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PERVASIVENESS OF CONDUCT DISORDER IN SPECIAL CORRECTIONAL CENTRES IN LAGOS, NIGERIA

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ABSTRACT

Conduct disorder is a maladjusted behaviour characterized by a consistent pattern of harming others or breaking accepted rules. This study examined the prevalence of conduct disorder among purposefully selected 90 adolescents in two correctional centres in Lagos, Nigeria. Descriptive survey design was employed for the study because it guaranteed an accurate account of the sample for the study. Gilliam (2002) Conduct Disorder Scale (CDS) was used, the items in the scale depict the specific diagnostic behaviours that are characteristic of persons with Conduct Disorder. The reliability coefficient for the scale is 0.96. Two research questions and one research hypothesis were raised, descriptive statistics and analysis of variance were employed for data analysis. Results of data analysis showed that in order of prominence female participants exhibited more deceitfulness and theft than the male participants. Similarly, unlike their male counterpart more females reported moderate and severe cases of conduct disorder. There was no significant difference in the order of prominence of conduct disorder. The existence of conduct disorder in Correctional Centres is not an imagination but a reality. Consequently, efforts should be geared towards the development and implementation of preventive and premeditative techniques by psychologists, counsellors, and other professionals in allied fields.

KEYWORDS: Pervasiveness, Conduct Disorder, Correctional Centres, Nigeria

INTRODUCTION

Conduct disorder is a long-term, recurrent pattern of behaviours that violates the basic rights of others or major age-appropriate societal rules and norms. Disorderliness, rebelliousness and deceitfulness are terms that have been found to be strongly related to conduct disorder. Short and Shapiro (1993) provide a comprehensive view of the epidemiology of conduct disorders as well as an examination of the personal, family, school, and peer effects. It was noted that conduct disorder differs from other childhood challenges due to the antisocial behaviour, the chronicity of such behaviour as well as the impairment of functioning of those exhibiting such behaviour. This disorder tends to exist in a stable form with continual development into adulthood. Common behaviours associated with conduct disorder include aggression to people and animals (Baker & Scarth, 2002), vandalism and or destruction of property, deceitfulness or theft, serious violation of rules.

Aggression to people and animals lead to bullies, threats, or intimidations and often initiates physical fights and the use of weapons (like brick, broken bottle, knife, gun) that can cause serious physical harm to others. Persons with this behaviour sometimes steal while confronting a victim or have forced someone into sexual activity (Baker & Scarth, 2002). Vandalism and or destruction of property is the act of deliberate engagement in fire setting with the intention of causing serious damage or to deliberately destroyed others' property (vandalism). Deceitfulness or theft involve breaking into someone else's house, building or car, often lies to obtain goods or favours or to avoid obligations or to steal items of

nontrivial value (such as shoplifting, but without, breaking and entering; forgery) without confronting a victim.

There are two types of conduct disorders. These are child-onset type conduct disorder and adolescent-onset type conduct disorder. Conduct disorder affects 1 to 4 percent of 9 to 17year olds; depending on how exactly the disorder is defined (U. S. Department of Health and Human Services, 1999). Research shows that some cases of conduct disorder begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing conduct disorder. Other factors that may make a child more likely to develop conduct disorder include: early maternal rejection; separation from parents, without an adequate alternative caregiver; early institutionalization; family neglect; abuse or violence; parental mental illness; parental marital discord; large family size; crowding and poverty (Moffitt, 1993; Moffitt & Caspi, 2001; Hinshaw & Lee, 2003; Roisman, Monahan, Campbell, Steinberg, Cauffman & the Early Child Care Research Network, 2010).

According to APA (2000), conduct disorder can be grouped according to the degree of severity. These degrees are mild, moderate and severe. Children with mild conduct disorder will exhibit few symptoms and cause little harm to others. Examples of such are lying, truancy, or staying out after dark without permission. Children with moderate conduct disorder will exhibit multiple symptoms and cause some harm to others, examples being stealing without confronting the victim or vandalism. Children with severe conduct disorder will exhibit many symptoms (more than three in the previous twelve months or more than one in the previous six months) and will cause much harm to others through their actions or the consequences of their actions (Streuning, 1993; Baker & Scarth, 2002; Meyer, 2004 and Nurcombe, 2008).

An attempt to curb these maladaptive behaviours was what led to the creation of Special Correctional Centres which were formerly known as remand homes. In Lagos State, Nigeria, there are two special correctional centres one for the boys and one for the girls. The emphases at the special correctional centres are to re-educate and re-orientate the young adults in conflict with the law, cater for children in conflict with the law or in conflict with their parents and prevent delinquency in children.

STATEMENT OF THE PROBLEM

Conduct disorder prevalence, aetiology, predictors, and methods of intervention have been reported via diverse researches. Accurate or up-to-date information on the prevalence of conduct disorder is imperative in that it would serve as baseline data for preventive and remediative strategies. However, from in-depth review of the literature, obtaining accurate statistics on the prevalence of conduct disorder is next to herculean task especially in developing countries of the world. In Nigeria, for instance, quite a number of adolescents are in correctional homes mainly for conduct disorder offence but investigation on prevalent level and degree of severity of their conduct disorder is comparatively unknown. This investigation is of a necessity because conduct disorder has not only been found to have four core symptom clusters but has also been found to be influenced by gender, parental socio-economic status, and parenting style.

PURPOSE OF THE STUDY

This study aimed at establishing the order in which conduct disorder (Aggressive conduct, Hostility, Deceitfulness/Theft and Violation of rules) manifest among adolescents in correctional centres as well as determine the severity level of the disorder and significant difference in the order of prominence.

RESEARCH QUESTION

- What is the order of prominence in conduct disorder (Aggressive conduct, Hostility, Deceitfulness/Theft and Violation of rules) among male and female adolescents in the Special Correctional Centres?
- How severe is conduct disorder among male and female adolescents in the Special Correctional Centres?

RESEARCH HYPOTHESIS

- There is no significant difference in the order of prominence in conduct disorder (Aggressive conduct, Hostility, Deceitfulness/Theft and Violation of rules) among the adolescents in the Special Correctional Centres.

METHODS

Descriptive survey design was employed for the study because it guaranteed an accurate portrayal or account of the sample for the study. A total of 90 adolescents (45 males and 45 females) were randomly selected to participate in the study. Gilliam (2002) Conduct Disorder Scale (CDS) was used to generate data. The scale has 40 items classified into four subscales with Likert format response of Never Observed (0), Seldom Observed (1), Sometimes Observed (2) and Frequently Observed (3). The items depict the specific diagnostic behaviours that are characteristic of persons with Conduct Disorder. The overall reliability coefficient for the scale is 0.96.

RESULTS

Table 1: Order of Prominence in Conduct Disorder among Participants

Conduct Disorder	1st Prominent		2nd Prominent		3rd Prominent		4th Prominent	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Aggression	22	24.4	*24	26.7	24	26.7	20	22.2
Hostility	5	5.6	23	25.6	*32	35.6	30	33.3
Deceitfulness/theft	*58	64.4	22	24.4	10	11.1	-	-
Rule Violation	5	5.6	21	23.3	24	26.7	*40	44.4
Total	**90**	**100**	**90**	**100**	**90**	**100**	**90**	**100**

*Most Prominent

Table 1 presents the order of prominence in conduct disorder among adolescents in the Special Correctional Centres in the following order deceitfulness/theft as the first order followed by aggression, hostility, and rule violation.

Table 2: Degree of Severity of Conduct Disorder by Sex

Degree of Severity	Male		Female		Total	
	Freq.	(%)	Freq.	(%)	Freq.	(%)
Mild	25	55.6	14	31.1	39	43.3
Moderate	19	42.2	28	62.2	47	52.2
Severe	1	2.2	3	6.7	4	4.4
Total	**45**	**100**	**45**	**100**	**90**	**100**

Table 2 demonstrates the distribution of the participants conduct disorder by sex. The males had mild conduct disorder of 25 or 55.6%, moderate conduct disorder of 19 or 42.2%, and severe was 1 or 2.2%. The female participants were 14 or 31.1% of mild conduct disorder, 28 or 62.2% of moderate degree while the severe conduct disorders were 3 or 6.7%.

Table 3: Analysis of Variance of Participants Order of Prominence

Source	Sum of Squares	df	Mean Square	F Value	F Critical	Sig.
Between Within	83.0079 5577.243	3 86	27.693 64.852	0.427	2.70	0.734
Total	**5660.322**	**89**				

Table 3 shows the analysis of the variance of the participants' in order of prominence in conduct disorder. There was no significant difference in the order of prominence in conduct disorder (aggressive conduct, hostility, deceitfulness/theft and violation of rules) among adolescents in the Special Correctional Centres ($F_{(3, 86)} = .427$, $p = 0.734$).

DISCUSSIONS

It is not surprising that deceitfulness is the first order of prominence since element of deceitfulness is required before one will manifest other forms of conduct disorder especially for rule violation. The fact that females had severe conduct disorder when compared with males contradicted the study of Cohen, Cohen, Kasen, Velez, Hartmark, Johnson, Rojas, Brook, & Streuning, (1993) which revealed that conduct disorder was about twice as prevalent for boys than girls. Unlike in the past when females were relegated to the background, they are now been encouraged or forced by psycho-social circumstances to compete with males both in adjusted and maladjusted behaviours (Offord, Adler, Boyle, 1986; Mark, 1993; Rolf & Katem. 1994; Barbara, Richard, Julie, Robert & Howard, 2004). Since, there was no significant difference in the order of prominence in conduct disorder (aggressive conduct, hostility, deceitfulness/theft and violation of rules) among adolescents in the Special Correctional Centres equal importance should be attached to all the sub-divisions in every attempt to behaviourally modify this maladjustment in children or adolescent.

According to Baker & Scarth (2002), there are usually differences in the type of behaviours seen in adolescent boys as against girls with conduct disorder. Boys tend to exhibit aggressive behaviours while girls are more likely to break social rules through offences such as truancy, lying and prostitution. These gender differences tend to disappear with more severe levels of disturbance however. There are multiple theories that seek to explain findings that males and females of the same species can have differing aggressive behaviours. However the conditions under which women and men differ in aggressiveness are not well understood (Crews, Greenberg, & Scott, 1984). The pattern of male and female aggression is argued to be consistent with evolved sexually-selected behavioural differences, while alternative or complimentary views emphasize conventional social roles stemming from physically evolved differences (Potegal, Ferris, Herbert, Meyerhoff, & Skaredoff, 1996).

Aggression in women may have evolved to be, on the average, less physically dangerous and more covert or indirect (Paus, 2005; Caramaschi, De Boer, De Vries, & Koolhaas, 2008). Generally, researches have suggested that males use more physical aggression than females while females use more verbal aggression than males. There are more recent findings that indicate that differences in male and female aggression appear at about two years of age, though the differences in aggression are more consistent in middle-aged children and adolescents. Many studies have found differences in the types of aggression employed by males and females, at least in children and adolescents. Females between the ages of 10 and 14, around puberty age, show a more extreme rate of relational aggression compared to boys. These findings however are true for Western societies, but are not true of all cultures. In countries such as Kenya it has been found that young boys and girls have very similar rates of physical aggression (Landsford, 2012). It has been found that girls are more likely than boys to use reactive aggression and then retract, while boys are more likely to increase rather

than to retract their aggression after their first reaction. Hess & Edward (2012) observed that girls' show aggressive tactics which include gossip, ostracism, breaking confidences, and criticism of a victim's clothing, appearance, or personality, whereas boys engage in aggression that involves a direct physical and/or verbal assault. Hay (2011) is of the opinion that the difference could be due to the fact that girls' frontal lobes develop earlier than boys which allow them to self-restrain.

CONCLUSIONS AND RECOMMENDATIONS

The findings revealed that conduct disorder sub-divisions were not only prevalent but occurred in the following order deceitfulness/theft, aggression, hostility and rule violation. Adequate attention should be given to persons or children within the age range associated to conduct disorder irrespective of their sex because the study revealed that females are gradually outshining their male counterparts in maladaptive behaviours which contradict previous studies. Counsellors should, therefore, mount intensive media awareness, organize seminars, and develop intervention strategies to combat the ills of conduct disorder.

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