or GPA over all subjects.

Items 23 and 24 of the IAP-SF, those items dealing with sexual decisions and contraceptive behavior, were evaluated to see how they were interpreted by each group. Over all subjects Item 23 was significantly related to the peer pressure/assertiveness subscale of the IAP-SF; however, Item 24 was not evaluated to relate to the peer pressure subscale. For the virgin group, Item 23 significantly correlated with the peer pressure subscale, and Item 24 significantly correlated with the provocation subscale. For nonvirgins, no significant relationship was found between Items 23 and 24 on either subscale. What this finding is suggesting is that questions dealing with decisions to engage in intercourse are seen differently for each group. Virgins feel that the decision to become sexually active is similar to other questions dealing with peer pressure; while nonvirgins did not. Further, Item 24, dealing with contraceptive behavior, was seen to relate to the
provocation items for virgins, but not for nonvirgins. This finding may have several meanings. One possible explanation is that part of the subjects may not have been exposed to the actual situations, while part may have. Some of the virgin group may have no past referent to rely on; therefore, their responses are judgments of how they would predict they would behave. Whereas for the nonvirgin group, they have engaged in sexual intercourse and possibly feel less peer pressure and provocation since they know how they would handle themselves in these situations. Gresham (1986) explained that the molecular model of assessing social skill level states that "the best predictor of a person's future behavior is that person's past behavior in the same situation" (p. 4). For a test to validly measure social skills in problematic situations, one criteria is that the items must be clear, realistic situations which are relevant to the population being tested and situations which all of the subjects may have encountered. The situational context would be equally meaningful only if it had been experienced by each member of the sample being tested. Of the group of sexually inactive girls, when they were asked to respond to why they had not engaged in intercourse, only 12% responded that they had not had the opportunity. This finding is only tentative, because the respondents were asked to give the reason closest to theirs to explain why not. Fifty-two percent of the subjects reported that they wanted to love
someone first (which may be saying that they haven't engaged in intercourse because they haven't had the opportunity, because they haven't "loved" someone yet). Regardless, the important finding is that virgins and nonvirgins interpreted sexual vignettes differently.

There was no significant difference among subjects in this sample on the level of sociomoral judgment, regardless of sexual or contraceptive behavior. Most of the girls had reached an age-appropriate, mature level of development of sociomoral reasoning. This replicates earlier findings comparing stage of moral development and contraceptive behavior.

Type of moral reasoning was not significantly correlated with resistance to peer pressure over all subjects; however, there were significant relationships found within the good and poor contraceptor groups. There was no significant difference between groups; however, there was a significant inverse pattern within the groups. This may be an example of how the mean is independent of the correlation among variables. For good contraceptors, as the scores on the IAP-SF peer pressure/assertiveness subscale increased, there was more type B reasoning seen. The reverse was true for poor contraceptors. As the scores on the IAP-SF peer pressure subscale increased, more type A reasoning was present. One possible explanation may be best understood by looking at Gibbs et al.'s (1986) research comparing moral
judgment and field independence. Gibbs explained that the 'internal' aspect of type B reasoning was seen by Kohlberg and Candee (1984) as suggesting that type B's are more likely to make judgments of personal responsibility in relation to a self perceived as moral (Blasi, 1983, 1984; Damon, 1984). Further, he suggested that field-independent individuals are relatively autonomous or independent from conformity influences in matters of social judgment (Witkin & Goodenough, 1977). Accordingly, it can be speculated that for good contraceptors, one would see more action with increased resistance to peer pressure because they may have better accepted their individual sexuality. Those females who have achieved better sexual identities have been found to be better contraceptors. For the poor contraceptors, the opposite can be assumed. As more resistance to peer pressure occurs, more pressure is applied to act; but they show the pattern of Lickona's (1983) "moral marshmallows." When resistance to peer pressure is low, they will tend to act on what they believe to be moral. In other words, justifying their position by doing what everyone else is doing.

The findings from this study concurred with many of the earlier studies on adolescent sexuality in that the adolescents' contraceptive use increased with chronological age and frequency of intercourse. Age of initiation and number of sexually active were consistent with national
norms for a group of highly motivated, academically achieving adolescent females.

In this study, 99% of the females said that they felt that birth control decisions were the responsibility of both partners. This finding has implications for including males in sex education programs.

Seventy-nine percent of the sample stated that they worried about AIDS, yet none of the girls who had not engaged in intercourse stated that a fear of AIDS was the primary reason for their abstaining. This finding concurs with the egocentricism of the adolescent period. Adolescents "think about" everything, yet they feel invincible. AIDS is getting a lot of attention, but it has not become a problem for this sector of the population yet.

In this study, 85% of the girls felt that it would not be difficult to discuss birth control with their boyfriend. Morrison (1985) reported that "Adolescents do not like to use contraceptives, but were not clear why. Failure to find specific attributes of contraception that are reliable across studies lends support to the hypothesis that some generalized negative affect toward sex-related topics is one component underlying adolescents' attitudes toward using contraceptives" (p. 565). Each of the subjects in this study had completed a course on sexuality which included discussions on contraceptive practices. The course was taught by a teacher who was comfortable with the topic and
conveyed accurate, unbiased information. For this reason, the girls may have become more comfortable talking about sex related topics.

Although few adolescents wish to have a baby, the majority of sexually active adolescents do not always use effective means of contraception. Sex education has been a volatile issue for some time in our country. Several major political arguments against teaching sex education in schools have been that it will increase promiscuity and it will violate the parents' rights to talk with their own children about such private matters. The findings from this study revealed that 55% of the girls' parents had never discussed contraception with them, while only 45% ever had. If birth control information had been left to the parents to convey to the adolescents, it appears that it may not have been provided. Further, 100% of the girls had successfully completed a course on sexuality and contraception; yet, 70% did not become sexually active due to the course. Other research studies have reported similar findings. Therefore, after answering whether sex education should be taught, the next issue becomes what and how should it be taught.

The findings from this study have significance for the development of effective sex education programs. The objectives of most programs to date have been to provide knowledge regarding anatomy and services. Darabi et al. (1982) explained that "they have been aimed at increasing
knowledge and reducing attitudinal barriers to the use of contraception among the sexually active teenagers" (p. 58). Hayes (1987) discussed the new approaches which are proving to be useful in dealing with adolescent sexuality; however she concluded that replications and positive results need to be provided so that the impact of sex education on sexual and contraceptive decisions can be evaluated.

I am suggesting that programs that are aimed at teaching interpersonal communication skills, especially appropriate assertive behaviors, could help adolescents know how to more responsibly handle sexual encounters, as well as birth control decisions. These programs should be developed taking into consideration the developmental level of the child. The programs should implement problem solving and decision making opportunities by providing girls with the opportunity to role play and rehearse various modes of functioning. One goal is to help the adolescent become more comfortable discussing sexual matters. Secondly, it gives the adolescent ways to say "no" if she feels that she is not emotionally nor cognitively ready to engage in intercourse or make decisions regarding contraception.

The population studied was relatively homogeneous and not representative of the population as a whole. These results apply to a white, middle class community with high academic achievers. Therefore, replication of these findings with other groups would be important. Different
types of assertion may be found due to the culturally different value placed on assertion. This may prove to be an interesting study.

Most adolescents are learning how to function in a world filled with conflicting sexual messages. Sex education should not only provide the adolescent with factual information, but also it should provide her with age-appropriate, responsible ways to behave regarding her sexual and contraceptive decisions. The determinants of adolescent contraceptive use are numerous and complex. Many factors impact and influence the adolescent during development. One major goal of prevention is to find the best possible programs. To do this we must find measures to assess adolescents at risk. The results from this study support the hypothesis that virgins and nonvirgins differ significantly on measures of assertive social skills. This may be an important finding for formulating appropriate sex education programs, which implement relevant forms of assertiveness training for adolescent females.
REFERENCES


APPENDIX A

THE OHIO STATE UNIVERSITY Protocol No. 87B0046

CONSENT FOR PARTICIPATION IN SOCIAL AND BEHAVIORAL RESEARCH

I consent to participating in (or my child's participation in) research entitled:

MORAL JUDGMENT, ASSERTIVE SOCIAL SKILLS, AND FEMALE ADOLESCENT BIRTH CONTROL BEHAVIOR

Thomas R. Linscheid, Ph.D. or his/her authorized representative has explained the purpose of the study, the procedures to be followed, and the expected duration of my (my child's) participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available. *Archival data will be obtained from the school files.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am (my child is) free to withdraw consent at any time and to discontinue participation in the study without prejudice to me (my child). The information obtained from me (my child) will remain confidential unless I specifically agree otherwise by placing my initials here ________.

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _____________________ Signed: _____________________

(Participant)

Signed: _____________________ Signed: _____________________

(Principal Investigator or his/her Authorized Representative) (Person Authorized to Consent for Participant - If Required)

Witness: _____________________

HS-027 (Rev. 10-81) -- To be used only in connection with social and behavioral research.
Dear Parents,

We would like to have permission to include your daughter in a research study conducted through the O.S.U. Psychology Department. With the alarming rate of teenage pregnancy and the host of physical, social and emotional problems which accompany them, it is increasingly important to understand teenage birth control behavior. Teenagers are engaging in sexual intercourse more frequently and at younger ages; yet, at the same time, a large majority are using no birth control protection — the question becomes: what are the factors affecting nonuse of contraceptives among sexually active teenagers, and what implications might this have for formulating more appropriate sex education programs in the schools?

All information will remain totally confidential, and your daughter's name will not appear on any sheet with the data. She will be filling out four questionnaires — three of a general nature and one dealing with personal information. She will not be asked to answer any questions if she feels uncomfortable, and she may drop out of the study at any time if she wishes.

We are conducting our research at several schools. Your daughter's name was chosen randomly among the girls between 15-17 years of age. There is no implication here that your daughter is sexually active. We are trying to get a representative sample among high school girls.

Please sign and return the attached consent form as soon as possible. Thank you so much for your cooperation. We look forward to working with your daughter.
APPENDIX C

Social Reflection Questionnaire

__________________ Age:_______ Sex (circle one): male/female

Father's job:________________________ Mother's job:________________________

Date:______________________________

Instructions

In this questionnaire, we want to find out about the things you think are important in social life, and especially why you think these things are important. Please try to help us understand your thinking by writing as much as you can to explain your opinions—even if you have to write out your explanations more than once. Don't just write "same as before." If you can explain better or use different words to show what you mean, that helps us even more. Please answer all the questions, especially the "why" questions. Feel free to use the space in the margins to finish writing your answers if you need more space.

Short form - 487  (code #: _______________)

107
Social Reflection Questions

1. Let's say you've made a promise to a friend of yours. How important is it to keep a promise, if you can, to a friend?
   Circle one: very important important not important
   Why is that very important/important/not important ( whichever one you circled)?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. What about to anyone? How important is it to keep a promise, if you can, even to someone you hardly know?
   Circle one: very important important not important
   Why is that very important/important/not important ( whichever one you circled)?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Let's say your mother or father needs help, and you're the only person who can help. How important is it for a son or daughter to help his or her parent?
   Circle one: very important important not important
   Why is that very important/important/not important ( whichever one you circled)?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
4. Let's say you're married, and your wife or husband needs help. You're the only person who can help. How important is it to do everything one can to help one's wife or husband? Circle One: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

5. Let's say a friend of yours needs help and may even die, and you're the only person who can save him or her. How important is it to do everything one can to save the life of a friend? Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

6. What about for anyone? How important is it to do everything one can to save the life of a stranger? Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?
7. How important is it for a person to live even if that person doesn't want to?

Circle one: very important important not important

Why is that very important/important/not important (whichever one you circled)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. How important is it for people not to take things that belong to other people?

Circle one: very important important not important

Why is that very important/important/not important (whichever one you circled)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. How important is it for people to obey the law?

Circle one: very important important not important

Why is that very important/important/not important (whichever one you circled)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
10. How important is it for judges to send people who break the law to jail?

Circle one: very important  important  not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

Appendix D, pages 112-113 (Questionnaire RAS)

Appendix G, page 122 (Classification of Moral Judgment Into Levels and Stages of Development)
APPENDIX E

Please answer all of the following questions as honestly as possible. If you need additional space for your answer, please use the back of the page — but don’t forget to number your responses on the back.

INVENTORY OF ADOLESCENT PROBLEMS

Number: _____________________ Date: __________________

1. You’re visiting your aunt in another part of town, and don’t know any of the kids your age there. You’re walking along her street, and a guy is walking toward you. He is about your size. As he is about to pass you, he deliberately bumps into you and you nearly lose your balance. He says, "Look where you’re going, clumsy!" What do you say or do now?

2. You’re driving around with a good friend on a hot, muggy summer night. He says, "Whew, am I thirsty! I could really use a cold beer. Listen, I know a place that doesn’t even check IDs. How about our going over that way and getting some booze?" What do you say or do now?

3. It’s 7:30 on a Saturday night, and you ask your father if you can go out driving around with some friends. He says no and is angry. He yells, "Nothing doing! You know what happens when you go driving around with those kids. You’re staying home tonight!" What do you say or do now?

4. You’ve been going steady with a guy named Matt for about three months. It used to be a lot of fun to be with him, but lately, it’s been sort of a drag. There are some other guys you’d like to go out with now. You decide to break up with Matt, but you know he’ll be very upset with you. How do you go about breaking up with him? What do you say or do now?

5. It’s Friday night and you have the car, but you don’t have anywhere to go. The evening stretches ahead of you — empty. You’re bored, and you feel restless. You wish there were some excitement. What do you do to go about solving this problem?
6. You walk into the kitchen one morning before school, wearing an old t-shirt and jeans. Your mother takes one look at your clothes and says, "Oh, no! You're not going out of this house one more time looking like that! You march yourself right up those stairs and get on some decent things, or you're not going anywhere this morning, young lady! Do you think your father or I ever looked like that? What do you say or do now?

7. One of your friends does some dealing on the street. Once in a while, he even gives you some pills or something for free. Now he says to you, "Listen, I've got to deliver some stuff on the south side, but I can't do it myself. How about it? Will you take this stuff down there for me in your car? I'll give you some new stuff to try plus $50 besides, for half an hour's driving. Will you help me out?" What do you say or do now?

8. Jim broke up with Judy and now is dating you. Judy's really mad about this and has been spreading nasty rumors about you. You're getting pretty upset about what Judy is saying. What do you say or do now?

9. Your friend calls on a Saturday night to ask if you want to get together with her and some other friends. You tell her you're grounded, because you got home after curfew the weekend before. She says, "So, what's the big deal? Just sneak out the back door and meet me in the next block. Your parents will never know you're gone." What do you say or do now?

10. Your father has been hassling you for months about getting home by midnight, and sometimes that's a problem; because none of your friends have to home before 1:00 a.m. Your father is sitting in the living room in his robe and slippers, looking mad. He says, "Where in the world have you been? Do you have any idea what time it is?" What do you say or do now?
11. You're walking along a side street with your date, and he stops in front of a beautiful new sports car. He looks inside and then says excitedly, "Look, the keys are still in this baby! Let's see what she can do. Come on, let's go!" What do you say or do now?

12. You're about an hour late getting to your part-time job in a supermarket, because your car ran out of gas. You feel pretty dumb about that and you know your boss will be mad, because this is the busiest time of the day in the store. You punch in at the time clock and he comes storming over to you and says, "You're fired! I've put up with kids being late and not coming in one time too many. Starting with you, anyone who comes in late gets canned!" What do you say or do now?

13. You have a friend who's a few years older than yourself. He's been in trouble at school a lot, and he's even been suspended twice, but he's popular with the kids at school. You really like him and respect him, and you wish he'd like and respect you, too. He comes to your house one night and tells you that he and another guy are going to get a copy of the senior English final and sell it. He says, "Do you want to come along? We think you could be a big help to us." What do you say or do now?

14. You ask the girl who sits next to you in the study hall if she'd like to come to a party at your house Saturday night. She says, "I'd like to, but my father won't let me hang out with kids who have a bad reputation." What do you say or do now?

15. You're at a party and all the people there are smoking grass. You used to do a lot of smoking yourself until you got caught last month. Everyone knows you used to smoke. Your boyfriend offers you a joint. What do you say or do now?

16. You work as a clerk in a grocery store. The store isn't too busy. A guy who knows you from school comes over to your cash register and says, "Hey, I only have a dollar with me. Ring up these cigarettes and a six-pack for a dollar, won't you? The manager is in the back of the store. He'll never know." What do you say or do now?
17. You were anorexic and had to stay in the hospital for two months for treatment. Now some of the kids at school treat you like you're a freak. You're at your gym locker, changing your things, and a girl asks if you'll lend her a quarter. Another girl, whom you don't know at all, and who is about your size, says to her, "What? You gonna take money from a skinny freak?" What do you say or do now?

18. You're in a job interview, and you really want the job because the pay is good and the hours aren't bad. The interviewer seemed interested in you until he found out you were on parole. Now he says, "We have a policy of not hiring anyone who's on parole. We've had too many problems with you kids in the past. Sorry." What do you say or do now?

19. You were suspended from school for one week because you were caught in the locker room drinking one afternoon with several of your friends. You're back in school now, and it's been hard getting back in with the teachers. A couple of teachers seem to be on your back, hassling you because of what you did. Just now, one of them has surprised you in a little-used classroom, where you're catching a smoke, which is against school rules. The teacher says, "Okay, just what do you think you're doing in here, young lady? Didn't you learn anything by your suspension?" What do you say or do now?

20. It's early afternoon and ever since you woke up this morning, you've been in a bad mood. You feel empty, tired, a little down and a little angry, all at the same time. What do you do to get out of this bad mood?

21. Your parents don't seem to like your friends. They say they're dirty, or that they have no manners, or that they'll get you into trouble. Jane, a new friend of yours who had a bad reputation, has just left your house, after her first visit to your place. After she's gone, your mother gets on her case, calling her a good-for-nothing and demanding that you not see her again. You know that Jane has become more responsible lately. How do you go about solving this problem? What do you say or do now?
22. The guy you've been going out with just broke up with you. He said that you're okay, but he'd like to go out with other girls, too. You still like him, and you're hurt that he doesn't want to go out with you and continue to be your man. You're in a terrible, miserable mood. You feel really down. How do you go about solving this problem?

23. You've been dating Tom, the captain of the football team, for about two months. He is very popular and gorgeous looking. He asked you to have sex with him. You really like him and want to continue seeing him, but you don't want to go to bed with him yet. He keeps really pushing it. What do you say or do now?

24. You and Rick have been going steady for one month. Rick comes to pick you up for a date and realizes that your parents are out of town and no one is home, except the two of you. He begins kissing you and you both feel really close. He tells you that he really wants to share his love with you. You know that you haven't used any birth control, and notice that he doesn't have anything with him either. You know that it has been about two weeks since your last period, and you could get pregnant without protection. Rick kisses you and says, "Don't worry so much." What do you say or do now?
APPENDIX F

QUESTIONNAIRE

Number: _____________________ School: _____________________

Here are some questions for you to answer regarding your sexual and birth control behaviors. Please answer the following questions as honestly as possible. Your name will not be on this sheet — and all information will remain confidential. If you feel uncomfortable about answering any of these questions, please let the examiner know, and you won't have to answer any other questions.

1. Have you ever experienced sexual intercourse? Yes No

2. If yes, how old were you the first time?
   - ______ younger than 12
   - ______ 12-13
   - ______ 14-15
   - ______ 16-17

3. Did you use birth control the first time? Yes No

4. Your chances of becoming pregnant are greatest if you have intercourse:
   - ______ just after your period ends
   - ______ just before your period begins
   - ______ during your period
   - ______ two weeks after your period begins

5. How often have you had intercourse over the past six months?
   - ______ more than once a week
   - ______ once a week
   - ______ once a month
   - ______ less than once a month
   - ______ just once
   - ______ not at all

6. Did you use a contraceptive the last time you had intercourse? Yes No

7. Which methods have you used?
   - ______ birth control pills
   - ______ condom (rubber)
   - ______ withdrawal (male pulling out)
   - ______ douche
   - ______ chemical method, such as foam or jelly
   - ______ rhythm (time of month)
   - ______ IUD
   - ______ diaphragm
   - ______ other — please specify: _______________________________
8. With how many different people did you have sexual intercourse in the last six months?
   ______ one
   ______ two
   ______ three to five
   ______ more than six

9. If you did not use birth control at last intercourse, please choose the answer that is closest to your reason:
   ______ I won't get pregnant.
   ______ If I get pregnant, I'll have an abortion.
   ______ It was the middle of my cycle.
   ______ If I use contraception, my boyfriend will think I want sex.
   ______ Birth control is too messy, and gets me out of the mood.
   ______ My religion forbids contraception.
   ______ I want to get pregnant.
   ______ I was too embarrassed to talk to my boyfriend about it, and just said yes.

10. If you have never engaged in sexual intercourse, please choose the reason closest to yours to explain why not:
    ______ I haven't had the opportunity.
    ______ I want to wait until I get married.
    ______ I want to love someone first.
    ______ I get nervous every time I get close to the experience.
    ______ I feel premarital sex is wrong.
    ______ I am afraid of getting AIDS.

11. Under what circumstances do you think premarital intercourse is okay?
    ______ It is okay in a loving relationship
    ______ It is okay if you don't get caught.
    ______ It is okay if you don't get pregnant.
    ______ It is a normal part of dating.
    ______ It is never okay before marriage.

12. Do you feel that you would get pregnant if you were to have intercourse without using a contraceptive? Yes No

13. Do you know where to get birth control? Yes No

14. Whose responsibility is contraception?
    ______ the male's
    ______ the female's
    ______ both
    ______ neither
15. Legally, do you have to have a parental consent to obtain birth control pills?  
   Yes   No

16. Have your parents ever talked with you about birth control?  Yes   No

17. Would it be difficult for you to discuss birth control with your boyfriend?  
   Yes   No

18. Do you worry about sexually transmitted diseases, such as AIDS?  Yes   No
   
   If yes, do you protect yourself against them through contraception?  Yes   No
## APPENDIX H

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APPENDIX I

Peer Pressure Subscale Items on the IAP-SF
Assigned A Priori

2
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7
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16

Provocation Subscale Items on the IAP-SF
Assigned A Priori

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Appendix J

INVENTORY OF ADOLESCENT PROBLEMS—SHORT FORM (IAP-SF)

Rating Manual

Female-Appropriate Version

Scoring Rules

As noted, socially skilled behavior generally improves a difficult social situation, whereas socially unskilled behavior exasperates it (resulting in harmful consequences for oneself and/or the other person). On the basis of the scoring criteria provided for each problem, rate the S's responses along the following scale: 8 = high level of social skills (will definitely help the situation); 6 = socially skilled (will probably help the situation somewhat); 4 = neither socially skilled nor socially unskilled (especially, will neither help nor hurt the situation); 2 = poor social skills (will probably hurt the situation somewhat); and 0 = no social skills (will definitely hurt the situation).

Keep in mind the following scoring rules:

1. Multiple criteria. The word "and" in a scoring criterion means that both requirements must be met for a S to receive that score. The word 'or' means that only one of the requirements need be met.

3. Multiple responses. When an S has given more than one response to a problem and has not been prompted to indicate a most likely response, enter the rating for the less skilled response if the responses are scorable at different levels. When an S has given additional responses following a probe from the interviewer, score the additional responses only if the initial response was in fact unscorable; if the initial response was in fact scorable, then score that and ignore the additional responses.

4. Content Vis-a-Vis Tone. Consider not only the content but also the tone of the S's responses, and deduct either one or two points where there is an inconsistency. In a situation calling for assertiveness (e.g., resisting an unethical temptation) as a criterion for social skills, both the content and the tone of the S's responses should be assertive (but not aggressive); if the words are assertive but the tone is giggly or otherwise inappropriate, credit S with one point less than you would have had her tone matched her words in assertiveness. Deduct 2 points where the tone is exaggerated, suggesting that S is putting on a "front." Also deduct 2 points where the competence criterion calls for a conciliatory and interpersonally constructive
response, and such a response is given in content but not in tone (i.e., the tone is angry or antagonistic).

Problems and Scoring Criteria

1. You’re visiting your aunt in another part of town, and don’t know any of the kids your age there. You’re walking along her street, and some guy is walking toward you. He is about your size. As he is about the pass you, he deliberately bumps into you and you nearly lose your balance. He says, "Look where you’re going, clumsy!" What do you say or do now?

   8 - S ignores the boy and walks on, without saying anything, OR S is conciliatory and minimizes the provocative aspects of the situation in a good-natured way.
   6 - Calmly assertive response. EX: Watch where you’re going. OR simple polite response. EX: Excuse me; pardon.
   4 - Response is unassertive and pompous, goody-goody, overwordy, or otherwise ineffective, but not likely to provoke a fight. EX: Oh, I’m so sorry.
   2 - Response is insulting, antagonistic, or provocative. EX: Watch where you’re going [in a nasty tone]; Who’re you calling clumsy? OR S would hit back (see below).
   0 - S pushes or fights the boy (irrespective of whatever else S says or does, except for hitting back if boy hits first, which is rated a 2).

2. You’re driving around with a good friend on a hot, muggy summer night. He says, "Whew, am I thirsty! I could really use a cold beer. Listen, I know a place that doesn’t even check IDs. How about our going over that way and getting some booze?" What do you say or do now?

   8 - Response is an assertive (but not exaggerated) "no" with a compelling elaboration, OR S suggests an alternative plan. EX: Let’s go get an A & W float.
   6 - S says no, but less assertively, leaving her open to further pressuring now or at a future time. EX: I’m not thirsty; I’m not in the mood; I don’t think so; With our luck, the cops would be watching the place.
   4 - No specific criteria for this score. Use it when response is neither competent nor incompetent and falls between 6 and 2 in quality.
   2 - S refuses to have a beer herself, but she stays with the boy who does get some, perhaps offering to drive. EX: You go ahead, but I’ll pass; You drink, I’ll drive.
   0 - S agrees to have some beer herself.
3. It's 7:30 on a Saturday night, and you ask your father if you can go out driving around with some friends. He says no, and is angry. He yells, "Nothing doing! You know what happens when you go driving around with those kids. You're staying home tonight!" What do you say or do now?

8 - S accepts her father's wishes and agrees to stay home, OR her response is respectful and calm as she tries to change her father's mind with rational arguments. EX: We'll just be driving around in Brookfield, and I'll be home by midnight; We won't get into any trouble; They've changed and don't want any trouble now.

6 - No specific criteria for this score. Use it for competent but less convincing responses which fall between 8 and 4 in quality.

4 - S badgers her father, or uses weak arguments which are not likely to anger her father, but aren't likely to change his mind either. EX: Why not?; I want to go out; You give me the same argument every night; You never let me go out; We're just going out to have a good time.

2 - Response is mildly antagonistic, angry, or provocative.

0 - Response is very antagonistic or insulting. OR S goes out anyway, against her father's wishes (announcing she's leaving or sneaking out).

Note. If S responds that she will ask her mother or other adult instead, interviewer should reply: "Let's say that whomever you ask gives you the same answer; what do you say or do now?"

4. You've been going steady with a guy named Matt for about three months. It used to be a lot of fun to be with him, but lately it's been sort of a drag. There are some other guys you'd like to go out with now. You decide to break up with Matt, but you know he'll be very upset with you. What do you say or do now?

8 - Response is gentle, sympathetic, and tactful, but clear, not beating around the bush; AND S suggests they both date other people. EX: Matt, we've had some wonderful times together, and I like you an awful lot, but I'm beginning to feel tied down. I think it would be a good idea if we both go out with other people.

6 - No specific criteria. Response is competent and honest, but not as sensitive/tactful or mutually oriented as (8).

4 - S lies, in such a way that it is not likely Matt will find out. EX: My father says I have to go out with other people.

2 - S says she wouldn't break up with him after all OR will have someone else tell Matt for her OR she just stops seeing him,
and sees others without giving him any explanation, hoping he will get the message himself.

0 - S uses an obvious lie OR is tactless, insensitive, and antagonistic.

Note: "I would send him a letter," without elaboration, is unscorable. Ask, "What would you say in the letter?"

5. It's Friday night and you have the car, but you don't have anywhere to go. The evening stretches ahead of you, empty. You're bored, and you feel restless. You wish there were some excitement. What do you do to go about solving this problem?

8 - S becomes involved in an activity in which it is not likely that she will get into trouble, e.g., a quiet drive in the country, a movie, a visit to a friends or friends, sports activities, etc.

6 - Drive around to look for a party, or start a party with friends (as long a party activities are nonaggressive and legal).

4 - Just drive around (no goal mentioned).

2 - Try to get picked up by a guy (except if it's done in a bar, which is scored 0) or engage in any activity which is not law-breaking in itself, but which might lead to antisocial or illegal behavior, e.g., drive around looking for action, pick up hitchhikers, make fun of people, etc.

0 - Any activity which by its nature is aggressive, illegal, or antisocial, including drinking, taking drugs, drag racing, going to a bar, etc.

6. You walk into the kitchen one morning before school, wearing an old t-shirt and jeans. Your mother takes one look at your clothes and says, "Oh, no! You're not going out of this house one more time looking like that! You march yourself right up those stairs and get on some decent things, or you're not going anywhere this morning, young lady! Do you think your father or I ever looked like that?" What do you say or do now?

8 - S is reasonable and respectful, and presents a rational argument why she ought to be allowed to dress like this. May or may not change her clothes. EX: There's no dress code, and they're perfectly clean; everyone else wears clothes like these, and I don't see what's wrong with them.

6 - S is respectful, but simply declares objection. EX: What's wrong with the clothes I've got on?; I think these clothes are all right.

4 - S simply changes her clothes.

2 - S walks out, OR she is rude and disrespectful, OR she changes her clothes now but says she'll put the old ones back on in school.
0 - S indicates a physical threat, OR says she will skip school for the day and stay home.

7. One of your friends does some dealing on the street. Once in a while, he even gives you some pills or something for free. Now he says to you, "Listen, I've got to deliver some stuff on the south side, but I can't do it myself. How about it -- will you take this stuff down there for me in your car? I'll give you some new stuff to try plus $50 besides, for half an hour's driving. Will you help me out?" What do you say or do now?

8 - S assertively (but not in exaggerated fashion) refuses to deliver the pills, making it clear that she won't do something like that, even for a friend. EX: Forget it; No, I don't take kind of risk; No, drugs harm people.

6 - S refuses, but not as assertively, making it possible that the man will put more pressure on her. EX: No; No, thanks.

4 - S refuses by making up an excuse which gets her out of the situations this time, but leaves her open to further pressure in the future. EX: Can't, my car's in the shop; Sorry, I don't have time now.

2 - S says she will drive the other man, but won't actually deliver it herself, OR she asks a question, suggesting that she might consider doing it if the answer is right. EX: And what if I get busted with the stuff on me?; What kind of stuff is it?

0 - S agrees to deliver the pills. Score her 0 even if she demands more money for the errand.

8. Jim broke up with Judy and is now dating you. Judy's really mad about this and has been spreading nasty rumors about you. You're getting pretty upset about what Judy is doing. What do you do to go about solving this problem?

8 - S talks to Judy in an honest and considerate or polite way. she may ask Judy to stop spreading rumors or she may ask Judy why she is spreading rumors. S may sound assertive or angry but she does not sound offensive. EX: "I'd probably say to Judy I was really sorry about Jim breaking up with her, but I wish he would go and tell everyone the things he said weren't true"; Judy, why did you spread those rumors about me?

6 - S tells people not to believe the rumors that Judy is spreading, or explains to people the reason why Judy is spreading rumors. EX: "I'd tell my friends that Judy's saying those things because she's jealous that Jim's going out with me." OR S talks to Jim about the problem. She may ask Jim to talk to Judy or to their friends about what is going on.

4 - S does nothing about the situation (she may indicate that if people knew her, they would not believe the rumors).
2 - S would break up with Jim to please Judy, OR starts to spread rumors about Judy. EX: "I'd tell everyone that Judy's a whore and that's why Jim broke up with her." OR S threatens that if Judy doesn't stop spreading rumors, S will be spreading rumors about Judy, OR S talks to Judy is a nasty, rude way but does not threaten her with physical violence. EX: "You can kiss my ass. I'll go out with him more now."

0 - S starts a fight with Judy to prevent her from saying anything more, Or S threatens Judy to keep her mouth shut or there will be more trouble, implying fighting. EX: "I'd tell Judy that if she doesn't keep her mouth shut, something might go wrong." Also score 0 if S says she would try to talk to Judy and if that does not work, would start a fight with her.

9. Your friend calls on a Saturday night to ask if you want to get together with her and some other friends. You tell her you've been grounded because you got home after curfew the weekend before. She says, "So, what's the big deal? Just sneak out the back door and meet me in the next block. Your parents will never know you're gone." What do you say or do now?

8 - S assertively (but non-theatrically) refuses to meet her friend, AND explains that the reason is that she is grounded. EX: I'd better not. If I ever snuck out when I'm grounded, I'd be grounded for the rest of my life; I can't, I'm grounded.

6 - S refuses to meet her friend, but less assertively, making it likely that her friend will put more pressure on her. EX: I'd better not take the chance.

4 - S does not give her friend a definite answer. She does not resolve the situation, but she does not aggravate it any further either.

2 - S refuses, making up an excuse or lying to get her friend off her back. EX: I can't, I'm sick.

0 - S agrees to meet her friend.

10. Your father [mother] has been hassling you for months about getting home by midnight. Sometimes that's a problem, because none of your friends have to be home before 1:00 a.m., and you feel like an idiot, always leaving places early. One night you walk in at 1:30 a.m., and your father is sitting in the living room in his robe and slippers, looking mad. He says, "Where in the world have you been? Do you have any idea what time it is?" What do you say or do now?

8 - S is reasonable and respectful, AND apologetic or accepting of responsibility for having violated a rule. She may or may not raise rational argument against the fairness of the rule. EX: Dad, I realize you're upset because I'm a half-hour
late, but nobody else has to be in by 1:00, and I couldn't get a ride until now.

6 - S is reasonable and respectful, but not apologetic or accepting of responsibility. She explains where she was or what she was doing, OR she appeals to the fact that her father must have been late sometimes when he was a boy.

4 - S is respectful but not apologetic and makes no rational argument; OR she stands there without saying anything.

2 - S lies about what happened or she is mildly insolent or flippant or disrespectful. EX: Forget it. I'm too young to tell time.

0 - S runs away from home, OR hits father, OR is very disrespectful or insolent. EX: Bye; I don't give a fuck what time it is.

11. You're walking along a side street with your date. He stops in front of a beautiful new sports car. He looks inside and then says excitedly, "Look, the keys are still in this baby! Let's see what she can do. Come on, let's go!" What do you say or do now?

8 - S refuses assertively (but not exaggeratedly), AND with reference to the overwhelming risk involved or with moral explanation. EX: Forget it, that's wrong; No way, how would you feel if someone took your car?

6 - S refuses, but less assertively, making it possible that her date will subject her to further pressuring. EX: No; What do you want to do that for?

4 - S says that she will not do it, but she does nothing to stop her date from doing it, e.g., that's not for me, but go ahead if you want to.

2 - S is totally wishy-washy. EX: Are you sure we'd be doing the right thing?; I'm not sure I want to.

0 - S agrees to steal the car or borrow it for a while, OR she tells her friend to take it and pick her up somewhere else in a while.

12. You're about an hour late getting to your part-time job in a supermarket because your car ran out of gas. You feel pretty dumb about that and you know your boss will be made, because this is the busiest time of the day in the store. You punch in at the time clock and he comes storming over to you and says, "You're fired! I've put up with you kids being late and not coming in one time too many. Starting with you, anyone who comes in late gets canned!" What do you say or do now?

8 - S is polite, respectful, and apologetic and explains fully what happened, OR she asks if she can talk to the boss about it
later. EX: Could we talk about this a minute? I'm really sorry
I was late. I ran out of gas and that was stupid, but otherwise
I'm doing a good job around here and it really isn't fair to
punish me for what other guys have been doing. I really would
appreciate it if you'd give me another chance; Can I finish this
day and then talk to you afterwards?, I was
6 - S apologizes OR she is polite and respectful, but her
explanation is less complete or less convincing than those scored
8.
4 - S merely promises that it won't happen again or says that
it happens to everybody sometimes; OR she accepts being fired
without saying anything or with exaggerate politeness; OR she
presents vague, poor excuses for her lateness.
2 - S announces that she's quitting, OR response is mildly
disrespectful.
0 - S is very rude or disrespectful, hits the boss, or does
something illegal, such as coming back at night to vandalize the
store.

Note: If S says, "I'd get a lawyer," reply: "O.K., later on,
but what do you say or do now?"

13. You have a friend who's a few years older than yourself.
He's been in trouble at school a lot and he's even been suspended
twice, but he's popular with the kids at school. You really like
him and respect him, and you wish he'd like and respect you, too.
He comes to your house one night and tells you that he and
another guy are going to get a copy of the senior English final
and sell it. He says, "Do you want to come along? We think you
could be a big help to us." What do you say or do now?

8 - S refuses, definitely and assertively, without making up
excuses and without sounding self-righteous or theatrical. EX:
Look, I think you're a great guy and I like you a lot, but
there's no way I want to get involved in that stuff; No, that's
not my things; No, that's a little heavy for me.
6 - S refuses, but in a less definite or less assertive
manner, or in a pompous or goody-goody manner. EX: Thanks
anyway, but I'd rather not; Nope, I don't want to get suspended;
I can't; I gotta stay home.
4 - S is wishy-washy, not giving a definite answer.
2 - S lies or makes up a (very untrue) excuse to get out of
it.
0 - S agrees to participate in the act, perhaps to drive the
car or even just to go along without participating in the crime
itself.
14. You ask the girl who sits next to you in the study hall if she'd like to come to a party at your house Saturday night. She says, "I'd like to, but my father won't let me hang out with kids who have a bad reputation." What do you say or do now?

8 - S asks if she can meet her father to explain the situation and demonstrate to him that she is responsible. EX: Could I meet your father and explain the situation to him? He probably has some wrong ideas about what I'm really like. How about if I come over and talk to him?

6 - S asks if she can meet her father, but without any further explanation, OR she explains how she is responsible to the girl, but not to her father.

4 - S accepts her refusal passively, without taking any action to change the situation in her favor. Response is quiet and not antagonistic. EX: O.K.; I guess that's your decision.

2 - S questions her father's right to make such a rule, OR her response is irrelevant or meaningless. EX: Are you your father? So what? Who does he think he is?

0 - S is very disrespectful toward her father or curses him out; OR she tells the girl to call her behind her father's back; OR she suggests that she sneak out, or lie about who she's going out with or where she's going. EX: How would your father know? Tell him you're going to study with a girlfriend and I'll meet you downtown.

15. You're at a party and all the people there are smoking grass. You used to do a lot of smoking yourself until you got caught last month. Everyone knows you used to smoke. Your boyfriend offers you a joint. What do you say or do now?

8 - S leaves the party when she discovers others are smoking, OR she refuses, briefly and assertively (but not exaggeratedly) explaining honestly why she can't smoke. EX: No, thanks, I have to be a super-kid for a while.

6 - S refuses, but her answer is long, rambling, or unassertive (leaving her open to further pressuring); OR she makes up a plausible (and not overly untruthful) excuse; OR she just says no without any explanations. EX: I'm not in the mood; I'm too tired already.

4 - S refuses, but in a manner which is likely to alienate her boyfriend (e.g., too goody-goody, exaggerated, or holier-than-thou).

2 - S suggests that they go smoke somewhere more private, where there is less risk to getting caught.

0 - S agrees to smoke.
16. You work as a clerk in a grocery store. The store isn’t too busy and a guy you know from school comes over to your cash register. He says, "Hey, I only have a dollar with me. Ring up these cigarettes and six-pack for a dollar, won’t you? The manager is in the back of the store. He’ll never know." What do you say or do now?

8 - S says no, with a compelling elaboration such as: It’s not right; I feel trusted; The money would come out of my pocket; or, are you kidding? Do you want me to lose my job?; OR suggests a constructive alternative; EX: Why don’t you go home and come back when you have the money?

6 - S says no because of the probable risk. EX: They probably keep track.

4 - S simply says that she will not do it, with no elaboration; OR rings up the dollar and tells the boy to take the one or the other (the sixpack or the cigarettes).

2 - S rings up the correct amount of money on the cash register and says that she will either lend or give the guy enough money for his purchase.

0 - S rings up the cigarettes and sixpack for a dollar and does not make up the difference with her own money.

17. You were anorexic and had to stay in the hospital for two months for treatment. Now some of the kids at school treat you like you’re a freak. You’re at your gym locker, changing your things, and a girl asks if you’ll lend her a quarter. Another girl, whom you don’t know at all, and who is about your size, says to her, "What? You’re gonna take money from a skinny freak?" What do you say or do now?

8 - S ignores the second girl and gives the quarter to the first girl; OR she gives a brief humorous response to either one, which should shut up the second girl, without provoking a fight. EX: Should buy you as much as any other quarter (may laugh, may give second girl a dirty look).

6 - Response is non-antagonistic, but less effective than those scored 8, because it is less concise or less humorous. EX: Here’s the quarter. It’s just as good as any quarter she would give you.

4 - S’s response responds to the content of the second girl’s taunt. Response is not likely to provoke a fight but it does indicate that S is rattled. EX: That’s such a stupid insult, it shouldn’t even be dealt with; I spent two months in the hospital, and I’m not going to look back. I’m just going to look forward.

2 - S’s response is provocative, insulting, or antagonistic, and likely to lead to a fight; OR S says she would fight if the other girl swung first (cf. below). EX: Would you mind repeating that?; Get your ass out of here.
18. You're in a job interview, and you really want the job because the pay is good and the hours aren't bad. The interviewer seemed interested in you until he found out you were on parole. Now he says, "We have a policy of not hiring anyone who's on parole. We've had too many problems with you kids in the past. Sorry." What do you say or do now?

8 - S is assertive, polite, and reasonable, and she clearly and concisely asks the interviewer to reconsider, saying that she has changed, or that she will do a good job; OR she offers to work on probation for a while to demonstrate her competence. EX: That's too bad. I think I could do a good job here, and I really would appreciate the chance to prove to you that being a parolee doesn't automatically mean you're going to be a problem.

6 - S is polite and reasonable, but accepts interviewer's rejection without standing up for herself, OR she just isn't as clear or convincing as in responses scored 8. EX: I think I could do as good a job as anyone else.

4 - S's response isn't likely to improve the situation, but doesn't make it any worse either. Responses may put on air of indifference, may ramble on, and may just be less convincing than those scored 6. EX: I have really changed; If you can't trust a kid on parole, who's trying to straighten up, you can't trust anybody; How am I going to change if I don't get a job?

2 - S is mildly sarcastic or antagonistic, or threatens to bring a lawsuit.

0 - S's response is very antagonistic, provocative, or insulting, or she hits the interviewer. EX: If that's the way you feel about it, you can stick the job up your ass!; Sorry, hell! You got a policy? Let me read it.

19. You were suspended from school for one week because you were caught in the locker room drinking one afternoon with several of your friends. You're back in school now, and it's been hard getting back in with the teachers. A couple of teachers seem to be on your back, hassling you because of what you did. Just now, one of them has surprised you in a little-used classroom, where you're catching a smoke, which is against school rules. The teacher says, "Okay, just what do you think you're doing in here, young lady? Didn't you learn anything by your suspension?" What do you say or do now?

8 - The trick is for S to ignore the provocativeness of the criticism, acknowledge what she was doing wrong, apologize, and explain why it happened. EX: I was just trying to calm my
nerves. It's been hard making the transition back into school and I've been feeling uptight. I'm sorry. I won't let it happen again.

6 - Response is less effective than those score 8, but still competent. § uses a brief humorous response; OR she is apologetic but less respectful or doesn't explain why it happened. EX: Look, I know it's against the rules and all that. I'm sorry it happened. Guess I didn't learn how not to get caught. I'm sorry.

4 - No special criteria. Response doesn't make things worse, but it doesn't make things better, in terms of helping the teacher understand §'s motivation for drinking, or in terms of improving their relationship. EX: § puts down the cigarette, says nothing, and walks out; I wish you'd have a smoking room around here; lots of kids smoke in here, but you just caught me. It's not so bad.

2 - § responds to the teacher's question about what she learned from her suspension by saying either yes or no, OR she says she is smoking with no further explanation. EX: Yes, I learned something from my suspension; Nope, I didn't learn a thing; I'm smoking -- what does it look like I'm doing?

0 - §'s response is challenging, very antagonistic or disrespectful, or she hits the teacher, leaves school, or vandalizes the school. EX: Why are you always on my back? I have done anything to you!; What the hell's it look like I'm doing, bitch?; What're you going to do about it?

20. It's early afternoon and ever since you woke up this morning, you've been in a bad mood. You feel empty, tired, a little down and a little angry, all at the same time. What do you do to get out of this bad mood?

8 - § gives either of the following constructive, active, prosocial responses: (a) engage in an activity that boosts self-esteem or bolsters self-confidence (e.g., look at scrapbook of activities, think about good times in the past or talk them over with a friend, do something you're good at or that makes you feel good); or (b) do something that helps someone else, like community volunteer work or chores around house.

6 - § says she will do something that gets her mind off her mood, like sports, eating, a movie, listening to a stereo or watching TV; or talking to somebody or taking a shower in order to distract herself; OR says she would try to find out what made her angry or upset.

4 - § keeps her mood to herself, that is, tries not to let it show or affect her behavior.

2 - § goes back to bed (or some other equally passive-depressive solution).
0 - S does something antisocial or illegal, like teasing people, talking back to people, taking drugs, or drinking.

21. Your parents don’t seem to like your friends. They say they’re dirty, or that they have no manners, or that they’ll get you into trouble. Jane, a new friend with a bad reputation, has just left your house after her first visit over to your place. After she’s gone, your mother gets on her case, calling her a good-for-nothing and demanding that you not see her again. You know that Jane has become more responsible lately. How do you go about solving this problem? What do you say or do now?

8 - S expresses understanding but asks her mother to reserve judgment and let her continue to bring Jane home so she can get to know her better; OR she reasonably and articulately argues that she is old enough to be trusted to pick her own friends.

6 - S asks her mother what she doesn’t like about Jane.

4 - Content of response is same as in those responses scored 8 or 6, but it is less articulate and less convincing, OR involves a poor argument, EX: Jane won’t influence me; I’m as bad as Jane anyway; OR S asks Jane to change further to please her mother; OR she simply stops seeing Jane.

2 - S is disrespectful OR says her mother doesn’t have the right to pick her friends.

0 - S insults her mother’s friends, OR she says she’ll continue to see Jane, with or without her mother’s knowledge (doesn’t make any effect to try to change her mother’s mind); OR she lies about her companions and continues to see Jane.

22. The guy you’ve been going out with just broke up with you. He said that you’re O.K., but he’d like to go out with other girls, too. You still like him, and you’re hurt that he doesn’t want to go out with you and continue to be your man. You’re in a terrible, miserable mood. You feel really down. How do you go about solving this problem?

8 - S talks to somebody about the problem and how bad she feels, OR she tries to meet and date other guys she’s met in school, church prosocial activities, or through friends.

6 - S gets involved in an activity which takes her mind off the problem or begins to do things with her girlfriends.

4 - S tries to convince the guy to keep dating her as her steady, OR she accepts the situation and does nothing at all about it.

2 - S tries to meet other guys by picking up guys she doesn’t know, or meeting them in a bar or pool hall.

0 - S gets drunk, takes drugs, or engages in any other illegal or antisocial activity to make herself feel better.
23. You've been dating Tom, the captain of the football team, for about two months. He is very popular and gorgeous looking. He asked you to have sex with him. You really like him and want to continue seeing him, but you don't want to go to bed with him yet. He keeps really pushing it. What do you say or do now?

8 $ assertively (but not theatrically) refuses to engage in sex, making it clear that she doesn't want to do it now, even for him. EX: No, I don't want to go to bed with you. Explains her reasons honestly.

6 $ refuses, but not as assertively, making it possible that her boyfriend will put more pressure on her. EX: No; Not now.

4 $ refuses by making up an excuse which gets her out of the situation this time, but leaves her open to further pressuring in the future. EX: No, I really have to get home early tonight.

2 $ says she will make-out with him and touch him, but won't actually engage in intercourse; OR she will refuse in a manner which is likely to alienate her boyfriend (e.g., too goody-goody or holier-than-thou).

0 $ agrees to engage in sex.

24. You and Rick have been going steady for one month. Rick comes to pick you up for a date and realizes that your parents are out of town and no one is home, except the two of you. He begins kissing you and you both feel really close. You move to the couch, where he begins to undress you. He tells you he really wants to share his love with you. You know that you haven't used any birth control, and notice that he doesn't have anything with him either. You know that it has been about two weeks since your last period, and you could get pregnant without protection. Rick kisses you again and says, "Don't worry so much." What do you say or do now?

8 EITHER Gets up and says that she doesn't want to have intercourse without protection, OR refuses assertively (but not theatrically), explaining honestly why she is afraid. EX: No, I can't. I don't want to get pregnant.

6 $ refuses, but her answer is either long, rambling or unassertive (leaving her open to further pressuring). OR she makes up an excuse. EX: I'm not in the mood; I'm too tired. OR she just says "no" without any explanation.

4 $ refuses, in a manner which is likely to alienate her boyfriend (e.g., too goody-goody, or accusatory). EX: Why don't you take the responsibility for my protection? (Not said in a manner of discussion - if she discusses birth control with him, and asks him to wear a condom or withdraw - score this an 8).

2 $ refuses to engage in intercourse, but suggests other options. Does not mention contraception or her fears.

0 $ agrees to have intercourse without protection.