

DOI: 10.5281/zenodo.12426498

# THE RELATIONSHIP BETWEEN DISINHIBITED SOCIAL ENGAGEMENT DISORDER AND SOCIAL COMPETENCE

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Received: 13/08/2025

Accepted: 10/02/2026

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## ABSTRACT

The present study surveyed the existence of Disinhibited Social Engagement Disorder (DSED) in juvenile delinquents in correctional institutions in Iraq and its connection with the social capability. The research design that guides the study is descriptive-correctional approach. There are 1,200 participants including 779 males and 421 females. Obtained from six distinct Iraq governorates in the 2024-2025 academic year. There was the usage of the sub-sample of 242 juveniles with significant levels of DSED. Data were composed using a traditionally modified Disinhibited Social Engagement Disorder Scale and a Social Competence Scale, both showing approved psychometric elements. The results in this study displayed that the usage of DSED was around 20.17%, with no substantial gender variations. Social capability levels were low, and a numerically significant negative relationship was established between DSED and social competence ( $r = -0.20$ ,  $p < .05$ ). The results highlight the effect of early deprivation and stress the demand for social and psychological intervention programmes in the correctional organizations.

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**KEYWORDS:** Disinhibited Social Engagement Disorder, Social Competence, Juvenile Delinquents.

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## 1. INTRODUCTION

Adolescence is measured as a sensitive growth stage that deals with emotional, social and behavioural function in an attempt to become reliably consolidated. Juvenile delinquents which reside in the base of correctional institutions as they show maximum rates of psychological disorders in comparison with adolescent in normative domains, broadly owing to experiences of neglect, insecurity and maltreatment and family relationships population (Moran et al., 2024, p.2).

Disinhibited Social Engagement Disorder (DSED) is one of the growth disorders that is directly connected with early emotional negligence and deficiency. It is categorized by utterly indiscriminately excessive familiarity with unfriendly adults. The Diagnostic and Statistical Manual of Mental Disorders organizes DSED among disorders with regards to early attachment disturbances which results from inadequate caregiving at the period of early childhood (American Psychiatric Association, 2022, pp.299–301).

From a developing perspective, DSED appears as a result of early disruptive tendencies in attachment relationships with regards to children are denied stable and progressive care. These sorts of disruptions may affect their individual ability to control their social behaviour and to distinguish between right and wrong that may take them to adolescent stage (Zeanah & Gleason, 2015, p.121).

Neurodevelopmental indication further shows functional alterations in the brain parts to regulate social interface especially with the that early emotional denial is linked with amygdala and the prefrontal cortex. These neural modifications often contribute to lasting difficulties in controlling social behaviour and cues suitably (Tottenham, 2012, p.220).

Conversely, social competence can be seen as a major construct in developmental psychology, which reflects the individual's capability to engage efficiently and meaningfully in future interactions with cognitive, emotional, and behavioral skills (Junge et al., 2020, p.1).

Social competence is conceptualized as a multidimensional construct that extends beyond the possession of isolated social skills. Rather, it reflects the individual's ability to interpret social information, regulate emotional responses, and adapt behavior in accordance with social norms and contextual demands (Openden, 2013, p.124).

Empirical evidence suggests that deficits in social competence during adolescence are associated with

increased involvement in delinquent behaviors, difficulties in social adjustment, and heightened affiliation with deviant peers, particularly among adolescents exposed to high-risk or institutional environments (Stepp et al., 2011, p.9).

Low levels of social competence have also been linked to persistent difficulties in behavioral control and emotional regulation, which may contribute to the continuation of maladaptive social interaction patterns and the reinforcement of delinquent behavior during adolescence (Horiachok et al., 2024, p.225).

Accordingly, Disinhibited Social Engagement Disorder may be understood as a manifestation of disrupted social functioning that is closely associated with weakened developmental foundations of social competence. Early experiences of neglect and deprivation undermine the normative development of social and emotional skills necessary for adaptive social functioning (Zeanah & Gleason, 2015, p.121).

Despite the growing body of international research addressing either DSED or social competence independently, studies examining the correlational relationship between these two constructs among juvenile delinquents – particularly within the Iraqi context – remain scarce.

Thus, this study attempts to explore Disinhibited Social Engagement Disorder and its possible association with social competence in juvenile delinquents in Iraq correctional organizations through analysing the pervasiveness of the disorder, at the stage of social competence, gender variations and the nature of the correctional association between the two distinct variables.

## 2. REVIEW OF RELATED LITERATURE

### 2.1. First: *Disinhibited Social Engagement Disorder (DSED)*

Disinhibited Social Engagement Disorder is categorised as a developing disorder connected with initial negligence and deficiency. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) categorises this type of disorder among attachment-inclined disorders and groups it by the kind of socially indiscriminate attitude towards unfamiliar adult groups and failure to connect culturally within the suitable interpersonal domains (American Psychiatric Association, 2022, pp.299–301).

From this perspective of the presumable theory, Disinhibited Social Engagement Disorder is can be tightly connected to the absence of steady caregiving during the early childhood. Zeanah and Gleason stressed that children who are lacking the ability to

join their relationship to develop sufficient appropriate relationships will lead to persistent disinhibited social behaviors into later developing stages, which also include adolescence (Zeanah & Gleason, 2015, p.121).

Within a neurodevelopmental model, research shows that early emotional denial may negatively affect the brain growth and function in areas responsible for the regulation of social attitude. Tottenham also reported that children that experienced early stage of negligence may display functional alterations in the amygdala and the prefrontal cortex, which are connected with impaired behaviour control and complexities in the interpretation of social cues (Tottenham, 2012, p.220).

Recent studies have designated raised rates of Disinhibited Social Engagement Disorder among juvenile delinquents to compare adolescents in prescriptive domains. Moran et al. showed that juvenile delinquents indicate maximum levels of attachment-inclined disorders, which include DSED, as a result of cumulative exposure to early negligence, and maltreatment domains (Moran et al., 2024, p.2).

## 2.2. Second: Social Competence

Social capability is observed as a basic construct in developmental and social psychology, which reflect an individual's ability to engage successfully in meaningful social interfaces with other peers and some adults. Junge et al. viewed social competence as the ability to take part efficiently in social interfaces via the integration of cognitive, behavioural and emotional skills (Junge et al., 2020, p.1).

Social competence is defined as a multidimensional concept rather than a group of inaccessible social skills. Openden stressed that social capacity as determined by the individual's capability to describe social data, control emotional responses and accommodate behaviour based on social norms and contextual needs (Openden, 2013, p.124).

Empirical evidence proposes that deficits in social competence during adolescence are connected with additional involvement in delinquent attitudes and complexities in social adjustment, especially among the high-risk youth. Stepp et al. stated that low social capacity can contribute to the potent connection with aberrant peers and reduces the options for a positive social change in the stages of adolescence (Stepp et al., 2011, p.9).

Recent studies also showed that the stage of adolescent contains difficulties in emotional control

and other behavioural regulation, which can strengthen maladaptive plans of social capacity which is an essential risk factor to be considered for the consistent maladaptive attitudes in vulnerable children (Horiachok et al., 2024, p.225).

## 2.3. Third: The Connection Between Disinhibited Social Engagement Disorder and Social Competence

Disinhibited Social Engagement Disorder can be perceived as a presentation of affected social function that is tightly connected to weakened developing foundations of social capacity.

Zeanah and Gleason clarified that initial experiences of negligence and deprivation not only add to the emergence of DSED signs but also affect normative growth of emotional and social capacity (Zeanah & Gleason, 2015, p.121).

## 3. METHODOLOGY

The present study utilized a descriptive correlational paradigm because it is suitable in the identification of the existence of Disinhibited Social Engagement Disorder (DSED), in the assessment of social capacity to examine gender variations and determine the relationship between DSED and social competence among juvenile delinquents.

## 4. POPULATION AND SAMPLE

The research participants comprised of juvenile delinquents located in Iraqi correctional centers across the six different governorates which include Basra, Babil, Dhi Qar, Baghdad, Nineveh and Suleimaniya) and accessed during the academic period of 2024-2025. There are 1,200 subjects involved which contain 779 males and 421 females, chosen utilizing a simple random approach.

For the purpose of analysing the correctional association between the Disinhibited Social Engagement Disorder and social capability, numerical analysis was carried out on participants who showed a numerically essential level of DSED, to around 242 juvenile delinquents, obtained from the original research specimen.

## 4. INSTRUMENTS

### 4.1. Disinhibited Social Engagement Disorder Scale

Disinhibited Social Engagement Disorder was assessed with the use of scale founded by Liu (2020), which comprises of 24 items rated on a popular five-point Likert scale. The instrument was following standard translation processes. translated in English and culturally adapted to the Iraqi domain.

**4.2. Social Competence Scale**

Social capability can be evaluated through the scale developed by Gómez-Ortiz et al. (2019). The scale contains 26 items spread across five extents: cognitive reassessment, social modification, prosocial behavior, social efficiency, and normative changes.

**4.3. Translation and Cultural Adaptation of the Instruments**

Both instruments were translated and adapted to the Iraqi domain following the back-translation process. The items were reviewed by psychological and translation experts to ensure linguistic and psychological efficiency.

**4.4. Psychometric Properties of the Instruments**

**4.4.1. Validity**

Content validity was recognized through the presentation of the instruments to a panel of experts to evaluate the relevance, appropriateness and clarity of the items. The confirmatory factor analysis (CFA) on each instrument was conducted to support the statistical significance and to indicate the adequacy of construct representation.

**4.4.2. Reliability**

Consistency was evaluated with the use of internal reliability and test-retest approaches. Cronbach’s alpha coefficients showed high internal reliability for both instruments ( $\alpha = 0.95$  for the DSED scale and  $\alpha = 0.90$  for the Social Competence scale). Test-retest consistency was studied over a

two-week interval with a subsample of 50 juvenile delinquents, producing correlation coefficients of  $r = 0.92$  for the DSED scale and  $r = 0.93$  for the Social Competence scale.

**4.5. Ethical Considerations**

Ethical approval was obtained from the concerned authorities, and the subjects were informed in advance on the purpose of the study, to assure confidentiality and anonymity and the participants have the right to abstain or withdraw from the study at any time.

**4.6. Statistical Analysis**

Data were analyzed via descriptive statistics consisting of mean, and standard deviations as well as independent-samples t-tests to scrutinize gender variations, and Pearson’s correlation to determine the association between Disinhibited Social Engagement Disorder and social competence. Numerical significance was observed at the 0.05 level.

**5. RESULTS**

**5.1. Prevalence of Disinhibited Social Engagement Disorder**

To determine the occurrence of Disinhibited Social Engagement Disorder (DSED) amongst the study specimen, the major scores accessed by the subjects on the Disinhibited Social Engagement Disorder Scale and later changed to T-scores. Table (1) highlights the results.

**Table 1: Distribution of the specimen based on the Level of Disinhibited Social Engagement Disorder**

Sample	Mean	Standard Deviation	Level of Disorder	T-scores	Corresponding Raw Scores	Number of Participants	Percentage
1200	52	14.36	High	60 and above	78-67	242	%20.17
			Moderate	(40-60)	66-38	711	%59.25
			Low	40 and below	37-26	247	%20.58

The results presented in Table (1) indicate that the proportion of individuals who exhibit a high level of Disinhibited Social Engagement Disorder, amounting to 20.17% of the total study sample, is approximately equal to the proportion of individuals with a low level of the disorder, which reached 20.58%. It should be observed that a T-score of 60 or above shows a value that is beyond the total sample by one standard deviation and the T-score of 40 or below shows a value that is short of one standard deviation.

**Table 2: Independent Samples t-Test for Categorizing variations in Disinhibited Social Engagement Disorder According to Ge:**

Sample	Gender	Number	Mean	Standard Deviation	Calculated t-value	Tabulated t-value	Significance
242	Female	75	71.81	3.43	0.15	1.96	Not Significant
	male	167	71.89	3.51			

**5.2. Variations in Disinhibited Social Engagement Disorder According to Gender (Male-Female)**

To attain to this objective, an independent specimens t-test was utilized to identify variations in Disinhibited Social Engagement Disorder among juvenile delinquents identified with certain disorder to the gender variable. Table (2) shows these findings.

The results presented in Table (2) indicate that there are no statistically significant differences in Disinhibited Social Engagement Disorder among juvenile delinquents diagnosed with the disorder according to the gender variable. This is because the calculated t-value is lower than the tabulated t-value (1.96) at the 0.05 significance level and 241 degrees of freedom.

**5.3. Assessing the Level of Social Competence among Juvenile Delinquents**

To determine the level of social competence among juvenile delinquents, the Social Competence

**Table 3: One-Sample t-test Comparing Sample Mean and Hypothetical Mean of Social Competence (N = 242)**

Sample	Mean	Standard Deviation	Hypothetical mean	Calculated t-value	Tabulated t-value	Degree of freedom	Significance
242	44.28	10.36	52	11.59	1.96	241	Significant

**5.4: Gender Differences in Social Competence**

To examine whether social competence differs according to gender, an independent samples t-test was conducted to compare male and female juvenile delinquents on the Social Competence Scale.

**Table 4: Independent Samples t-test for Gender Differences in Social Competence (N = 242)**

Sample	Gender	Number	Mean	Standard Deviation	Calculated t-value	Tabulated t-value	Significance
242	Female	75	45.81	12.06	1.55	1.96	Not Significant
	male	167	43.59	9.45			

The results presented in Table (4) indicate that there are no statistically significant differences in social competence between male and female juvenile delinquents. This is because the calculated t-value (1.55) is lower than the tabulated t-value (1.96) at the 0.05 significance level and 240 degrees of freedom. This outcome recommends that social capability among juvenile delinquents is not different from the gender.

**5.5: The Correlational Connection between Disinhibited Social Engagement Disorder and Social Competence**

To attain to this objective, Pearson’s correlation coefficient was utilized to analyse the association

**Table**

Significance Level	Pearsonas r	Variables
0.05	-0.20	DSED *Social Competence

**6. DISCUSSION**

**6.1. Prevalence of Disinhibited Social Engagement Disorder**

The outcome that Disinhibited Social Engagement Disorder is present at a remarkable rate amongst juvenile delinquents is in consonance with the diagnostic model indicated in the DSM-5-TR, which

Scale was administered to the analysis sample consisting of (242) juvenile delinquents.

The results indicated that the mean score of the sample on the Social Competence Scale was (44.28), with a standard deviation of (10.36). To examine whether this mean differed from the hypothetical mean of the scale (52), a one-sample t-test was conducted. The findings showed that the difference was statistically significant at the 0.05 significance level, in favor of the hypothetical mean. This result indicates that the overall level of social competence among juvenile delinquents was low.

The results revealed no statistically significant difference between males and females in social competence at the 0.05 significance level, as the calculated t-value was lower than the tabulated t-value. This finding indicates that social competence among juvenile delinquents does not vary according to gender.

between Disinhibited Social Engagement Disorder (DSED) and social ability amongst juvenile delinquents. The analysis was carried out on the scores of around 242 juvenile delinquents.

The results discovered a numerically significant negative relationship between Disinhibited Social Engagement Disorder and social capability. The relationship coefficient reached ( $r = -0.20$ ), which is numerically essential at the 0.05 significance stage. This result shows that higher stages of Disinhibited Social Engagement Disorder are connected with lower levels of social capability among juvenile delinquents.

stresses that DSED is powerfully connected to negligence, institutional failure and inadequate caregiving. As a result, the agents are likely to show socially indiscriminate tendencies that can move beyond childhood, especially within the institutional domains, and eventually, instability may continue (American Psychiatric Association, 2022, pp.299-301).

### 6.2. Gender Variations in Disinhibited Social Engagement Disorder

The absence of numerically significant gender variations in Disinhibited Social Engagement Disorder is in consonance with attachment-inclined responses to suggest that DSED is mainly shaped by early caregiving situations rather than biological sex. Zeanah and Gleason argued that exposing deprivation and related issues to relationships may affect both males and females and they may indicate patterns of disinhibited social behavior across genders (Zeanah & Gleason, 2015, p.121).

### 6.3. Level of Social Competence among Juvenile Delinquents

The low level of social capability as observed amongst juvenile delinquents will support the modulization of social capability as one of the developing capacities to include adverse ecological conditions. Junge et al. designated that condensed social capability is connected with supplementary complexities in emotional regulation, social adaptation and peer interaction in deprives domains (Junge et al., 2020, p.7).

### 6.4. Gender Variations in Social Competence

The finding that social capability does not essentially differ according to specific gender is in consonance with numerous models on social competence which stresses relational and contextual factors over demographic variables. Junge et al. observed that gender alone does not form the constituent of a decisive factor to explain individual differences in social capability levels that social competence (Junge et al., 2020, pp.13-15).

### 6.5. Connection between Disinhibited Social Engagement Disorder and Social Competence

The essential negative relationship between Disinhibited Social Engagement Disorder and social capability supports the developing perspectives to indicate early negligence and disrupted attachment weaken the foundational skills requisite for social routines. Zeanah and Gleason clarified that some mechanisms seek to contribute to DSED signs as well as with the development to emotional and social capabilities and result to lower levels of efficient social engagement (Zeanah & Gleason, 2015, p.121).

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## 7. CONCLUSIONS

This study concluded that Disinhibited Social Engagement Disorder represents a remarkable psychological phenomenon among juvenile delinquents in Iraqi correctional centres and reflects the effect of early experiences of negligence and deprivation to which individuals are exposed. This finding shows that the disorder is not outrightly an isolation but rather a developing pattern closely linked to institutional and domain situations.

Also, the study established that there are no numerically essential gender variations in either Disinhibited Social Engagement Disorder or social competence. This proposes that shared ecological and developmental issues play an influential function in the correction of these variables than demographic features like gender.

The results further designated a numerically essential negative connection with lower stages of social capabilities. Disinhibited Social Engagement Disorder is connected with disruptions in the developmental bases of social achievements and the ability to impact juveniles' ability to balance social connections.

On the ground of these findings, it can be concluded that Disinhibited Social Engagement Disorder and social capability form two interrelated approaches of the psychosocial functioning of juvenile delinquents. Consequently, the study highlights the importance for the implementation of detailed social and psychological interventions within correctional centres which aimed at the reduction of the presentations of Disinhibited Social Engagement Disorder and enhancing social competence to improve the overall psychosocial change of juvenile delinquents.

## CONFLICT OF INTEREST

The author states no conflict of interest connected with the conduct or publication of this study. No commercial or financial links that could be construed as possible conflicts of interest were involved.

## FINANCIAL DISCLOSURE

This research was self-funded by the author and did not receive financial support from any governmental, non-governmental, or international organizations.

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