Differences in Social Information Processing Between Children with Mild Intellectual Disability and Typically Developing Peers

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ABSTRACT:
This study examined differences in social information processing between children with mild intellectual disability (MID) and their typically developing peers aged 8 to 10 years. Using a modified version of the Social Awareness Test, we assessed how participants perceived, interpreted, and responded to hypothetical peer-related social situations across six cognitive-affective steps. The sample comprised 38 children with MID and 31 typically developing children. Results showed significant group differences in several aspects of social information processing. Children with MID were more likely to misinterpret social cues, select less adaptive problem-solving strategies, and choose aggressive or passive responses more frequently than their peers. These findings align with previous research indicating increased social-cognitive vulnerability in children with MID, including hostile attribution bias and limited emotion regulation. The results highlight the need for early, targeted interventions to strengthen social cognition, emotional insight, and behavioural regulation in children with developmental disabilities.

Keywords: mild intellectual disability, social information processing, peer relationships, social awareness, behavioural responses.

1. Introduction

Intellectual disability (ID) is a neurodevelopmental condition characterised by significant limitations in intellectual functioning and adaptive behaviour, including conceptual, social, and practical skills. These limitations appear before the age of 22 and affect a person's ability to function in everyday life (AAIDD, 2021). While cognitive impairments are central to the diagnosis, social functioning – particularly the capacity for meaningful interpersonal interaction and adjustment to the social environment – is equally important in understanding the broader impact of ID.

Children with MID often show delays in developing social skills, which can lead to difficulties initiating and maintaining relationships with peers, interpreting social cues, and responding appropriately in social situations (Cook & Oliver, 2011; Colnerič & Zupančič, 2007). Although many children with ID express a desire for social inclusion and connection, they frequently experience peer rejection, victimisation, and social isolation (Papoutsaki et al., 2013). These challenges are often

linked to emotional and behavioural characteristics such as impulsivity, low frustration tolerance, and poor self-regulation, which further complicate peer interactions (Leffert & Siperstein, 2002, in Papoutsaki et al., 2013).

A key mechanism underlying social functioning is social information processing (SIP), that is, the ability to perceive, interpret, and respond to social cues in dynamic interpersonal contexts. Research suggests that children with MID may have deficits in several stages of the SIP process, including difficulties accurately interpreting others' intentions, recognising social goals, and selecting prosocial responses (Van Nieuwenhuijzen & Vriens, 2012; Raspail et al., 2025). A poorer ability to decode social responses and interpret others' intentions is often the reason for inappropriate behaviour (Fraser et al., 2005). These deficits contribute to inappropriate behavioural responses such as aggression or social withdrawal and are associated with lower quality relationships with peers (Coie & Dodge, 1988; Van Nieuwenhuijzen et al., 2011). Giler (2011) states that the reasons for the failure of potential friendships or exclusion from the group of classmates often lie in the child's poorer ability to resolve conflicts among peers.

Given the crucial role of SIP in social adaptation and the limited research focusing on this process in children with MID, the present study aims to investigate differences in the processing of social information between children with MID and their typically developing peers. A structured social perception test is used to examine how children interpret hypothetical social situations with peers, evaluate behavioural alternatives, and select responses. The results may support the development of targeted educational and psychosocial interventions to promote social competence in this population.

Theoretical background

The foundational model of social information processing was developed by Crick and Dodge (1994, in Lemerise and Arsenio, 2000), who proposed a six-step sequence through which individuals navigate social encounters: encoding of cues, interpretation of cues, clarification of goals, response access or construction, response decision, and behavioural enactment. According to this model, children enter social situations with pre-existing schemas shaped by past experiences and biological dispositions, which influence how they perceive and respond to social interactions. They acquire certain social information in a situation, and their behavioural response depends on how this information is recognised and processed (Erdley et al., 2010). According to Fenning et al. (2011), social information processing is a framework for understanding a child's behaviour that reflects their internal reactions to a social situation.

SIP theory provides a comprehensive framework for understanding both adaptive and maladaptive social behaviour. Individual differences, experiences, and differently developed cognitive processes that affect the processing of social information can explain why people, faced with the same social situation, choose different solutions and behave differently (Erdley et al., 2010). This process can also lead to disruptions that result in difficulties recognising and interpreting the actions of others involved in the social situation, which can hinder the process of finding appropriate solutions and responses, resulting in inappropriate behaviour (Sughodolsky & Butter, 2007; Van Nieuwenhuijzen et al., 2011; Van Nieuwenhuijzen & Vriens, 2012). The SIP model can help identify the relationship between individual factors and the combination of these factors in inappropriate, non-social behaviour (Larkin et al., 2013).

Children with MID often show impairments in executive functions, such as working memory, inhibition, and attentional control, which are key cognitive processes influencing each step of the SIP model (Masi et al., 1998 in Van Nieuwenhuijzen & Vriens, 2012). Research by Van Oers and Van Nieuwenhuijzen (2004, in Van Nieuwenhuijzen & Vriens, 2012) links deficits in working memory to difficulties in tracking social cues and integrating contextual information. Similarly, reduced response inhibition has been associated with impulsive and aggressive reactions to perceived social threats (Van Nieuwenhuijzen et al., 2009). Recent neurodevelopmental studies also emphasise that altered sensory integration and reduced autonomic

regulation may impair the appraisal of social stimuli (Mueller & Tronick, 2025).

Empirical studies consistently show that children with MID differ from their typically developing peers in multiple aspects of social cognition. They are more likely to perceive neutral social cues as threatening, attribute hostile intent to ambiguous situations, and select less socially appropriate responses (Van Nieuwenhuijzen et al., 2005; Embregts & Van Nieuwenhuijzen, 2009). These children often evaluate aggressive or passive solutions as acceptable, struggle to understand others' perspectives (theory of mind), and misinterpret facial expressions or emotional intent (Abbeduto et al., 1993). As a result, they are more vulnerable to peer rejection and have a higher risk of social maladjustment.

Taken together, the theoretical and empirical literature suggests that deficits in social information processing are a significant factor in the social difficulties experienced by children with mild ID. However, few studies have comprehensively assessed SIP in this population across all six stages using child-friendly, ecologically valid instruments. Furthermore, there is a lack of data directly comparing these processes between children with and without ID. The present study addresses this gap by employing a structured assessment of SIP in real-life inspired scenarios to examine how children with MID differ from their peers in interpreting and responding to social challenges. This framework also provides a theoretical basis for the selection and structure of the Social Awareness Test used in this study.

2. Methodology

Research Design

This study employed a cross-sectional comparative design to examine differences in social information processing (SIP) between children with MID and typically developing peers. A non-experimental between-groups approach was used, comparing two age- and gender-matched groups under standardized assessment conditions. Data collection combined structured quantitative assessment with qualitative analysis of participants' verbal justifications, providing complementary insights into SIP processes. All procedures were conducted in natural school settings in accordance with ethical guidelines for research involving children.

Participants

The study involved 69 children aged 8 to 10 years, divided into two groups. The first group comprised 38 children with mild intellectual disability (MID; M = 8.68 years), all attending elementary schools with adapted educational programmes and meeting the diagnostic criteria for MID (IQ between 50 and 70). Children with comorbid conditions such as moderate to severe physical disabilities or autism spectrum disorder were excluded. The second group included 31 typically developing children (M = 8.32 years) enrolled in mainstream elementary schools. All participants were matched for age and gender distribution to ensure comparability.

Instruments and Procedure

Social information processing was assessed using a modified version of the Social Awareness Test (Van Nieuwenhuijzen et al., 2011). This test included five hypothetical peer-related social scenarios presented visually and verbally, each followed by questions targeting six steps of SIP: (1) identifying the social situation, (2) recognising the purpose of social actions, (3) generating spontaneous responses, (4) evaluating the appropriateness of potential responses, (5) evaluating one's own behavioural tendency, and (6) selecting an appropriate response. For each scenario, children chose from three response options (positive, passive, or aggressive). Their verbal justifications were recorded and later categorised according to predefined coding schemes.

To maintain participant engagement, the test was shortened and adapted to be age-appropriate and accessible for children with cognitive difficulties. Visual supports and simplified language were incorporated. The instrument's internal consistency was verified by calculating Cronbach's alpha for each of the three main domains, yielding reliability coefficients ranging from 0.60 to 0.90.

Prior to data collection, written consent was obtained from schools and parents. All assessments were conducted individually in quiet rooms within

the school environment. Each child was guided through the test by a trained examiner who read the scenarios aloud and ensured understanding. Responses were documented in real time, and verbal elaborations were transcribed for further qualitative analysis. Sessions lasted approximately 30 minutes per child.

Data Analysis

Descriptive statistics were calculated for all SIP dimensions. To test for significant group differences, independent samples t-tests were conducted. The assumption of homogeneity of variance was assessed using Levene's test. Where necessary, adjusted t-test values for unequal variances were reported. Effect sizes were also calculated to evaluate the magnitude of observed differences.

3. Results

Recognition of Social Information

Descriptive analysis (Table 1) showed that children with typical development were significantly more accurate in identifying and describing the social situations presented. Their responses aligned closely with the intended context, with minimal variability across participants. In contrast, children with MID often included personal interpretations or unrelated elements in their descriptions, indicating difficulty in accurately encoding social cues. This group also showed greater variance in their responses.

Table 1
Differences between groups in recognition of social information (0,1,2 = interpretive description, 3,4,5 = situational description)

	N	Mean	SD	SE
TD[1]	31	**4,94**	**0,250**	,045
MID[2]	38	**3,11**	**1,485**	,241

Notes: 1 – TD (typical development); 2 – MID (mild ID)

Recognition of Purpose in Social Actions

Results in Table 2 indicate that students with MID were less successful at recognising the underlying intentions of social actions, particularly when the motive was ambiguous. While children with typical development correctly inferred the social goals in most cases, children with MID showed reduced sensitivity to context and struggled to differentiate between intentional and accidental behaviours.

Table 2
Differences between groups in recognition of purpose in social action (0,1,2 = do not recognise, 3,4,5 = recognises)

	N	M	SD	SE
TD1	31	4,52	0,811	,146
MID2	38	2,84	1,175	,191

Notes: 1 – TD (typical development); 2 – MID (mild ID)

Generation of Spontaneous Responses

Table 3 shows differences in the nature of the first spontaneous responses. Children with MID were more likely to suggest aggressive reactions, while their typically developing peers primarily offered prosocial alternatives. The frequency of passive responses was similar across groups, but the MID group showed greater variability, indicating inconsistencies in their spontaneous problem-solving approach.

Table 3
Differences between groups in forming spontaneous responses to social situation

		N	M	SD	SE
Positive	TD[1]	31	**3,81**	**1,078**	,194
response	MID[2]	38	**1,55**	**1,465**	,238
Aggressive	TD[1]	31	**0,39**	**0,989**	,178
response	MID[2]	38	**2,66**	**1,760**	,285
Passive	TD[1]	31	**0,81**	**0,833**	,150
response	MID[2]	38	**0,79**	**0,963**	,156

Notes: 1 – TD (typical development); 2 – MID (mild ID)

Evaluation of Response Appropriateness

When asked to evaluate the appropriateness of given responses (positive, passive, aggressive), children with MID rated negative solutions as acceptable more frequently than their peers (Table 4). Students with typical development predominantly viewed prosocial solutions as appropriate. This suggests that children with MID

may lack internalised behavioural standards or experience fewer positive social outcomes to reinforce adaptive responses.

Table 4
Differences between groups in evaluating the response appropriateness

		N	M	SD	SE
Evaluating	TD[1]	31	**4,97**	**0,180**	,032
Positive response	MID[2]	38	**4,08**	**1,148**	,186
Evaluating	TD[1]	31	**0,35**	**0,950**	,171
Aggressive	MID[2]	38	**2,39**	**1,552**	,252
Evaluating	TD[1]	31	**1,48**	**1,235**	,222
Passive response	MID[2]	38	**2,74**	**1,267**	,205

Self-Evaluation of Behaviour

When evaluating their own likely behaviour in the presented scenarios, children with MID were more likely to endorse aggressive or passive approaches. In contrast, typically developing children showed a greater preference for positive solutions. There are also differences between the groups in the last category, passive responses. Students with ID are more likely to respond passively in problematic situations than students with typical development. This preference for passive responses may be related not only to underdeveloped problem-solving skills, but also to lower emotional intelligence and anxiety-related social inhibition, which are common in this population (Soto-Sanz et al., 2024).

Table 5
Differences between groups in self-evaluation of behaviour

		N	M	SD	SE
Evaluating	TD[1]	31	**4,87**	**0,341**	,061
appropriateness	MID[2]	38	**2,97**	**1,325**	,215
Evaluating	TD[1]	31	**0,39**	**1,054**	,189
Evaluating	MID[2]	38	**2,89**	**1,641**	,266
Evaluating	TD[1]	31	**1,52**	**1,262**	,227
appropriateness	MID[2]	38	**2,92**	**1,148**	,186

Final Response Selection

When selecting a final solution for each scenario, children with MID were more likely to choose passive or aggressive responses, while typically developing children preferred positive, goal-oriented strategies. The largest group differences were observed in the aggressive response category.

Table 6
Differences between groups in selecting the appropriate solution

		N	M	SD	SE
Selecting the	TD[1]	31	**3,74**	**0,999**	,179
solution	MID[2]	38	**1,26**	**1,267**	,205
Selecting the	TD[1]	31	**0,16**	**0,583**	,105
solution	MID[2]	38	**1,47**	**1,330**	,216
Selecting the	TD[1]	31	**1,13**	**1,056**	,190
solution	MID[2]	38	**2,13**	**1,455**	,236

Statistical Significance of Group Differences

Independent samples t-tests confirmed that group differences were statistically significant ($p < .05$) for all measured SIP domains except passive spontaneous responses. Effect sizes were moderate to large, indicating meaningful practical differences. These findings provide robust evidence of SIP difficulties in children with MID across multiple stages of social decision-making.

Table 7

		Leven's test		T-test		
		F	Sig.	T	Df	Sig.
Recognizing social information	Equal variance assumed	71,46	,00	6,78	67	,000
	Equal variance not assumed			**7,47**	**39,55**	**,000**
Recognizing purpose of the social action	Equal variance assumed	3,73	,06	6,73	67	,000
	Equal variance not assumed			**6,98**	**65,36**	**,000**
Forming spontaneous responses to social situation: positive	Equal variance assumed	3,75	,06	7,13	67	,000
	Equal variance not assumed			**7,35**	**66,36**	**,000**
Forming spontaneous responses to social situation: aggressive	Equal variance assumed	21,84	,00	6,40	67	,000
	Equal variance not assumed			**6,76**	**60,10**	**,000**
Forming spontaneous responses to social situation: passive	Equal variance assumed	1,86	,18	**0,08**	**67**	**,939**
	Equal variance not assumed			0,78	66,74	,938
Evaluating the appropriateness of the responses: positive	Equal variance assumed	36,31	,00	4,26	67	,000
	Equal variance not assumed			**4,70**	**39,21**	**,000**
Evaluating the appropriateness of the responses: aggressive	Equal variance assumed	13,12	,00	4,26	67	,000
	Equal variance not assumed			**4,70**	**39,21**	**,000**
Evaluating the appropriateness of the responses; passive	Equal variance assumed	0,22	,64	**4,13**	**67**	**,000**
	Equal variance not assumed			4,14	64,86	,000
Evaluating the appropriateness of own's behavior: positive	Equal variance assumed	28,40	,00	7,76	67	,000
	Equal variance not assumed			**8,49**	**42,89**	**,000**
Evaluating the appropriateness of own's behavior: aggressive	Equal variance assumed	8,55	,01	7,36	67	,000
	Equal variance not assumed			**7,68**	**63,79**	**,000**
Evaluating the appropriateness of own's behavior: passive	Equal variance assumed	1,33	,25	4,84	67	,000
	Equal variance not assumed			**4,79**	**61,48**	**,000**
Selecting the appropriate solution: positive	Equal variance assumed	28,40	,00	7,76	67	,000
	Equal variance not assumed			**8,49**	**42,89**	**,000**
Selecting the appropriate solution: aggressive	Equal variance assumed	8,55	,01	7,36	67	,000
	Equal variance not assumed			**7,68**	**63,79**	**,000**
Selecting the appropriate solution: passive	Equal variance assumed	1,33	,25	**4,84**	**67**	**,000**
	Equal variance not assumed			4,79	61,48	,000

Statistical Significance of Group Differences

4. Discussion

The present study confirmed substantial differences in social information processing between children with mild intellectual disability and their typically developing peers. Across multiple stages of the SIP model, including cue encoding, goal interpretation, response generation, and response selection, children with MID demonstrated significant limitations. These findings are consistent with previous literature identifying social-cognitive vulnerability as a hallmark of mild intellectual disability (Van Nieuwenhuijzen et al., 2011; Embregts & Van Nieuwenhuijzen, 2009).

Children with MID frequently misinterpreted social cues, attributed hostile intent to ambiguous situations, and selected maladaptive responses. These tendencies may result from limited executive function capacities, such as working memory and inhibition, as well as underdeveloped theory of mind and emotion recognition abilities (Van Nieuwenhuijzen & Vriens, 2012; Abbeduto et al., 1993). The present results also support the existence of hostile attribution bias and confirm that children with MID may rely on past negative experiences rather than contextual cues when evaluating social situations (Raspail et al., 2025).

These findings underscore the importance of structured interventions targeting each stage of SIP. Programmes that combine social skills training, emotion regulation, perspective-taking, and self-

monitoring could improve peer interaction and reduce behavioural issues. Additionally, incorporating SIP-based strategies into individualised education plans and classroom behaviour support systems may offer sustained benefits. Early identification of SIP deficits can also aid in designing preventive interventions.

The study has several limitations. The use of a non-standardised instrument, although tailored to the target population, limits comparability with other studies. The relatively small sample size and reliance on hypothetical scenarios rather than real-life observations may also constrain generalisability. Furthermore, the study did not account for other variables that may influence SIP, such as language proficiency or prior social experiences.

5. Conclusion

This study contributes to the growing body of evidence highlighting social information processing deficits in children with MID. The findings show that these children are more likely to misinterpret social cues, use less effective problem-solving strategies, and respond to peer-related situations with aggressive or passive behaviour. These differences reflect a complex interplay of cognitive, emotional, and contextual factors that shape social functioning.

Future research should aim to validate standardized SIP assessment tools for children with ID and explore the longitudinal effects of targeted interventions. It would also be valuable to examine the role of teacher and peer feedback in shaping SIP over time, and to investigate how contextual variables (such as classroom climate and inclusion practices) interact with cognitive and emotional factors in predicting social behaviour.

To promote social competence and inclusion, interventions must go beyond cognitive training and incorporate emotional regulation, peer mediation, and supportive social environments. A better understanding of how children with MID process social situations can help educators and clinicians design more effective supports that foster positive peer relationships and reduce behavioural challenges.

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Author Declaration

The authors confirm that this work is original, has not been published previously, and is not under consideration for publication elsewhere.

The authors declare that there are no conflicts of interest related to this study.