

Domestic Violence Influence on Psychological Distress among Institutionalized Adolescents.

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Abstract

This study examined domestic violence influence on psychological distress among inmates of correctional facilities in Lagos. A total of 300 remand adolescents made up of 150 males and 150 females were purposively selected and responded to Child Exposure to Domestic Violence Scale (CEDV), General Health Questionnaire (GHQ-12) and Frequency of Delinquent Behaviour Scaling Instrument (FDBSI). Data was analyzed using Statistical Package for Social Sciences (SPSS). Descriptive statistics (frequency count and percentages) were used to describe participants' demographic characteristics, while inferential statistics (t-test of independent variables, ONE WAY Analysis of variance (ANOVA), Pearson Moment Correlation Analysis and simple linear regression analysis) were used to test the hypotheses. Prevalence of antisocial behaviour ranged from 73% (disruptive behaviour) to 97% (general anti-social behaviour). Prevalence of psychopathology was 58.7%. A significant positive correlation between domestic violence and the level of psychopathology was reported by the participants. Domestic violence independently predicted anti-social behaviour among the sample. Gender has significant influence on anti-social behaviour. Females reported higher mean scores than their male counterparts in vandalism, theft, truancy, disruptive behaviour, general anti-social behaviour and psychological distress. Family size significantly influenced psychological distress. No significant family size influence was observed on antisocial behaviour of the sample. A significant influence of domestic violence on the psychological health of adolescents was established. Author considered the prevalence of psychopathology and antisocial behaviour among the participants as abnormally high. Home visit and family therapy, proper implementation of child right policies, rehabilitation programmes for inmates and further studies are recommended.

Keywords: Domestic violence, psychological distress, institutionalized adolescents.

Introduction

Domestic Violence (DV) is a pattern of physically, sexually and / or emotionally abusive behavior used by one individual to assert power or maintain control over another, in the context of an intimate or family relationship. Domestic violence, also known as domestic abuse, spousal abuse, battering, family violence, dating abuse, and intimate partner violence (IPV), is a pattern of behaviour which involves the abuse by one partner against another in an intimate relationship such as marriage,

cohabitation, dating or within the family. World Health Organization – (WHO) has defined domestic violence as the range of sexually, psychologically and physically coercive acts used against women by current or former male intimate partners. Whilst women, men, boys and girls can be victims of domestic violence, women and girls are disproportionately affected. Domestic violence can take many forms, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects, battery), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/ covert abuse and economic deprivation (Siemieniuk, Krentz, Gish, & Gill, 2010).

Domestic violence (DV) is perpetrated by, and on both men and women. It is a violence that is perpetrated by intimate partners and other family members, and that is manifested through physical abuse, sexual abuse, psychological abuse, economic abuse, and acts of omission (UNICEF, 2000). In the view of Kerr, Levine, & Woolard, (2007), domestic violence (DV) is a mix of physical and coercive behaviors designed to manipulate and dominate another competent adult or adolescent to achieve compliance and dependence.

The term domestic violence is often used synonymously with terms such as wife beating, wife battering, man beating, husband battering, relationship violence, intimate partner violence (IPV) domestic abuse, spousal abuse, and family violence with some legal jurisdictions having specific definitions (Campbell, 2002). Domestic violence occurs globally (UNICEF, 2007). Families from all social, racial economic, educational and religious backgrounds experience domestic violence in different ways. Violence against women by intimate partners is a gender based social problem that cuts across nations, cultures, religion, and class (Ilika, Okonkwo, & Adogu, 2002; Dienne, & Gbeneol, 2009).

What constitute domestic violence vary from nation to nation hence difference in the laws on domestic violence. The social acceptability of domestic violence also differs by country. In 2010, the United Arab Emirates' Supreme Court ruled that a man has the right to physically discipline his wife and children as long as he does not leave physical marks. Domestic violence is considered unacceptable by most people in most developed countries; however in many regions of the world the views are different. In most developing nations, there is a high prevalence of domestic violence as a result of its being justified and condoned by their cultures. According to a UNICEF survey, the percentage of women aged 15–49 who think that a husband is justified in hitting or beating his wife under certain circumstances is, for example: 90% in Afghanistan and Jordan, 87% in Mali, 86% in Guinea and Timor-Leste, 81% in Laos, 80% in Central African Republic. Refusing to submit to a husband's wishes is a common reason given for justification of violence in developing countries. In Tajikistan 62.4% of women justify wife beating if the wife goes out without telling the husband; 68% if she argues with him; 47.9% if she refuses to have sex with him (Clarke, 2013). 80% of women surveyed in rural Egypt said that beatings were common and often justified, particularly if the woman refused to have sex with her husband (UNFPA, 2005).

In Nigeria about 65% of women agree that a man is justified to beat his wife (Oyediran, & Isiugo-Abanihe, 2005). In India 56% of women surveyed by an agency justified wife-beating on grounds like – bad cook, disrespect to in-laws, producing more girls, leaving home without informing the husband, among others. Research findings reveal that 25% of women in Dakar and Kaolack in Senegal are subjected to physical violence from their partners and very few admit they are beaten – while

60% of domestic violence victims turn to a family member, in three-quarter of the cases they are told to keep quiet and endure the beatings.

In Ghana, spousal assaults top the list of domestic violence (Adebayo, & Kolawole, 2013). Domestic Violence has been a serious problem in most societies throughout history. Physical violence in particular is very common among intimate partners in both developed and developing countries. Physical violence is the intentional use of physical force with the potential for causing death, disability, injury or harm (Adebayo & Kolawole, 2013).

Physical violence includes but it is not limited to, scratching, pushing, shoving and throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon and use of restraints or ones' body size, or strength against another person. The Beijing Declaration and Platform for Action defines Violence against Women as "any act of gender based violence that results in or likely to result in physical, sexual, or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life" (WHO, 2005).

Domestic Violence is the intentional and persistent abuse of anyone in the home in a way that causes pain, distress or injury. It includes any abusive treatment of one family member by another, thus violating the law of basic human rights. Incidents of domestic violence include honor battery, beating, torture, acid baths and even death through honor killing battering of intimate partner and others, sexual abuse of children, marital rape and traditional practices that are harmful to women such as female genital mutilation (Heidi, 1998; Aihie, 2009; UNICEF, 2000; Adebayo & Kolawole, 2013). Amnesty International (2007) reports that about two third of Nigerian women are believed to have been subjected to physical, sexual and psychological violence carried out primarily by husbands, partners and fathers while girls are often forced into early marriage and are at risk of punishment if they attempt to escape from their husbands. Most domestic violence are neither reported nor documented due to cultural factors (Oyediran & Isugo, 2005).

Children are often principal victims of domestic violence. Witnessing, experiencing abuse or living in an environment where someone is being physically abused can be psychologically devastating for a child, makes such a child susceptible to depression and leaving people around him and his immediate environment unsafe. Children who are exposed to domestic violence during their upbringing will suffer in their developmental and psychological wellbeing (Dodd, 2009; Lazenbatt, & Thompson-Cree, 2009). Exposure to domestic violence generally impacts how the child develops emotionally, socially, behaviorally as well as cognitively (Sadeler, 1994; Lazenbatt, & Thompson-Cree, 2009). Some emotional and behavioral problems that can result due to domestic violence include increased aggressiveness, anxiety, and changes in how a child socializes with friends, family, and authorities (Sadeler, 1994, Dodd, 2009). Depression, as well as self-esteem issues, can follow due to traumatic experiences. Problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem-solving (Dodd 2009). Violent punishments could also lead to delinquency in adolescents and subsequently involvement in violent criminal activities. Correlation has been found between the experience of abuse and neglect in childhood and perpetrating domestic violence and sexual abuse in adulthood (Sadeler, 1994; Damant, Lapierre, Lebossã, Thibault, Lessard, Hamelin-Brabant, Lavergne, & Fortin, 2011). Such children and adolescents often grow angry and confused. Their anger may be directed towards their parents, school authorities or other children developing in them troublesome and aggressive personality. They are often withdrawn and

suspicious. In some cases the abuser will purposely abuse the mother or father in front of the child to cause a ripple effect, hurting two victims simultaneously (Damant, et.al. 2011). Lehmann, (1995) found that children who witness mother-assault are more likely to exhibit symptoms of Post Traumatic Stress Disorder (PTSD), and are likely to be more severe if their assaulted mother develops post traumatic stress disorder (PTSD) and does not seek treatment due to her difficulty in assisting her child with processing his or her own experience of witnessing the domestic violence (Schechter, Willheim, McCaw, Turner, Myers, & Zeanah, 2011). Also victims of domestic violence suffer physical injuries such as minor cuts, scratches and bruises, others more serious like broken bones, internal bleeding, head trauma, to mention but a few. As a result of their exposure to Domestic Violence (DV) children and adolescents are often prone to having low self esteem, difficulties in trusting others, and affective disorders. Other consequences of being a victim or exposures to domestic violence especially among children and teenagers include harmful health behavior such as excessive smoking, alcohol abuse, use of drugs and engaging in risky sexual activity and other delinquent behaviors. Witnessing or being a victim of domestic violence can have some traumatizing effects on the social and emotional wellbeing of an individual especially children and teenagers. If this is not properly managed may have negative influence on world view and social behavior of individuals.

There are few research efforts on the effects of domestic violence on the delinquent behavior and mental health status of the Nigerian children. This study examines the influence of domestic violence on psychological distress among inmates of correctional institutions in Lagos Nigeria. We hypothesize that domestic violence will significantly and positively correlate with psychological distress among institutionalized adolescents. We hypothesize that domestic violence will significantly predict anti-social behavior among institutionalized adolescents; we hypothesize that males will manifest significantly higher level of anti-social behavior. We hypothesize that males will have significantly higher level of psychological distress than females. We hypothesize that the size of family will significantly influence psychological distress and anti-social behavior of institutionalized adolescents.

METHOD

Participants

A cross sectional survey design was employed in the study. The population consists of adolescents in selected remand homes in Lagos Nigeria. A purposive sampling technique was adopted to select a total of 300 respondents who participated in the study. This is made up of 75 male samples from each of the two correctional institutions for boys at Isheri and Oregun, Lagos Nigeria and 150 female samples from the special correctional institution for girls in Idi Araba Mushin Lagos Nigeria.

Procedure

Judging that the respondents were below the age of eighteen and therefore cannot make decisions of this magnitude themselves, a consent letter was requested from the office of the permanent secretary, Ministry of Youth and Social Development, Lagos State. Our team was given a letter which introduced us to the officials at the correctional institutions. At the various institutions the children were briefed by the officials of the aim and design of the study, afterwards we were permitted to administer the instruments on the selected sample. The children were handled with absolute care with cognizance of their human value, dignity and in line with the child rights act.

Measures.

A battery of three instruments was used for the data collection. They are:

Child Exposure to Domestic Violence Scale (CEDV). This is a 26 item instrument by Jeffery Edleson (2007) that measure Childs exposure to domestic violence. Response to each item on the instrument is based on a four point likert scale of "Never", "Sometimes", "Often", "Always". Overall high scores indicate high rate of exposure to domestic violence.

General Health Questionnaire (GHQ-12). It a 12 item instrument by Matthew Hankins (2008) to identify psychological distress. It has five response categories of "Better than usual", "Same as usual", "Less than usual", "Much than usual" and "Worse than usual". Overall high scores consistently indicate high level of psychological distress.

Frequency of Delinquent Behavior Scaling Instrument (FDBSI) a 25 item instrument with 6 sub-scale measures, vandalism, theft, physical aggression, truancy and other school problems, disruptive behavior, and status offence. It was developed by Center for Diseases Control and Prevention (USA) (2005) and adapted for this study. The instrument has five response categories of "Never", "1-2 Times", "3-6 Times", "7-9 Times" and "More than 10 times". High scores indicate high rate of delinquent behavior.

A pilot study of 50 male (M age 16.81) and 50 female (M age 17.54) of the same population was carried out to get the psychometric properties for a Nigerian population for the instruments. The Child Exposure to Domestic Violence Scale (CEDV) returned a Cronbach Alpha Coefficient ranging from .56 to .81. The General Health Questionnaire (GHQ-12) returned a Guttman Split-Half Reliability of the items which showed 0.72 reliability coefficient, and a Cronbach's Alpha value of 0.71. The scale also has a Spearman-Brown coefficient of 0.86. The Frequency of Delinquent Behavior Scaling Instrument (FDBSI) gave a Guttman Split-Half Reliability on the sub scales of 0.72 reliability coefficient, and a Cronbach's Alpha value of 0.88, and a Spearman-Brown coefficient of 0.92

Data Analyses

Data collected was analyzed with the use of Statistical Package for Social Sciences (SPSS). Descriptive statistics (frequency count and percentages) were used to organize, summarize and describe the demographic characteristics of respondents; inferential statistics (t-test of independent variables, ONE WAY Analysis of variance (ANOVA), Pearson moment correlation analysis and simple linear regression analysis) were used to test the hypotheses of the study.

Results

The means and the standard deviations of variables in this study are included in table 1. Of the 300 institutionalized adolescents who participated in the study 50% are female while 50% are male. Ages 13-15 years are (158) 53.2%, while ages 16-19 years are (142) 46.8%. The mean age (*Mean age*) for the sample is 15.3 years. Majority of the respondent are from monogamous family type (68.3%), while 31.7% are from polygamous family type. 56.0% of the participants' parents are married, 20.7% are separated, 13.5% are divorced, 2.5% are widowed, and 6.2% are remarried. Majority (49.8%) of the participants reported that their primary caregivers are both parents, followed by 20.8% who reported father alone as caregiver, 11.1% are under the care of their mother alone, 13.6% are under the care of relations, and 5.2% are under the care of guidance.

Table: 1. Means and Standard Deviations for anti-social behavior, exposure to domestic violence and psychological distress among institutionalized adolescents.

Variables	N	\bar{X}	SD
Physical aggression	300	5.24	4.06
Theft	300	9.30	6.34
Truancy	300	6.32	5.27
Disruptive behavior	300	3.47	3.07
Status offence	300	3.57	4.18
Vandalism	300	2.11	2.55
General Anti-social Behavior	300	29.66	17.47
Domestic violence	300	26.52	13.26
Psychological distress	300	27.86	16.74

Table: 2. Prevalence of anti-social behavior and psychological distress among institutionalized adolescents.

Variables	Mild	Severe	Overall Prevalence
Physical aggression	52%	39.3%	91.3%
Theft	44.3%	46.7%	91%
Truancy	40.6%	48.7%	89.3%
Disruptive behavior	27.7%	45.3%	73%
Status offence	25.7%	42.3%	68%
Vandalism	35.5%	29.3%	65%
General Anti-social behavior	50%	47%	97%
Psychological distress	17.7%	41.3%	58.7%

The self-reported prevalence of nature of antisocial behavior among adolescents in correctional institutions as shown in table 2 are 91.3% physical aggression with 39.3% of them at the severe level and requiring clinical intervention, 91% of theft with 49.7% requiring clinical intervention, 89.3% of truancy with 48.7% requiring clinical attention, 73% of disruptive behavior with 45.3% requiring clinical intervention, 68% of status offence with 42.3% requiring clinical intervention, 65% of vandalism with 29.3% needing clinical intervention and 97% of general anti-social behavior with 47% requiring clinical intervention. The prevalence of psychological distress is 58.7% with 41.3% of the inmates reporting severe psychological distress and requiring urgent clinical intervention.

The hypothesis on the correlation between domestic violence and psychological distress was tested by conducting a Pearson Product Moment Correlations (PPMC), setting the level of significant at 0.01. Respondents' scores on exposure to domestic violence and their corresponding scores on psychological distress were subjected to a correlation analysis. The result is summarized and presented in table 3.

Table 3: Pearson Moment Correlation analysis between exposure to domestic violence and psychological distress

Variables	Domestic violence	Psychological distress	Antisocial behaviour
Domestic violence		.218**	.558**
Psychological distress			.196**

**Correlation is significant at 0.01 level (2 tailed)

Variables	N	r	p
Domestic violence	300	.22	<0.05

**P < 0.01

The analysis summary in Table 3 indicates that there is a statistically significant positive correlation between domestic violence and psychological distress among participants { $r(300) = .22, P < 0.01$ }. This result reveals that the higher the rate of exposure to domestic violence, the higher the level psychological distress among institutionalized adolescents. Based on this finding the null hypothesis is rejected while the alternate hypothesis is accepted.

Table 4: Linear Regression Analysis of Domestic Violence as Predictor of Anti-Social Behavior

Model	SS	df	Mean Square	β	F	P
Regression	28390.04	1	28390.04		.56	134.59 <0.05
Residual	62859.29	298	210.94			
Total	91249.32	299				

(R^2) = .311

Predictor	B	β	R	R Square	P
(Constant)	10.18				
Domestic violence	.73	.56	.56	.311	< 0.05

(R^2) = .311

A simple linear regression was employed to test this hypothesis using domestic violence as predictor and antisocial behavior as dependent variable. Domestic violence was found to significantly predict antisocial behaviours of the participants {F (1, 296) = 134.59, P<0.05} with an R^2 of .311. This means that 31.1% variance of antisocial behavior among the participants can be accounted for by domestic violence. Based on this result the null hypothesis is rejected.

The third hypothesis was tested by conducting an independent samples t-test at 0.05 level of significant. Participants' gender was compared based on their scores on anti-social behaviour. The analysis result are summarized and presented in table 5.

Table 5: Independent Samples t-test of Gender Difference on Anti-Social Behavior.

Variables	N	\bar{X}	SD	df	t	p
Vandalism	Male	1501.62	2.15	298	-3.38	<0.05
	Female	1502.60	2.81			
Theft	Male	1508.40	6.52	298	-2.37	<0.05
	Female	150 10.16	6.05			
Physical aggression	Male	1505.27	4.42	298	.16	>0.05
	Female	150 5.20	3.68			
Truancy	Male	1505.59	4.51	298	-2.99	<0.05
	Female	150 7.05	3.91			
Disruptive behavior	Male	1502.93	3.18			

					298	-3.06	<0.05
Status Offence	Female	150	4.00	2.87			
	Male	150	3.27	4.24			
	Female	150	2.87	4.10	298	-1.26	>0.05
Anti-social behaviour	Male	150	26.87	18.37			
	Female	150	32.45	16.10	298	-2.79	<0.05

The analysis summary in table 5 shows that there is significant gender difference in vandalism {t(300)= -3.38, p<0.05}, theft {t(300)= -2.37, p<0.05}, truancy {t(300)= -2.99, p<0.05}, disruptive behaviour {t(300)= -3.06, p<0.05}, and general anti-social behavior {t(300)= -2.79, p<0.05}the result of the analysis further shows that female participants reported higher mean scores than their male counterparts in vandalism, theft, truancy, disruptive behavior, general anti-social behavior. The null hypothesis is therefore rejected.

The fourth hypothesis was tested by using an independent samples t-test at 0.05 level of significant. Respondent’s gender was compared based on their scores on psychological distress. The analysis result is summarized and presented in table 6.

Table 6: Independent Samples t-test of Gender Difference on Psychological Distress

Variables	Gender	N	\bar{X}	SD	df	t	p
Psychological distress	Male	150	25.99	8.71			
	Female	150	29.73	21.90	298	-1.94	<0.05

The analysis summary in table 6 shows that there is statistically significant gender influence on psychological health status of the participants {t(300) = -1.94, p<0.05}. The result of the analysis further shows that female participants reported higher mean scores than their male counterparts in psychological distress.

The hypothesis five was tested by conducting ONE WAY Analysis of Variance (ANOVA) at 0.05 level of significant. Participants’ family size was compared based on their scores on psychological health status. The analysis result are summarized and presented in table 7.

Table 7. ONE WAY Analysis of Variance (ANOVA) of Family Size Influence on psychological distress of participants.

Variables	Family Size	N	\bar{X}	SS	df	F	p
Psychological distress	1-3 members	110	29.35	82795.94	3	1.03>	0.05
	4-6 members	121	27.81				
	7+ members	66	25.47				
	Total	298	27.81				

The analysis summary in table 7 shows that there is no statistically significant family size difference on psychological distress of the respondents {F (3, 298) = 1.03, P > 0.05}.

The sixth hypothesis was tested by conducting an analysis of variance (ANOVA) at 0.05 level of significant. Respondent family size was compared based on their scores on anti-social behaviour. The analysis result are summarized and presented in table 8

Table 8. ONE WAY Analysis of Variance (ANOVA) of Family Size Influence on Anti-Social Behavior.

Variable	Family Size	N	\bar{X}	SS	df	F	p
Antisocial behaviour	1-3 members	110	28.98	89953.73	3	.63	>0.05
	4-6 members	121	30.51				
	7+ members	66	28.38				
	Total	298	29.54				

P > 0.05

The analysis summary in table 8 shows that there is no statistically significant family size difference on antisocial behaviour of the participants {F (3, 298) = .63, P > 0.05}.

DISCUSSIONS

The study returned a high prevalence of antisocial behavior as well as psychological distress among adolescents in correctional institutions. This finding is in agreement with WHO, (2007); and Owoyemi, (2013) who in separate empirical studies also reveal that about 64 million Nigerians manifest psychological disorder. About two thirds of adolescents involved with the juvenile justice system have one or more psychiatric disorders (Human Right Watch 2009). It could be said that anti-social activities and behaviors of institutionalized adolescents could be off-shoots of or exacerbated by their psychological health. According to Human Rights Watch, (2009) 8 to 19 % of prisoners have psychiatric disorders that result in significant functional disabilities and 15 to 20 % will require some form of psychiatric intervention during their incarceration. Prisoners have rates of mental illness-including such serious disorders as schizophrenia, bipolar disorder, and major depression-that are two to four times higher than members of the general public (Human Right Watch, 2009).

Highlighting the high prevalence of mental health disorder among prisoners in Great Britain, The National Service Framework for Mental Health (2004) reported that the suicide rate in prisons is almost 15 times higher than in the general population. Nearly half (49%) of the sample prisoners in England and Wales was assessed as being at risk of suffering from anxiety and/or depression, with one-quarter being at risk of anxiety and depression (Cunniffe, Van de Kerckhove, Williams, & Hopkins 2012; Light, Grant, & Hopkins, 2013).

The result of the test of the first hypothesis returned a statistically significant positive correlation between domestic violence and psychological distress among the respondents. This result reveals that the higher the rate of domestic violence, the higher the level psychological disorder among correctional institutions adolescents. This in agreement with previous research findings. Children who witness domestic violence have been found to exhibit higher levels of anxiety and depression than those children who have not witnessed violence (Edleson, 1999; Stiles, 2002). Feelings of fear, anger, grief, shame, distrust, and powerlessness are among the host of emotional reactions that child witnesses may suffer (Bernard, 2003). Children who are exposed to domestic violence have a higher risk of suicide (Bernard, 2003). Some research has found that adolescent witnesses “are more likely to have a fatalistic view of the future resulting in an increased rate of risk taking and antisocial behavior, such as school truancy, early sexual activity, substance abuse, and delinquency” (Stiles, 2002, p. 12). Child abuse and exposure to domestic violence results in some forms of psychiatric disorders and suicidal behavior among children (Wolfe, 1999; NCANDS, 2012; Child Welfare Information Gateway, 2014). Related researches indicate association between maltreatment and health problems in children and adolescents (Flalorty, et al., 2006, 2009; Akpunne, 2015). Child maltreatment is associated with 8 of 10 adolescent health risk and that trauma caused by experiences of child neglect can have serious effects on the developing brain, increasing the risk of psychological problems (Hussey, Chang & Kotch, 2006). A strong relationship exists between child exposure to violence, abuse and post-traumatic stress disorder (PTSD), learning difficulties, poor academic achievement, behaviour problems in childhood and adolescent. Maltreated children manifest psychiatric illnesses such as anxiety disorders and sleep disorders (Fergusson, et al, 1996; Wolfe, 1999; Trowell et al, 1999; Schore, 2002; Child Welfare Information Gateway, 2014).

The result of the second hypothesis found that domestic violence predicted antisocial behavior among the respondents. Aggressiveness is one of the most widely discussed behaviors exhibited by children who have witnessed domestic violence. However not every child that is exposed to domestic violence will display anti-social behaviors, there are many additional factors play a role in affecting an individual child’s response. Children exposed to domestic violence are more likely to respond to conflict in an aggressive manner (Bernard, 2003; Edleson, 1999). Possess an increased risk of fighting and bullying (Stiles, 2002), may exhibit more anger and temperament problems than non-witnessing children (Edleson, 1999). Child witnesses exhibit both signs of aggression and signs of fearfulness and inhibition. Children who witnesses domestic violence are also more likely to end up in juvenile court, involved in the justice system for violent crimes and sexual crimes and involvement with drugs and alcohol. Some studies have found that a child’s exposure to violence within the home was significant in predicting the child’s behavior outside of the home, and that child witnesses were more likely to try to commit suicide, abuse both alcohol and drugs, and engage in other delinquent acts (Edleson, 2004; National Resource Center on Domestic Violence, 2002). In the same line Edleson, (1999) affirmed that exposure of children to domestic violence influence them to view violence as an

acceptable way to resolve problems, as well as accepting violence as part of a normal relationship. These attitudes can lead to child witnesses growing up to be abusers or victims of abuse.

Furthermore, the result of the third hypothesis revealed a significant gender difference in anti-social behaviors with female inmates reporting higher mean scores than their male counterparts in vandalism, theft, truancy, disruptive behavior, general anti-social behavior. There are intriguing previous findings on the issue of which of the two sexes manifest higher antisocial behavior. While some researchers report that boys are more prone to anti-social behaviors than girls, others affirm that sex difference in antisocial behavior is relatively small and insignificant. Male and female are both vulnerable to the same individual, familial and environmental risk factor for antisocial behavior (Moffitt, Caspi, Rutter & Silva, 2002). Yet other researchers reported that given certain variables as risk factors, antisocial behaviors apply equally to both male and female (Malinosky-Rummell & Hansen 1993). On a general note boys have are seen to be more likely to approve of violence than girls. However exposure to domestic violence and institutionalization could have more effect on the girls than boys. This finding is in agreement with Sternberg et.al (1993) who found that Girls exposed to domestic violence were at higher risk than boys for both externalizing and internalizing behaviors, including depression. Hildyard & Wolfe, (2002), found an association between child maltreatment with internalizing behaviours' (being withdrawn, sad, isolated and depressed) and externalizing behaviors (being aggressive or hyper-active) throughout childhood as well as difficulty in making friends. Childhood maltreatment does not have differential effects on boys and girls, but instead leads to a broad range of adverse outcomes in both sexes (Malinosky-Rummell & Hansen 1993). In the Dunedin Longitudinal study by Moffitt, Caspi, Rutter & Silva (2002) it was reported that most risk factors for anti-social behavior apply equally well to both male and females.

Result of the fourth hypothesis showed a statistically significant gender influence on psychological health status of the participants with female inmates reporting higher mean scores than their male counterparts' psychological disorder. Evidence from related researches indicates women experience more negative impact than men as a result of abuse, including emotional/psychological consequences such as fear, anger, insult, stress, depression, anxiety attacks, shame, lowered self-esteem, sleeping problems, psychosomatic symptoms and post-traumatic stress symptoms, loss of time from work, and a need to take extra security precautions (Mirrlees-Black 1999, Bunge & Locke 2000, Tjaden & Thoennes 2000a, Johnson & Bunge 2001, Hamberger & Guse 2002, Saunders 2002, Walby & Allen 2004). In an study carried out among correctional institutional inmates in USA Light, et al., (2013) found that 49% of female SPCR prisoners were assessed as suffering from anxiety and depression, compared with 23% of male prisoners. Gender differences occur in the rates of common mental disorders such as depression, anxiety and somatic complaints with females being predominantly affected (WHO, 2004, 2013). In a previous study, Butler & Allnut (2003) found that female correctional care inmates / prisoners were more likely than male inmates to suffer from psychiatric disorders. Unipolar depression, predicted to be the second leading cause of global disability burden by 2020, is twice as common in women. Depression is not only the most common women's mental health problem but may be more persistent in women than men (WHO, 2004, 2013). Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men. Leading mental health problems of the older adults (majority of which are women) are depression, organic brain syndromes and dementias (WHO, 2013).

Result of the fifth hypothesis shows no statistically significant family size difference on psychological health status of the respondents. Risk of psychiatric admission was higher amongst those from families of three or more, but, compared with only children, those with two or three siblings had a lower risk of self-harm. (Riordad, Morris, Hattie & Stark, 2012).

Finally result of hypothesis six shows that there is no statistically significant family size difference on antisocial behaviour of the participants. This finding is at variance with emerging related literature which affirms that family characteristics such as poor parenting skills, family size, home discord, child maltreatment, and antisocial parents are risk factors linked to juvenile delinquency (Derzon & Lipsey, 2000; Wasserman & Seracini, 2001). In a related study carried out among secondary school adolescents in Nigeria, Akpunne (2015) found a significant positive correlation was between family size and child maltreatment. Large family size is seen as a powerful predictor of neglect especially for very low-income, single-parent families. Larger numbers of children in low income families increase degree of child maltreatment (Andry, 1971,; Olawale, 1995,; Obidigbo, 1999). Children from families with four or more children have an increased chance of offending (Wasserman & Seracini, 2001; West and Farrington, 1973). The size of the family can also increase the risk for abuse and neglect. A study of parents in Chile, for example, found that families with four or more children were three times more likely to be violent towards their children than parents with fewer children (Larrain, Vega, & Delgado, 1997). However, it is not always simply the size of the family that matters. Data from a range of countries indicate that household overcrowding increases the risk of child maltreatment (Youssef, Attia & Kamel, 1998; Kim et al 2000; Sumba & Bwibo, 1993; Tadele, Tefera & Nasir, 1999; Dubowitz & Black, 2001; Isaranurug, et al, 2001). In a similar study Kierkus & Hewitt (2009) found that family size impacted the relationship between family structure and crime and delinquency. Large household has been found to be a risk factor for domestic violence (Walby & Allen 2004). Having children is significantly associated with domestic violence (Richardson, Coid, Petruckevitch, Chung, Moorey, & Feder, 2002). Women with children may be more vulnerable to continue in an abusive relationship because they are less likely to leave and more likely to return to violent relationships due to reluctance to break up the home, disruptive effects on children, lack of supports and limited opportunities to gain financial independence and support an independent household (Rodgers 1994, WHO 2002, Anderson 2003, Walby & Allen, 2004), this in turn increase the tendency for their children to be involved in delinquent behavior.

CONCLUSION

Based on the findings of this study the following conclusions are drawn: First, there is a high prevalence of antisocial behavior and psychological distress among institutionalized adolescents. This is consistent with findings from existing literature about the prevalence of poor mental health especially among the Nigerian population. Moreover, majority of adolescents involved with the juvenile justice system have been found to manifest one or more psychiatric disorders (Teplin, Abram, McClelland, et al, 2002; Abram, Teplin, Charles, et al, 2004). It could be said that anti-social activities and behaviors of institutionalized adolescents could be off-shoots of or exacerbated by their psychological health. Secondly, there is a positive correlation between domestic violence and psychological distress among the respondents. This implies that children from violent households are at a greater risk of manifesting poor psychological health than those from peaceful home. Thirdly, domestic violence is found to be a significant predictor of anti-social behavior. Children exposed to

or witnessing family violence will tend to practice what they learn from home and therefore display behaviors which are socially unacceptable. This position is supported by social learning theory which Social learning theory which argues that aggressive behavior is learned (Wright& Wright 1994, Farrinton, 2002; Carlson, 2014).

Fourthly, gender has significant influence on vandalism, theft, truancy, disruptive behaviour, and general anti-social behavior. This implies that gender is a risk factor of antisocial behavior. In this study females reported higher mean scores than their male counterparts in vandalism, theft, truancy, disruptive behavior, general anti-social behavior. As shown in the reviewed literature boys are found to offend more than girls. This result therefore suggests that institutionalization has a greater effect on females than the males and causes them to be more aggressive and display antisocial behavior than the boys. Also females were found to report higher mean scores than their male counterparts in psychological distress. This is consistent with previous studies of gender difference of people outside correctional institutions. It therefore implies that being remanded in correctional institutions tend to worsen the psychological health status of female adolescents in a higher dimension than it does to the male inmates.

Finally, family size has no significant influence on psychological distress as well as on the antisocial behaviour of the participants. This implies that adolescents from small households suffer similar psychological distress and manifest antisocial behaviour as do those from larger households. The structure of the family no doubt has a significant influence on the stress level as well as the behaviour manifested by members of the society. This finding reveals that domestic violence and other family violence greatly influence the poor mental health status of the members as well as the lifestyle of the children irrespective of the size of the family. In other words whether the family is large or small, as long as there is domestic violence, the mental health status of the children is compromised and they tend to manifest antisocial behaviours.

RECOMMENDATIONS

The family exerts the most powerful influence on the children, hence once the family gets it right then members within the family will function properly in the society. To this end home visits should be carried by psychologists and social workers within the correctional care institutions on a regularly bases to homes of the inmates as well as those who have been discharged. Such visits would create avenues for family therapy sessions where the professional would rightly educate caregivers on the child rearing practices and point out the effects of violence on the children.

Secondly, countries who are members of the United Nations and by extension signatories of the UNICEF child right act are under the obligation to protect children. Therefore policies on what constitute child abuse, neglect and maltreatment, and their attendant consequences on the child's mental health as well as subsequent influence on behavior should be promulgated, widely publicized and enforced.

Furthermore, the Nigerian juvenile justice system should organize effective rehabilitation programmes for inmates. This should involve the employment of adolescent psychologists who would take the remanded minors through cognitive behavioral therapies and other counseling activities. This will help them improve their perceptions on their self-worth, reduce recidivism and achieve proper functioning in the society upon discharge from correctional facilities. Finally, there is

need for more research attention on the influence of family violence on antisocial behavior and the psychological health of the Nigerian child.

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