

## Editorial

This issue contains a plethora of interesting articles pertaining to socially highly relevant matters. Children in other cultures who are raised under very underprivileged circumstances, such as refugee children, confront mental health workers with issues that transcend cultural boundaries, especially since mass movements of refugees and immigrants are putting great numbers of children into unfamiliar environments. In addition, these children often face severe losses both materially and personally. In order to help these children, mental health workers require tools for identifying their needs in order to develop special interventions. Because existing assessment instruments are often not readily applicable to children and parents in cultures that differ vastly from those in the West, researchers are confronted with problems of adapting or developing new assessment procedures. Paardekooper et al., for example, were confronted with the fact that in their study on the psychological impact of war and the refugee situation on Sudanese children who lived in refugee camps in Uganda, many non-written languages were being spoken. They used trained interviewers and a cartoon-based interview to obtain information on the children's mental health. The authors compared mental health problems of Sudanese refugee children with those of Ugandan children. The refugee children reported more daily stresses, less social support, and more emotional/behavioural problems than children from the comparison group. Also, the refugee children had been confronted with many more traumatic events such as witnessing the murder of a family member. The severity of the problems and the lack of support make the introduction of supportive programmes of paramount importance. This is what the authors intend to do in the future. The findings of this study also underscore our responsibilities with regard to the mental health of the many refugee children who enter Western countries every day.

Another group of underprivileged children are those who experienced profound privation in Romanian institutions early in life, before they were adopted into U.K. families. Rutter and his colleagues describe a pattern of autistic-like behaviour in these children. At first sight this may seem a surprising finding given the strong evidence that autism is a biologically based neurodevelopmental disorder that is strongly influenced by genetic factors. These adoptee findings indicate that a somewhat similar clinical picture can arise in other ways, but the combination of qualitative and quantitative data emphasises that the syndrome associated with privations is not the same as "ordinary" autism and probably has a different meaning. The paper serves as a useful reminder of the need for careful differentiations, as well as highlighting an unusual clinical pattern that needs recognition.

There is a growing interest in the effects of parenthood on the development of children who do not grow up in the

traditional situation of two biological parents. As the result of advances in reproductive technology, it is not only possible to use donor sperm to enable couples with an infertile male partner to have children, it is also possible for infertile women to conceive a child using a donated egg. Thus it is possible that children are born to and raised by mothers or fathers with whom they have no genetic link. For both policy makers and clinicians it is important to know if children conceived with the use of modern reproductive technologies run a greater risk of later malfunctioning because of the lack of genetic ties, or because the practice of keeping information about the genetic origin secret from the child may have an adverse effect on the quality of the parent-child relationship. Golombok and her colleagues compared the parents' emotional well-being, the quality of parenting, and children's socioemotional development in egg donation families, donor insemination families, adoptive families, and families created by *in vitro* fertilisation. They concluded that in families where there was no genetic link between the mother and the child, both mothers and fathers showed greater psychological well-being. There were no differences with respect to the quality of parenting or the psychological adjustment of the child. It may be that a strong desire to have children outweighs possible negative effects arising from the missing genetic links. It is noteworthy that nearly all parents with a child conceived by donor insemination or by egg donation had not told their child about the method of conception. This contrasts sharply with the opinion of social policy makers that openness is beneficial for children and should even be compulsory. It was also found that many of the donor insemination or egg donation parents had told someone other than the child about the method of conception. These children run a risk that someone other than the parents will disclose this information.

Null findings may be of importance, especially if they are opposite to what is expected. This is the case with the study by Drewett et al., who examined the later sequelae of failure to thrive in infancy in a large group of cases screened from a whole population. They showed that those with weight gains in the lowest 5% in infancy were substantially shorter, lighter, and thinner at 8 years of age than comparison children who were selected from the population above the 10th centile. Contrary to expectations, children who failed to thrive did not have a significantly lower IQ, or poorer reading abilities than the comparison children. This suggests that the developmental delay observed in younger children with failure to thrive does not endure into the school age years.

This issue also contains an Annotation devoted to the abuse of disabled children. Westcott and Jones state that there is convincing evidence that disabled children are more vulnerable to abuse than nondisabled children. The three major factors that the authors discuss in their

review (dependency, institutional care, and communication difficulties) are used as starting points for prevention. An important historical move took place when abuse of disabled children was not regarded as a “medical curiosity” but as something hurtful that might happen to the child, demanding a review of day-to-day interactions with disabled children and the professional response when abuse is suspected.

From children who are victims we can go to children who are perpetrators of violence. In the Practitioner Review Sheldrick focuses on the forensic psychiatric issue of making assessments of the risk an individual poses to others. She states that current thinking and research emphasises not all-or-nothing long-term predictions, but short-term frequent decisions which then assist in the management of the individual and their situation. Evidently, human behaviour is so complex, especially in the developing adolescent, that long-term predictions with respect to the possible harm an individual can do to another are not possible. For this reason, it is essential that those presenting evidence to Court should not attempt, or be persuaded, to make long-term predictions.

This issue contains three other epidemiological studies. Prior et al. investigated behavioural/emotional problems in a general population sample of children who were screened as being at risk via ratings from mothers, teachers, and self-reports. Nearly half the group received a DSM-III-R diagnosis based on a child interview. The authors claimed that checklists completed by main informants are a cost-effective way of identifying children with problems and that diagnostic interviews with children contributed relatively little to the understanding of the characteristics of such children. Kamphaus et al. present normative data on an assessment instrument called the Behavior Assessment System for Children (BASC). The cohort study by Fergusson and Horwood is especially interesting since it fits in with the growing interest in the function of peer influences on children's behaviour. The authors examined predictors of deviant peer affiliations in adolescence. They concluded that these affiliations reflect the endpoint of a complex social process in which the individual's peer choices are likely to be shaped by his or her social environment, family, and parental factors, and by preexisting temperamental and behavioural characteristics. Their findings have implications for those who seek to reduce antisocial behaviours through prevention programmes aimed at encouraging at-risk adolescents to form prosocial peer affiliations.

Carroll et al. also stress the importance of peer relations in the development of delinquent behaviours, because peers provide a regular audience and feedback to the adolescent's behaviour. In their research, the authors investigated and measured the reputational profiles of three different groups of adolescents (delinquent, at-risk, and nondelinquent) using the Reputation Enhancement Scale, an instrument specifically developed for this

purpose. The scale was found to have a stable factorial structure and good reliability. The findings indicated that different adolescents are concerned about sustaining different kinds of reputations; that they choose a particular self-image they wish to promote; that an audience is necessary to develop and maintain this social identity; that the peer group is the most influential audience; and that the social goal of a delinquent is to have a public delinquent reputation.

Another article pertaining to assessment is the one by Hodes et al., who compared expressed emotion ratings assessed via a semistructured family interview, which covers various aspects of family life and includes questions that could be used in clinical assessments, with those found with the traditional individual interview with parents. It was found that there was a significant correlation of scores regarding critical comments, emotional overinvolvement, and warmth between the two interviews. Thus clinicians who are able to recognise components of expressed emotion could do so in family interviews. This has great practical value in view of the established link between expressed emotion and course of various disorders and treatment response.

The only treatment study in this issue is the one by Wiggs and Stores, who investigated a group of children with severe learning disabilities, challenging daytime behaviour, and severe sleep problems to see if successful behavioural treatment of children's sleep problems resulted in reduced daytime challenging behaviour. Improvements were seen in both the intervention and the control group. These results suggested that nonspecific effects of participating in the study, rather than resolution of sleep problems per se, may have a beneficial effect on child behaviour.

Finally, we have a study on imitation in autistic children. The study by Hobson and Lee affords a fresh perspective on the imitation deficits in autism, and in doing so teases out potentially dissociable aspects of “normal” imitation. Their experiment revealed that even when children with autism spontaneously attended to and copied the goal-directed actions and strategies of another person, they rarely adopted the style with which the person executed the actions. Moreover, when the model's behaviour included actions oriented towards himself, nearly all the children with autism who copied these actions failed to show self-orientation. The authors interpreted these results as reflecting an abnormality in the children's propensity to identify with the other person, a particular aspect of interpersonal coordination in subjective psychological states. This theoretical perspective highlights how there are diverse forms and functions of imitation in typically developing children, and suggests that certain kinds of imitation are especially significant for the development of interpersonal relations.

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