

Parental Attachment, Physical Abuse and Conduct Disorder among Secondary School Adolescents in Ondo State Nigeria

Adeniyi Ojuope*

Department of psychology, Psychologist at Elite Life Management Consulting, Nigeria

ABSTRACT

The study investigated the predictive roles parental attachment and physical abuse on conduct disorder among secondary school adolescents in Ondo State, Nigeria. It also investigated the joint prediction of parental attachment and physical abuse on conduct disorder among secondary adolescents. These were with the view to ascertaining factors that could predict conduct disorder among secondary school adolescents.

Primary data, sourced through the administration of questionnaire, were used in the study. The population for the study was secondary school adolescents in Ondo State. A sample of 411 was selected through a multistage sampling procedure using Cochran's sample size determination formula. Three standardized psychological scales (the Conduct Disorder Scale - CDS, the Parental Attachment Questionnaire - PAQ and the Physical Abuse Inventory - PAI) were used for data collection.

Results showed that parental attachment ($F(1, 390) = 36.72; p < .01; R^2 = 0.09$) and physical abuse ($F(1, 390) = 7.36; p < .01; R^2 = 0.02$), significantly predicted conduct disorder. Furthermore, parental attachment and physical abuse jointly predicted conduct disorder ($F(2, 389) = 18.52; p < .01; R^2 = 0.09$).

The study concluded that parental attachment and physical abuse were factors that predicted conduct disorder among secondary school adolescents in Ondo State, Nigeria.

BACKGROUND TO THE STUDY

Conduct disorder as classified in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) is an antisocial behaviour listed as among of the class of disorders labelled as "disruptive, impulse control and conduct disorders" all involving difficulty in self-control of emotions and behaviour (American Psychology Association, 2013). The DSM-V explains Conduct disorder as a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated. It is manifested by the presence of at least three out of its 15 criteria in the past 12 months, with at least one criterion present in the past six months. These criteria include: aggression to people and animals, destruction of property, deceitfulness or theft, serious violations of rules, lack of remorse or guilt, callous/lack of empathy, unconcern about performance and shallow or deficient affect. Why it is important to focus more research interest on

conduct disorder especially in today's world of increasing violence and delinquent behaviour among young people. This is because young persons have their subtle and sometimes unintentional - but almost consistent - deviation of young persons (adolescents) from common social norms and then graduate to active and intentional violation of such norms, and are likely to evolve those behaviour into those that can be diagnosed as conduct disorder, therefore having the potentials of becoming serious offenders in the society at large [1].

Socrates once said "The children now love luxury; they have bad manners, contempt for authority; they show disrespect for elders and love chatter in place of exercise. Children are now tyrants, not the servants of their households: they no longer rise when elders enter the room, they contradict their parents, chatter before company, gobble up dainties at the table, cross their legs, and tyrannize their teachers" (Patty & Johnson).

*Corresponding to: Adeniyi Ojuope, Department of psychology, Psychologist at Elite Life Management Consulting, Nigeria, Tel: 2347065086353; E-mail: askadeniyi@gmail.com

Received date: June 26, 2021; Accepted date: October 07, 2021; Published date: October 18, 2021

Citation: Ojuope A (2021) Parental Attachment, Physical Abuse and Conduct Disorder among Secondary School Adolescents in Ondo State Nigeria. J Psychiatry 24:p466

Copyright: © 2021 Ojuope A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

The way young people deviate from societal norms or rules in recent times are becoming more alarming and needs urgent attention across the borders of every nation. If the tendencies of conduct problems seen among today's adolescents are not addressed, it may not be out of point to say that criminal behaviour, juvenile delinquency, drug abuse and a host of other social vices will also increase dramatically. Studies have suggested that conduct disorder is most rampant among children and adolescents, having considered these as the basic onsets for conduct disorder (APA, Israel). Adolescence is a time in human life when many changes occur, and is characterised by some sporadic physical growth and physiological changes. It is also a period of cognitive, social, and contextual transitions (Israel). This is the period young people mostly get enrolled in colleges and some into higher institutions. The adolescent period is a modern concept in the society leading to prolonged childhood, through lengthy adolescence as it is a time when the individual attends secondary school or learn a trade (Agiobu-Kemmer,).

Adolescents have different psychological and developmental tasks they should master in this third phase of their development (adolescence); from striving for separation from parents and family (autonomy); coping with bodily changes, making meaning out of the relationships; developing their own norms and value systems to increasing longing for relationship with peers and increasing their financial and vocational skills. This can explain why adolescents have emotional struggles, conflicts with parents and authorities, and how to cope with their expanding world of complexities. These among others are some of the reasons for the increased attention to adolescents' development (Israel). Furthermore, it is without controversy to say that the social behaviour of an adolescent is traceable to early home experiences and parent-child interactions which shape or influence the personality, attitude and values of the individual which are the foundations for optimal development, both socially and psychologically (Shochet, Homels, & Montgomery). The family is an imperative part of everyone's life which to an extent determines how people behave and what individuals become in life, depending on the experiences they have while growing up with their parents or caregivers (Dhyani & Singh). Theule, Germain, Cheung, Hurl, and Markel submitted that attachment and these conduct disorders were equivocal and suggested further studies to be carried out to establish the relationships between the two variables. Theule, et al. however, reported many supports for parenting as contributing variable for conduct disorder.

Chin suggests that physical abuse is a significant factor that affects generations of families and communities. Child maltreatment was first exposed as a public health problem about fifty years ago (Chin) and since then, studies have revealed that children who experience physical abuse - the form of child maltreatment investigated in this study - develop maladaptive social relations that tend to reverberate throughout childhood and adolescence and into adulthood. Chin also noted that young children who have experienced physical abuse tend to be less well-liked by their peers, less popular, more aggressive, and more withdrawn (Chin). Then, in adolescence these youths demonstrate less intimacy and more conflict with their friends are more likely to display antisocial behaviours and are more

aggressive even with nonfamily members and dating partners (Chin). These youths have also been found to exhibit social cognition biases in how they perceive their social worlds (Chin).

In some regions of the world children experience physically abusive behaviour in several settings and have been reported to later suffer from anxiety disorders and depression related to their experience of abuse (Afifi, Mota, Dasiewicz, MacMillan, & Sareen, Gaudiano & Zimmerman; Gibb, Chelminski, & Zimmerman) these experiences may undertone for many antisocial behaviours. Also research clearly suggests that physical abuse has deleterious effects on children and their development into adulthood (Springer, Sheridan, Kuo, & Carnes, Yen, Yang, Chen, Yang, Su, Wang, & Lan.). In societies where children are exposed to physically abusive behaviours, studies show that the psychological effects of physical abuse are averagely examined from the perspective of a family setting (Chen & Wei; Frank-Briggs & Alikor; Omigbodun, Bakare, & Yusuf), owing to the fact that abuse from home may be a foundation for many antisocial behaviour (Fakunmoju, & Bammeke).

Based on the focus of previous documented studies on conduct disorder, and its association with several developmental problems, it is important therefore to further investigate more risk factors that could influence conduct disorder, and also enrich existing empirical data on the prevalence of conduct disorder [2-4].

Statement of the Research Problem

Conduct disorder as an antisocial behaviour may be influenced by a number of psychosocial variables, with several studies focusing on: heterogeneity of childhood conduct disorder, linking it to bipolar disorder (Wozniak, Biederman, Faraone, Blier, & Monuteaux), perceived parental rejection and acceptance (Rodriguez), developmental pathways to conduct disorder (Frick), conduct disorder among children (Frank-Briggs & Alikor), association between problem gambling and conduct disorder (Welte, Barnes, Tidwell, & Hoffman), reducing adolescent oppositional and conduct disorders (Sells, Early, & Smith), the effect of oppositional defiant and conduct disorder on learning (Aladegbola), cognitive behaviour therapy in the management of conduct disorder (Busari). Waite, Whittington, and Creswell studied the relationship of conduct disorder with parenting style, while, Adeusi, Gesinde, Alao, and Adejumo addressed the differential effect of behavioural strategies. Further studies include: pervasiveness of conduct disorder (Adeusi, Gesinde, & Adekeye), conduct problems and varying levels of callous-unemotional (Sebastian), genetic influence on conduct disorder (Salvatore & Dick), effect of cognitive restructuring on delinquent behaviour (Anyio) but none of these studies addressed variables like attachment to parent, physical abuse or both variables' joint influence on conduct disorder. However, majority of these researchers either focused on correctional centres, or juvenile homes except for Aladegbola and Osagie-Obazee, and Eduwen who saw a need to address this problem among secondary school adolescents in Nigeria, or identified its effect on learning. However, further studies are needed to investigate other factors that could contribute to the development of conduct disorder among adolescents, and since

literature have not presented any of such documentation from Ondo state Nigeria, the researchers aimed to submit such documentation on conduct disorder among secondary school adolescents in Ondo state, hence this study [5].

Objectives of Study

1. examine the extent to which parental attachment predict conduct disorder among secondary school adolescents;
2. investigate physical abuse as predictor of conduct disorder among secondary school adolescents; and
3. investigate the joint prediction of parental attachment and physical abuse on conduct disorder among secondary school adolescents [6].

Hypotheses

The study tested the following hypotheses

1. Parental attachment will significantly predict conduct disorder among secondary school adolescents in Ondo State, Nigeria
2. Physical abuse will significantly predict conduct disorder among secondary school adolescents in Ondo State, Nigeria
3. Parental attachment and physical abuse will have significant joint prediction on conduct disorder among secondary school adolescents in Ondo State, Nigeria.

METHODOLOGY

This chapter covers the research design, study population, sample and sampling technique, research instruments, procedure adopted for the study and analysis of the data.

Study Design

The study adopted survey design. This entails the process of gathering information from a representative sample of a population. The researcher adopted this design to sample the opinions of participants, and used it to determine the incidence of conduct disorder among the total population (secondary school adolescents in Ondo State, Nigeria). The independent variables in the study were parental attachment and physical abuse, and the dependent variable was conduct disorder [7].

Study Population

The study population for this study were secondary school adolescents in Ondo State, Nigeria. Majority of researchers who have worked on conduct disorder either focused on correctional centres, juvenile homes, or prisons, therefore the study focused on both male and female adolescents that are currently enrolled in a secondary school in Ondo state. Also, the population under study were between the age of 11 years to 19 years. The population were either in a private or a public secondary school. Furthermore, the study population were either living with their families in orphanage homes. Data was collected from selected students in the three senatorial districts of Ondo State, Nigeria.

Sample Size and Sampling Technique

Participants were selected through multi-stage sampling procedure. Ondo State has three Senatorial Districts which are;

Ondo North Senatorial District, Ondo Central Senatorial District and Ondo South Senatorial District. In the first stage, one Local Government Area was randomly selected (through balloting) from each of the three Senatorial Districts in the State. In the second stage, one city (based on the number of schools) was purposively selected from each of the Local Government Areas. In the third stage, two secondary schools (one private and one public) were purposively selected from the cities based on the population of students. In the fourth stage, one arm of JSS1-3 and SS1-3 were randomly selected from each of the schools. In the final stage, accidental sampling technique was used to select students present in class on the day of data collection.

The Cochran's equation for representative sample for large proportions was adopted to determine the sample size for this study. Cochran (1963) developed the equation to yield a representative sample for proportions of large sample (Kasiulevičius, Šapoka, & Filipavičiūtė, 2006).

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where n_0 is the sample size, Z^2 is the abscissa of the normal curve that cuts off an area α at the tails ($1 - \alpha$ equals the desired confidence level is 95%), e is the desired level of precision, p is the estimated proportion of an attribute that is present in the population, and q is $1-p$. The value for Z is found in statistical tables which contain the a

level = 95%, precision = $\pm 5\%$ precision. The resulting sample size is $n_0 = \frac{Z^2 pq}{e^2}$

$$n_0 = \frac{Z^2 pq}{e^2} = n_0 = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2} = 384.16 \text{ (rounded up to 385 individuals)}$$

To

give allowance for questionnaires that might be rendered void, and also to give each senatorial district the benefit being sampled, 420 questionnaires were prepared for administration to give room for 140 respondents from each of the three senatorial districts, and local government areas, and 70 students from each school were selected for the study. However, 411 questionnaires were eventually administered and 392 (95.38%) were completely filled and collected for the analysis of data, while the 19 (4.62%) that were not completed were discarded.

Research Instruments

Primary data was used in the study. A structured questionnaire consisting four sections: Section A contained the demographic information, section B was a standardized scale which measured conduct disorder, section C was also a standardized scale that measured parental attachment, and Section D which was the last section of the questionnaire was a standardized scale measuring physical abuse.

Demographic Information: This section includes socio-demographic information of respondents, such as: age, gender, class, family type and type of school.

Conduct Disorder Scale (CDS): The Conduct Disorder Scale used for this study was adapted from the Adjustment Disorder Scale (ADS) by Israel (2016). The ADS comprises of 48 items measuring from four areas of adjustment disorders, namely:

depressed mood (feeling sad, experiencing lack of pleasure in the things one used to enjoy - 10 items), conduct disorders (behavioural problems such as fighting, vandalizing property - 13 items), substance and alcohol abuse symptoms (including problems with family or friends, work or school - 13 items), and anxiety and disturbance of emotions (nervousness, worry, difficulty concentrating - 12 items). Responses to the items range from Never True (1), Rarely True (2), Sometimes True (3), Always True (4) and is scored directly giving a possible minimum score of 48 and a possible maximum score of 192. The ADS has a reliability coefficient of 0.97 (Cronbach alpha measure of internal consistency), and 0.82 (Guttman Split-Half coefficient). The section measuring conduct disorder was extracted for adaption. Three items were added to the subscale to enable the scale account for all the criteria listed for the diagnosis of conduct disorder. The result of this phase of the study provided the psychometric properties for this instrument (CDS).

Adaptation and Standardisation of the Conduct Disorder Scale (CDS): The 13 items measuring conduct disorder were extracted and structured for this phase of the research, the structured scale finally comprise of 16 items measuring the five criteria for conduct disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V). The scale had five (5) items measuring aggression to people and animals, four (4) measuring destruction of property, three (3) measuring deceitfulness or theft, two (2) measuring serious violations of rules and two (2) measuring lack of remorse or guilt (callous—lack of empathy, unconcerned about performance and shallow or deficient affect). The possible minimum score is 16 and the possible maximum score is 64. The results of this phase of the study provide the psychometric properties for this instrument (CDS). Higher scores than the mean plus the standard deviation ($X + SD$) indicate a severe manifestation of conduct disorder, lower scores than the mean minus standard deviation ($X - SD$) indicates minimal level, while scores between severe and minimal levels indicate moderate manifestation of conduct disorder.

Determination of Reliability for Conduct Disorder Scale: To establish the reliability of Conduct Disorder Scale (CDS), Cronbach Alpha internal consistency reliability coefficient and Guttman Split-Half coefficient were computed. The result is presented in Table 1

Table 1: Reliability coefficient of CDS

	Mean	SD	Cronbach alpha (N=50)	Split-half (N=50)	No of Items
CDS	30.22	6.63	0.65	0.64	16

The result in Table 3.2 shows that the CDS have a good internal consistency coefficient of 0.649 and Split-half reliability coefficient of 0.638.

Validity assessment for Conduct Disorder Scale (CDS)

To ensure that the Conduct Disorder Scale is valid for use in the study, face validity was done. Furthermore, a discriminant validity coefficient was computed between the CDS and the Physical Abuse Inventory (PAI). The researcher employed discriminant validity to ensure that CDS and PAI are two instruments measuring clearly different concepts. The result is presented in Table 2.

Table 2: Correlation Matrix for Discriminant Validity for CDS and PAI

	1	2
1 CDS	-	0.14
2 PAI	0.14	-

***Correlation is significant at the 0.05 level (2-tailed); n = 50; df = 48; r = -0.21**

The result in Table 3.3 shows that the Conduct Disorder Scale (CDS) had significant discriminant validity with Physical Abuse Inventory (PAI) (0.14). This indicates that they are measuring different constructs.

Parental Attachment Questionnaire (PAQ)

Parental attachment was measured using the Parental Attachment Questionnaire (PAQ; Kenny). The theoretical bases of the PAQ are "attachment theory" by John Bowlby (Young & Lichtenberg). The PAQ is a 55-item measure assessing adults' perceived relationship with their parents. Items were assessed on a 5-point Likert scale (1 = Not at All to 5 = Very Much) with higher scores indicating higher levels of perceived closeness and security of parental attachment. Twenty-five (25) items are reverse scored. PAQ consists of three scales derived from a factor analysis: (i) Affective Quality of Relationships, (ii) Parents as facilitators of Independence, and (iii) Parents as Source of Support, all with acceptable alphas of 0.96, 0.88, and 0.88, respectively (Kenny). Past literature has reported internal consistency as adequate at 0.93 and 0.95 in male and female adolescents, respectively (Kenny). A total score can also be calculated with scores ranging from 55 to 275. Higher scores indicated more secure parental attachment and lower scores indicate otherwise. The reliability coefficient of the PAQ in this study was 0.78

Physical Abuse Inventory (PAI)

The eight items measuring physical abuse was adapted from Perception of Child Maltreatment Scale (Fakunmoju & Bammeké), and was used to measure physical abuse in this study. The items sought information about physically abusive behaviours experienced by students at home. Question items are: my parents/guardians beat, punch, or slap me; my parents/guardians choke/strangle me so tight that I could not breathe; my parents/guardians pinch or scratch me with fingernails; my parents/guardians throw objects (such as,

shoes, books etc.) at me; my parents/guardians bang my head on the wall or on other hard objects; and my parents/guardians drag me on the floor with force [8-11].

The eight items are rated on a 5-point Likert-type scale (0 = almost every day, 1 = almost every week, 2 = almost every month, 3 = once in a while, 4 = never happened to me) and summed to constitute physical abuse by parents or caregivers. The lowest possible score is zero (0), and the highest possible score is forty (40). Lower scores (closer to zero: 0) indicates higher experience of physically abusive behaviour from parents or caregivers, this means the respondent often experience physical abuse. Higher scores (closer to forty: 40) indicates lower experience of physical abuse by parents, this means that the respondent rarely (if at all) experience physically abusive behaviour from parents or caregivers. The internal reliability estimate is of the instrument 0.72 (Fakunmoju & Bammeke). The reliability coefficient of the PAI in this study was 0.89.

Data collection Procedure

The researchers sought permission from the school authorities of all schools by presenting means of identification and a letter of introduction. The researchers carried out all the test administration during the long break of each of the schools. The researchers educated the participants (after assembling them in a class) about the study and encouraged them of confidentiality. The test was self-administered by the researchers one questionnaire was administered to each of the participants. Test administration was time bound (40 minutes) across all the selected schools, the stipulated time appears to be enough for all respondents to fully respond to all items in the questionnaire. All participants were encouraged to respond to all items, and ask questions when they have any.

Participation was voluntary as detailed in the introductory section of the questionnaire; however, participation was limited to students readily sited in class when the researchers came into the class. However, the researchers were responsible for all the test administration processes. The study did not involve any major risk that could cause either physical or psychological harm. 411 questionnaires were administered and 392 (95.38%) were valid for analysis [12].

Analysis of Data

The data collected in this study was subjected to inferential statistical analysis. This was used in testing the hypotheses while also analyzing the objectives of the study. Hypotheses one and two were tested using linear regression analysis, while hypothesis three was tested using multiple regression analysis.

HYPOTHESES TESTING

Hypothesis 1: Parental attachment will significantly predict conduct disorder among secondary school adolescents in Ondo State Nigeria.

To ascertain whether parental attachment significantly predict conduct disorder among adolescents in Ondo State, both

correlation analysis and regression analysis were computed and the results are shown in Table 3 and Table 4.

Table3: Summary of correlation analysis showing the relationship between parental attachment (PA) and conduct disorder (CD)

Correlation	X	SD	df	r	r ²	p
Parental Attachment and Conduct Disorder	195.30 28.67	23.86 7.63	2	0.29**	0.09	p=0.001

**Correlation is significant at the 0.01 level (2-tailed); n = 392; r = -0.293; p= 0.001

Table 3 shows that there is a significant inverse relationship between parental attachment and conduct disorder among secondary school adolescents in Ondo State. The result indicate that as parental attachment increases conduct disorder decreases among the population (r = -0.29; n = 392; p<0.01).

Table4: Summary of regression analysis showing parental attachment (PA) as predictor of conduct disorder (CD)

Variable	n	R2		F	p
Parental Attachment	391	0.09	-0.29	36.72	0.001

The result in Table 4 indicate that parental attachment is a significant predictor variable for conduct disorder (F (1, 390) = 36.72; p<0.01; R² = 0.09).The result indicates that parental attachment significantly contributed 9% to the variance of conduct disorder among the population. This shows that the better the attachment bond adolescents have with their parents the less likely are they to develop conduct disorder. Thus, hypothesis one is accepted [13-15].

Hypothesis 2: Physical abuse will significantly predict conduct disorder among secondary school adolescents in Ondo State

To find out whether physical abuse significantly predict conduct disorder among secondary school adolescents both correlation analysis and regression were computed, and the result is presented in the Table 5 and Table 6.

Table 5: Summary of correlation analysis showing the relationship between physical abuse (PHA) and conduct disorder (CD)

Correlation	X	SD	df	r	r ²	p
Physical Abuse and Conduct Disorder	26.93 28.67	6.23 7.63	2	-0.14**	0.02	p=0.007

**Correlation is significant at the 0.01 level (2-tailed); n = 392; r = -0.139; p= 0.007

Table 5 shows that there is a significant inverse relationship between physical abuse and conduct disorder among secondary school adolescents in Ondo state ($r = -0.14$; $n = 392$; $p < 0.01$). Based on the scoring structure of the instrument, lower scores on the Physical Abuse Inventory indicate higher frequency of abuse, while higher scores indicated lower frequency of abuse. Therefore, the implication of this result is that, the more physically abused the adolescents are by their parents or caregivers, the higher tendencies they have in manifesting conduct disorder.

Table 6: Summary of regression analysis showing physical abuse (PHA) as predictor of conduct disorder

Variable	N	R2		F	p
PHA	391	0.02	-0.14	7.36	0.007

The result in Table 4.6 indicate that physical abuse significantly predict conduct disorder among secondary school adolescents ($F(1, 390) = 7.36$; $p < 0.01$; $R^2 = 0.02$). The results also indicate that physical abuse significantly contributes 2% in the variance of conduct disorder among the population. Finally, the result shows that adolescents that are physically abused at home have tendencies of manifesting conduct disorder. Question 3 is thus answered and hypothesis 2 accepted.

Hypothesis 3: Parental attachment and physical abuse will have significant joint prediction on conduct disorder among secondary school adolescents in Ondo State.

Further analysis was carried out to ascertain whether parental attachment and physical abuse have joint significant prediction on conduct disorder among secondary school adolescents, a multiple regression analysis was computed, and the result is presented in Table 7.

Variables	ΔR^2	ΔF	R ²	β	F	P-value	Sig
PA				-0.28		0.001	P<0.01
PHA				-0.03		0.545	

0.61 18.52 0.09 18.52*

Results in Table 7 indicate that parental attachment and physical abuse explained nine percent (9%) in the variance of conduct disorder, that is, the two predictors have significant joint prediction on conduct disorder among secondary school adolescents ($F(2, 389) = 18.52$; $p < 0.01$; $R^2 = 0.09$). The multiple regression analysis indicated that parental attachment significantly predicted conduct disorder ($(391) = -0.28$; $p < 0.01$) contrary to physical abuse ($(391) = -0.03$; $p > 0.01$). This means that parental attachment and physical abuse strongly influence the manifestation of conduct disorder among secondary school adolescents, even though parental attachment contributed more. Thus, hypothesis three is accepted.

DISCUSSION

Hypothesis one which states that, parental attachment will significantly predict conduct disorder among secondary school adolescents in Ondo state was accepted. The study revealed that conduct disorder is significantly predicted by parental attachment. This finding agrees with Malekpour who reported that young children who do not have a relationship with at least one emotionally invested, predictably available, caregiver - even in the presence of adequate physical care and cognitive stimulation - display an array of developmental deficits that endure over time. This may owe to the fact that attachment plays a very significant role in the psychological development of children and adolescents, and is related to future psychopathology as postulated by Bowlby in his attachment theory.

This finding also agrees with Shochet, that reported that adolescents with an insecure attachment style are generally most susceptible to some behavioural problems such as anxiety disorder, conduct disorder and attention deficit/ hyperactivity disorder. This might be so because impaired development of the attachment process with a parent or caregiver will create a void that needs to be filled, by anyone who shows concern to the developing child. This filling is often done by peers or outsiders who may also have attachment problems from their own homes (Shochet). This study further supports Duncombe, Havighust, Holland, and Frankling, Ilomäki, Sainsbury Centre for Mental Health, Scott and Dadds, and Adegoke, , explaining that successful development for any child or adolescent is a great task that needs a lot of balancing, from the parents knowing when and how to be stern, to giving the growing child the needed friendship and support, as revealed in this study that parental attachment is a strong predictor to adolescents' social development, their conduct in their immediate environment.

Documented empirical studies corroborates this finding, as some have reported that adolescents are at risk of developing an array of behavioural problems such as conduct disorder and stand the risk of engaging in delinquent behaviour when exposed to ineffective parenting techniques (Ingram,; Mmari,), when they perceive parental rejection (Sells); experience harsh and inconsistent discipline (Edwards), and poor family relationships (Sells). Adolescents' temperament and how it is managed by parents have been reported to undertone for

conduct disorder (Lahey & Waldman). The way the temperament and impulsive actions of adolescents are managed by parents reflects in their later relationships (Lahey) which partially support the finding of this study on the basis of the parent-child relationship. Attachment between parents and child was reported to have undertone for many disorders including conduct disorder (Sheidaei, Solmaz, & Ghavidel) which also buttress this finding.

However, Osagie-Obazee, and Eduwen reported on the contrary that family factors which accounts for parental attachment does not significantly account for conduct disorder and other delinquent behaviour among secondary school students in Edo State, Nigeria. This report may be due to the fact that the authors concentrated more on child rearing style, family type and socio-economic status in predicting conduct problems. Parental attachment according to Osagie-Obazee and Eduwen is only one among a group of variables they refer to as “family factors”, which may account for its limitation in its significant independent influence on conduct disorder. While parental attachment may significantly predict conduct disorder, when tested independently, its combined influence with some other variables may not account for the same behavioural problem as it would when measured alone.

Furthermore, studies have supported this finding, that left-behind children, that is children who do not have at least one emotionally invested parent (Malekpour) had increased risk of conduct disorder (Osagie-Obazee, & Eduwen). This is to say that good parental care and secured attachment is a strong precursor for good conduct of today's adolescents.

Hypothesis two which states that physical abuse will significantly predict conduct disorder among secondary school adolescents in Ondo State was accepted. The study revealed that physical abuse significantly predicted conduct disorder among secondary school adolescents, supporting the findings of Ilomäki, who reported that physical abuse increased the risk for conduct disorder. This finding is also supported by Chin who reported in her study that there is a significant relationship between physical abuse and adolescent general social problems among which conduct disorder is common. Neglect as well as physical abuse are two forms of maltreatment commonly experienced by children and adolescents (Frank-Briggs & Alikor).

Studies have documented that there is a strong link between physical abuse and conduct disorder, with some submitting that students who manifests conduct disorder reported that they experience physically abusive behaviour from parents and or caregivers (Frank-Briggs & Alikor; Chin, Mahmoud,; Obe, Oluwakemi & Kayode). In agreement with the report of World Health Organization this study found that adolescents and maltreated children are at increased risk for behavioural (such as conduct disorder and other antisocial problems), physical and mental health problems (WHO).

Fakumaju and Bameke also supported this finding by reporting that physical abuse by parents (not teachers) was associated with anxiety disorders (one of the overt manifestations of conduct disorder). Contrary to this finding, Osagie-Obazee, and Eduwen reported that in Edo state, Nigeria, adolescents' home (family)

experiences do not necessarily determine manifestations of behavioural problems such as conduct disorder among secondary school students. The outcome of this study is however not surprising, given the widespread use of physical discipline at home. In Nigeria, parents are likely to physically discipline their children for violating some rules or instructions, while assuming they are correcting the child or adolescents (AkamolafeNakpodia,).

Parents perceive physical discipline as an integral part of cultural and religious obligations in child rearing. Furthermore, the belief in the necessity of corporal punishment may influence lower perception of physical abuse (Gracia & Herrero) physical pain and injury from corporal punishment are generally perceived among many Nigerians to be part of discipline and perhaps a major curative for children's misbehaviour. In Nigeria, children could be whipped or severely beaten for even minor misbehaviours as a way of teaching and or correcting while the children or adolescents are actually being abused (Nuhu & Nuhu; Olaleye). Quoting the Holy Bible “he that spares his rod hates his son, but he that loves him chastens him diligently” (Proverbs 13:24). Furthermore, the legality of corporal punishment as provided by the Nigerian Criminal Code further lowers the perception of physical abuse. Article 295 of the Criminal Code (South), permitting corporal punishment by a parent or guardian states that “a blow or other force, not in any case extending to a wound or grievous harm, may be justified for the purpose of correction”.

Hypothesis three which states that, Parental attachment and physical abuse will have significant joint prediction on conduct disorder among secondary school adolescents in Ondo state was accepted. The study revealed that conduct disorder (the dependent variable) is strongly influenced by both parental attachment and physical abuse, though parental attachment was found to contribute more than physical abuse. This disparity may be due to the fact that parental attachment is a form of relationship between parents and their children as well as physical abuse, with the former being easier to disclose (for the respondents) and the latter may seem quite sensitive.

The strong parental attachment's influence on conduct disorder can be justified by genetic transfer (Salvatore & Dick) because adolescent that forms a secure attachment with parents tend to conduct themselves well in the society, and grow to give their children similar training, while on the contrary, those who had insecure attachment (ambivalent insecure attachment) will also transfer the traits to their offspring (Salvatore & Dick). However, there has been very little (if any) research attention on the joint prediction of both variables (parental attachment and physical abuse) on conduct disorder which is why the researcher chose to look into this relationship and document it to enrich existing body of knowledge on conduct disorder.

Since conduct disorder is a common behavioural problem with children and adolescents (APA), studies have documented its link with parent-child and home experiences (Malekpour; Obe; Fakumaju & Bameke, WHO,). Adolescents' level of relationship outside their primary environment is strongly determined by how they are being treated at home (Fakumaju & Bameke) seeing the strong association between parent-child

relationship, adolescents' experiences of physical abuse and conduct disorder, the findings of this study therefore corroborates existing empirical studies.

CONCLUSION

The study confirmed that adolescents' attachment to parents is strongly needed for the development of proper conduct, as the study has documented that parental attachment is a significant predictor of conduct disorder. The study also demonstrated that physically abused adolescents have the potentials of manifesting conduct disorder within the society.

Furthermore, the study has documented that adolescents who have challenges of parental attachment and are simultaneously abused physically by parents have a very strong tendency of showing behavioural problems such as conduct disorder. The study concluded that parental attachment and physical abuse are strong predictors of conduct disorder among secondary school adolescents in Ondo state, Nigeria.

Recommendations

With reference to the findings of this study, the following recommendations were made:

1. Parents should be aware of and educated on the need to ensure a balanced atmosphere in showing their children care and also provide stern but abuse-free discipline when it is needed.
2. There is need to pay attention to parent-child relationships with assurance of care for adolescents that especially need special attention, due to the challenges they face during the period of their recent unfamiliar complexities; physiologically, cognitively, socially and emotionally.
3. Government agencies and Non-Government Organizations saddled with the responsibilities of children and adolescents should be more resolute and prosecute parents/caregivers who have gone overboard.

Implication of findings

The implication of the findings in this present study is that, if parents do not invest adequate emotions in their children and adolescents, they (the parents) open those (adolescents) up to high tendencies of manifesting conduct disorder. Also, persistent abuse of adolescents by parents will only mean that the society is technically purchasing containment full of future chaos that will eventually be delivered as soon as possible, except otherwise addressed in the nearest future.

REFERENCES

1. Adeusi, OS., Gesinde MA, & Adekeye JA. Pervasiveness of Conduct Disorder in Special Correctional Centres in Lagos, Nigeria. *Int J Educat Sci Res (IJESR)*.2015; 5(2): 15-20
2. Adeusi, OS, Gesinde, MA, Alao, AA, Adejumo, GO, & Adekeye, OA. Differential Effect of Behavioural Strategies on the Management of Conduct Disorder among Adolescents in Correctional Centres in Lagos State, Nigeria. *International J Psychol Counsel*. 2014; 7(4): 63-68.
3. Afifi, TO, Mota, NP, Dasiewicz, P, MacMillan, HL, & Sareen, J. Physical punishment and mental disorders: results from a nationally representative US sample. *Pediatrics*.2012; 130(2):184-192.
4. Akomolafe, COA comparative study of principals' administrative effectiveness in public and private secondary schools in Ekiti state, Nigeria. *Journal of Education and Practice*, 2012; 3(13): 39-50.
5. Anyio, B. T. Effect of Cognitive Restructuring on Delinquent Behaviour among Adolescents in Borstal Training Institute, Barnawa, Kaduna state, Nigeria.(M.Sc.), Ahmadu Bello University Zaria, Kaduna State Nigeria.,2015.
6. Chen, JK, & Wei, HS. Student victimization by teachers in Taiwan: Prevalence and associations. *Child Abuse & Neglect*. 2011; 35(5): 382-390.
7. Dhyani, A, & Singh R. A Study of Adjustment Level of Adolescents from Foster Home and Biological Families. *Stud Home Com Sci*, 2013; 7(1): 7-12
8. Duncombe, ME, Havighurst, SS, Holland KA, & Frankling EJ. Psychometric evaluation of a brief parent- and teacher-rated screen for children at risk of conduct disorder. *Aus J Educ Develop Psychol*.2012; (12):1-11
9. Edwards, AC, Dodge, KA, Latendresse, SJ, Lansford, JE, Bates, JE, Pettit, GS., ... & Dick, D. M. MAOA-uVNTR and early physical discipline interact to influence delinquent behavior. *J Child Psychol Psychiatry*.2010; 51(6): 679-687
10. Fakunmoju, SB, & Bammeke, FO. Anxiety disorders and depression among high school adolescents and youths in Nigeria: Understanding differential effects of physical abuse at home and school. *J Adolesc*. 2015; 42: 1-10.
11. Frank-Briggs, AI, & Alikor, EA. Conduct disorder amongst children in an urban school in Nigeria. *Nig Health J*, 2008; 8(3-4): 44-47.
12. Frank-Briggs, AI, & Alikor, EAD. Anxiety disorder amongst secondary school children in an urban city in Nigeria. *Int j biomed sci: IJBS*,2010; 6(3):246.
13. Gaudiano, BA, & Zimmerman, M. The relationship between childhood trauma history and the psychotic subtype of major depression. *Acta Psychiatr Scand*. 2010; 121(6): 462-470.
14. Lahey, BB, & Waldman, I. D. Annual research review: phenotypic and causal structure of conduct disorder in the broader context of prevalent forms of psychopathology. *J Child Psychol Psychiatr*, 2012; 53(5): 536-557.
15. Malekpour, M. Effects of attachment on early and later development. *The British J Dev Disabilities*, 2007; 53(105): 81-95.