



Childhood Victimization Precipitates Tendency to Offend: Assessing Childhood Experience of Abuse and Antisocial Behaviour Tendency Link

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Abstract

This study examined the predictive impact of childhood experience of abuse (physical, emotional and sexual abuse) on antisocial behaviour tendency. Participants comprised 978 (308 males and 670 females) undergraduate students within the ages of 16 and 40 ($M, SD = 21.94, 3.46$) who were selected from three Federal higher education institutions from three South-Eastern Nigerian states (Anambra State- Federal Polytechnic, Oke; Imo State- Federal Polytechnic, Nkede; and Enugu State- University of Nigeria, Enugu campus). A four-step multistage sampling design was applied to select the participants for the study. The study adopted a cross sectional design and hierarchical multiple regression analysis was used to analyze the relationship between the dimensions of the abuse and antisocial behaviour tendency. The findings of the study revealed that all the dimensions of childhood experience of abuse significantly and positively predicted antisocial behaviour tendency among undergraduate youths. The findings also show a gender path in the difference in predicting antisocial behaviour by child abuse dimensions. Useful implications of the study and conclusion were made.

Keywords: childhood, physical abuse, emotional abuse, sexual abuse, antisocial behaviour tendency, tendency to offend

Introduction

The increasing rate of antisocial behaviour in society, involving the youths and undergraduates in higher institutions is quite alarming. The evidence of this is clear when we look at the rate of armed robbery, kidnapping, rape, murder, sexually transmitted diseases, and the number of people who commit suicide (Suleiman, 2013). Antisocial behaviour according to Hemphill (1996) is costly to the community in that it impacts on individuals (e.g., physical damage to people and property, bullying, insecurity) and the society at large (e.g., costs of interventions and incarceration, feelings of insecurity). The plethora of antisocial behaviour cases exemplified in behaviours such as examination malpractice, stealing, disobedience against the school and wider society rules, cultism, property vandalism, violence, illicit drug use, bullying, physical aggression against others, internet fraud, prostitution and sexual violence. These behaviours put the society at severe risk of lack of peace, serenity and order, developmental stagnation and also lead to increased risk of lifetime criminal career.

Behaviours that are classified as antisocial have many forms of manifestations. Kaunitz, Andershed, Brannstrom and Smedslung (2010) portrayed it as encompassing all actions that deviate significantly from established social norms. Their description included behaviours such as substance abuse, theft, and aggression. Antisocial behaviours may or may not constitute the breaking of criminal laws but inflict physical or mental harm or property loss or damage on others and maybe intended to lower the well-being of other persons (Coie & Dodge, 1998; Rutter, Giller & Hagell, 1998). Farrington (2005) outlined behavioural disorder, impulsiveness, stealing, vandalism, resisting authority, physical and/or psychological aggression, bullying, running away from home, school absenteeism, and cruelty towards animals as indicators of antisocial behaviour in childhood and adolescence while, in adulthood, illegal or criminal behaviours, drug and/or alcohol abuse, marital breakdown, and gender violence characterize it. Aderanti (2006) cited in Williams et al. (2015) referring antisocial behaviours as rebellious behaviours stated that it ranges from vandalism through rioting and armed robbery, to drug addiction, engagement in cult activities and various forms of cheating such as examination malpractices and to what is commonly known in our today's colloquial language as "yahoo-yahoo."

Tendency and perpetration of antisocial behaviour differ in males and females. Adolescent males have more tendency to engage in more aggressive behaviours and serious forms of antisocial behaviours than their female counterparts (Kivuvuori,

2002b). Ritakallio (2008) observed that antisocial behaviours of females tend to be more covert in nature while males' antisocial behaviour tend to be more overt. Indirect and verbal forms of behaviour such as gossiping, backbiting and peer rejection are often

the forms of females' antisocial behaviours while externally directed aggression and physical forms of behaviours such as fighting and destructiveness are the forms of antisocial behaviour observed in males (Angold & Costello, 2001; Bassarath, 2001).

As crimes and antisocial behaviours continue to threaten the societies, studies in forensic sciences and allied fields have strengthened in the areas of causes, risk factors and predictors of antisocial behaviours. Research has acknowledged the multi-etiological nature of antisocial behaviour in such that many genetic, biological, psychological, psychosocial, psycho-pathological and socio-demographic risk factors overlap and interact in predicting the behaviour (Ritakallio, 2008; McMahon & Frick, 2005; Ritakallio, Kaltiala-Heino, Pelkonen & Marttunen, 2003). Many factors are associated with antisocial behaviour and they are school problems, poor scholastic achievement and learning difficulties (Karnick, McMullin & Steiner, 2006); involvement with antisocial peers (McMahon & Frick, 2005); exposure to violence in the community (Molnar, Browne, Cerda & Buka, 2005) or home; early puberty (Kaltiala-Heino, Marttunen, Rantanen & Rimpela, 2003); and negative (adverse) life events (Bru, Murberg & Stephens, 2001) or adverse childhood experiences.

Childhood victimization, a perspective of the present study is on the increase all over the world. For instance, Barth, Bermetz, Heim, Trelle, and Tonia (2013) estimated the worldwide prevalence rates for child sexual abuse (including forced intercourse, non-contact, and sexual abuse) are as high as 69% for women and 47% for men. Butchart and Harvey (2006) on their own estimated that approximately 40 million children worldwide are abused each year. Beside the rate of victimization across the world, it is also pertinent to state that the understanding of antisocial behaviour has been conceptualized by criminologists recently using adverse childhood experiences (Baglivio, Epps, Swartz, Huq, Sheer & Hardt, 2014; Fox, Perez, Cass & Baglivio, 2015; Baglivio, Wolff, Piquero & Epps, 2015; Wolff & Baglivio, 2016; McCuish, Cale & Corrado, 2017; Levenson, Willis, & Prescott, 2016, 2015; Abbiati, et al., 2014) which have been shown to have long-term effects on behavioural functioning on individuals (DeLisi, et al., 2017). Many scholars gave their opinion on what conceptualizes adverse childhood experiences.

Kendall-Tackett (2001) described childhood victimization as ranging from mild to severe and that different forms of victimization can occur right inside the family, as well as with people who are not family members. She identified sub-types of child abuse which included but not limited to sexual abuse, physical abuse and emotional abuse. In her description, Child Sexual Abuse is one of the most highly studied forms of abuse includes experiences of everything from fondling to oral, vaginal or anal penetration. Girls experience this form of abuse at more than about three times the rate that boys do. On Child Physical Abuse, she stated that the range is from spanking that "crosses the line" to torture, and even murder; Emotional Abuse which she stated that for many people is the worst type of maltreatment including name calling and saying hateful things, constant comparisons between siblings, or calling a child "stupid," or "fat" or "ugly" or "a loser," mocking or holding a child up to shame, embarrassing her in front of her friends or even strangers, abandonment or threat of abandonment. (Kendall-Tackett, 2001)

The link between adverse childhood experiences and antisocial behaviours has been established as research has shown that childhood victimization can have long-term health hazards for both male and female victims (Briere & Runtz, 1993; Paolucci, Genuis, & Violato, 2001; Romano & De Luca, 2001; Widom, Czaja, & Dutton, 2008), resulting in the development of aggression, anxiety, and difficulty in sexual adjustment (Abdulrehman & De Luca, 2001). Research has also shown that maltreated young children form insecure attachments with their caregivers, leading to developmental disruptions that can have enduring consequences (Heide & Solomon, 2006).

A look at the neurobiological explanation of the link reveals that traumatic childhood experiences result in long-term dysfunction in emotional and behavioural outcomes (Perry, 2008; Perry & Pollard, 1998). Firestone (2013) noted that exposure of the immature infant to threatening experiences could deprive the developing brain/mind/body of interpersonal experiences necessary for developing a conscience. This can possibly lead to violence and other antisocial behaviours against others. Children that had experiences of threatening incidences such as harsh parental attitudes, child abuse, experience of victimization and exposure to violence in the home, school or community may develop a sense of fear or distrust against others (that is having suspicious paranoid thoughts about others) which will in turn lead to alienation from others as well as destructive behavior towards others (Firestone, 2013).

Heide and Solomon (2006) reviewed the trajectory of childhood maltreatment linking to antisocial, offending, delinquent or criminal behaviour and stated that "Traumatic stress caused by child neglect and/or abuse compromises homeostasis and leads to a constellation of long term biological changes involving the nervous and endocrine systems. These changes affect physiological, emotional, cognitive, and social function, including the ability to regulate, affect, relate to other people, and develop empathy." (2006:221). In the midst of troubled or stressful situations (requiring accessing higher cortical centers, which are the brain areas responsible for executive functioning- thinking logically and formulating appropriate decisions), people that suffered from these traumatic events find it very difficult, making them instead to tune in to the primitive response mode (in which responses are been

driven by limbic and brain stem activity) and this often results in socially inappropriate behaviour such as difficulty regulating affective impulses and inappropriate expression of anger (Heide & Solomon, 2006). The position of Jennings and Ralph (1997) also supported the foregoing as they contended that stress whether in the form of (physical, emotional or sexual trauma, or through exposure to warfare, famine, or pestilence), can cause hormonal changes and key brain alterations that may be irreversible causing it (the brain) to exhibit various antisocial behaviours as a form of adaptation.

Widom (1994) reviewed possible causal mechanisms that link childhood victimization and adolescent antisocial behaviour tendencies. The review showed six (6) possible causal factors that link childhood adversities or victimization and antisocial behaviour. (1) Childhood victimization may have immediate but long-lasting consequences (e.g. shaking or other physical torture may cause brain injury). (2) Childhood victimization may cause bodily changes (e.g. desensitization to pain) that encourage later aggression. (3) Child abuse may lead to impulsive or dissociative coping styles that, in turn, lead to poor problem-solving skills or poor school performance. (4) Victimization may cause changes in self-esteem or in social information-processing patterns that encourage later aggression. (5) Child abuse may lead to changed family environments (e.g. being placed in foster care) that have deleterious effects. (6) Juvenile justice practices may label victims, isolate them from prosocial peers, and that will encourage them to associate with delinquent peers.

Hypothesis

The following hypothesis were tested in the study:

H1: Childhood experience of abuse (physical, emotional and sexual abuse) will positively predict antisocial behaviour tendency.

Method

Participants

Participants comprised of 978 undergraduate students (308 males and 670 females) drawn from three Federal higher education institutions (HEIs) in three out of five states (one HEI each per state) randomly selected from the South-East geopolitical zone of Nigeria. The institutions were Federal Polytechnic, Oko (Anambra State), Federal Polytechnic, Nekede (Imo State) and University of Nigeria, Enugu campus (Enugu State). Multistage sampling design was applied to select the participants for the study. The four stages yielded 3 states (in stage one of the sampling), 3 HEIs (in stage two), 12 departments (in the third stage) and 1200 participants' selection (in the fourth stage) cutting across different demographic characteristics.

The age of participants in years ranged from 16 to 40 ($M=21.94$, $SD=3.46$). The geopolitical zone of origin of the participants were distributed as follow, South-south ($n=94$, 9.6%), South-west ($n=73$, 7.5%), South-east ($n=668$, 68.3%), North-west ($n=23$, 2.4%), North-east ($n=45$, 4.6%) and North-central ($n=29$, 3%). 753 (77%) participants indicated their family structure/type to be monogamy while 124 (12.7%) indicated polygamy and 101 (10.3%) had missing value on this. On religious affiliation, ATR ($n=1$, 0.1%), Muslims ($n=16$, 1.6%), Christians ($n=921$, 94.2%), others ($n=30$, 3.1%) and missing on this variable ($n=10$, 1%).

Measures

How I Think Questionnaire (HIT-Q, Barriga, Gibbs, Potter & Liao, 2001), Childhood Experience of Violence Questionnaire (CEVQ, Walsh, MacMillan, Trocme, Jamieson, & Boyle, 2008) and Child Abuse and Trauma Scale (CATS, Sanders & Giolas, 1991) were used to collect data from the participants.

The How I Think Questionnaire (HIT-Q) is a 54 items instrument that measures self-serving, cognitive distortions with a 39 item antisocial behaviour dimension. The response to the items is on a 6-point Likert scale ranging from "agree strongly" to "disagree strongly", with higher scores reflecting higher levels of antisocial behaviour cognition/tendency. The scales measuring antisocial behaviour refer to the four categories of antisocial behaviour (opposition-defiance, physical aggression, lying and stealing - Wallinius, Johansson, Larden & Dernevik, 2011; Nas, Brugman, & Koops, 2008) in the conduct disorder and oppositional-defiant disorder syndromes in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994).

The research on the HIT for adult groups by Wallinius, et al. (2011) showed the HIT to have a strong predictive ability ($AUC = .82$) of self-reported antisocial behaviour among the adults. It also reported internal consistency (for non-incarcerated adult sample) of .71, .82, .61 and .81 (Cronbach's alpha) for the OD, PA, L and S subscales respectively and .90 for the entire scales; and (for non-incarcerated adolescent sample) .77, .87, .78, and .89 for the subscale in the same order and .95 for the entire scales. A pilot study

on the instrument yielded a Cronbach's alpha reliability coefficient of (.64, .69, .74, & .71) for the (OD, PA, L and S) subscales respectively; .80 for the overt subscale; .82 for the covert subscale and .89 for the entire scales

Childhood Experience of Violence Questionnaire (CEVQ) was developed for community-based studies of youth by Walsh et al (2008). The CEVQ measures bullying (two items), physical punishment (i.e., spanking, one item), physical abuse (PA, six items), sexual abuse (SA, six items), emotional abuse (one item), and exposure to domestic violence (two items) with the inclusion of an additional 64 questions inquiring about context (i.e., developmental stages of occurrence of abuse, perpetrators, and help-seeking behaviors) (Tanaka, Wekerle, Leung, Waechter, Gonzalez, Jamieson, & MacMillan, 2012). Only the physical abuse (PA) and sexual abuse (SA) subscales of the CEVQ were adopted for this study. The algorithms used in the CEVQ to classify PA and SA, including their severe forms, exhibit substantial test-retest reliability from .77 to .92 (Walsh et al., 2008). The adapted subscales for the present study (PA & SA) yielded (in a pilot study) a Cronbach's alpha reliability coefficient of .86 and .77 respectively.

The PA subscale items are rated on a 5 point (1=not at all to 5=a lot) Likert scale format and the SA subscale measures the presence and frequency of occurrence of sexual abuse before age 16, rated on 4 point Likert format scale of "Not at all" (1), "Yes: 1-3 times" (2), "Yes: 3-5 times" (3) and "Yes: 6 times and above" (4). This response format for the SA subscale was adapted from Tanaka et al (2012) short-form version of the scale. Sample of items is PA: "... how often do adults in your homes/around you hit or spanked you with something like a belt, wooden spoon, or something hard?" and SA: "... did anyone ever make you show them your private parts when you did not want them to?"

Child Abuse and Trauma Scale (CATS) is a 38-item measure designed to assess subjective memories of adults' child abuse and maltreatment experiences. Responses are given on a 5-point, Likert-type scale and range from never to always. A higher score indicates higher levels of maltreatment, and subscale scores are created by averaging items assigned to a particular subscale. Kent and Waller (1998) identified 7 of the CATS items as constituting a separate emotional abuse scale. The 7 item emotional abuse subscale was adapted for the present study. Respondents report on their experiences with both parents combined during their childhood and adolescence. Kent and Waller (1998) reported a Cronbach's alpha reliability coefficient of .88. However, the researcher also obtained a Cronbach's alpha reliability coefficient of .88. Examples of items in the CATS emotional abuse subscale includes "Did your parents ever ridicule you?" and "Did your parents insult you or call you names?"

Design and Statistics

This study applied a cross-sectional survey design as data were collected to make inferences about the population of interest at one period in time from participants from the varied cohort. Hierarchical regression analysis was performed using the SPSS version 23 for data analysis in order to determine the relationships and interaction among the study variables.

Results

TABLE 1: Table of descriptive and zero order correlations among the study variables

| | M | SD | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------------------------------|-------|-------|---------|----------|---------|-------|-------|----------|----------|---|---|
| ABT | 99.49 | 27.81 | - | | | | | | | | |
| Gender ^a | | | -.098* | - | | | | | | | |
| Age ^b | | | .094* | -.048 | - | | | | | | |
| Religion ^c | | | -.062* | -.051 | -.021 | - | | | | | |
| Geopolitical Zone ^d | | | -.013 | .028 | -.016 | -.029 | - | | | | |
| Family Structure ^e | | | .127*** | -.062* | .044 | .023 | .006 | - | | | |
| Parent's Marriage ^f | | | -.044 | -.016 | -.081** | -.021 | -.010 | -.250*** | - | | |
| Physical Abuse | 12.89 | 5.58 | .259*** | -.116*** | .111*** | .024 | .013 | .144*** | -.170*** | - | |

| | | | | | | | | | | | |
|-----------------|-------|------|---------|---------|---------|-------|-------|--------|----------|---------|---------|
| Emotional Abuse | 15.62 | 5.52 | .254*** | -.089** | .059* | .067* | .022 | .091** | -.126*** | .575*** | - |
| Sexual Abuse | 5.84 | 2.89 | .264*** | -.039* | .178*** | -.035 | -.017 | .105** | -.130*** | .404*** | .432*** |

Note: * $p < .05$. ** $p < .01$. *** $p < .001$; ^aGender was coded Male= 1, and Female= 2; ^bAge was coded from the youngest to the oldest (1 – 5); ^cReligion: ATR= 1, Muslim= 2, Christians= 3, Others= 4; ^dGeopolitical zone: South-south= 1, South-west= 2, South-east= 3, North-west= 4, North-east= 5 & North-central= 6; ^eFamily Structure: Monogamy= 1, Polygamy= 2; ^fParents' marriage: Divorced= 1, Separated= 2, Marriage intact= 3.

The correlation result in table 1 indicated that gender ($r = -.098$, $p < .05$) and religion ($r = -.062$, $p < .05$) were negatively correlated with antisocial behaviour tendency. Age ($r = .094$, $p < .05$); family structure ($r = .13$, $p < .001$); physical abuse ($r = .259$, $p < .001$); emotional abuse ($r = .254$, $p < .001$); and sexual abuse ($r = .264$, $p < .001$) were positively correlated with antisocial behaviour tendency. Geopolitical zone of origin and parent's marriage did not show significant correlation with antisocial behaviour tendency.

Table 2: Summary of hierarchical multiple regression analyses for control variables and child abuse (physical, emotional and sexual) predicting antisocial behaviour tendency.

| Variable | Model 1 | | Model 2 | | Model 3 | | Model 4 | |
|-------------------|----------|---------|----------|----------|----------|----------|----------|----------|
| | <i>B</i> | β | <i>B</i> | β | <i>B</i> | β | <i>B</i> | β |
| Gender | -5.40 | -.09** | -3.87 | -.06* | -3.66 | -.06* | -3.82 | -.06* |
| Age | 3.46 | .08* | 2.56 | .06 | 2.60 | .06* | 1.76 | .04 |
| Religion | -8.36 | -.06* | -8.81 | -.07* | -9.85 | -.08** | -8.76 | -.07* |
| Geopolitical Zone | -.33 | -.01 | -.44 | -.01 | -.52 | -.01 | -.40 | -.01 |
| Family Structure | 9.67 | .13*** | 7.74 | .09** | 7.75 | .09** | 7.32 | .08** |
| Parent's Marriage | -1.07 | -.01 | 2.07 | .02 | 2.52 | .02 | 3.08 | .03 |
| Physical Abuse | | | 1.17 | .23*** | .72 | .14*** | .56 | .11** |
| Emotional Abuse | | | | | .81 | .16*** | .58 | .11** |
| Sexual Abuse | | | | | | | 1.44 | .15*** |
| R^2 | | .036 | | .089 | | .106 | | .123 |
| $R^2\Delta$ | | .036 | | .053 | | .017 | | .017 |
| <i>F</i> change | | 6.09*** | | 56.02*** | | 18.81*** | | 18.78*** |

Note: * $p < .05$. ** $p < .01$. *** $p < .001$; Gender was coded Male= 1, and Female= 2; Age was coded from the youngest to the oldest (1 – 5); Religion: ATR= 1, Muslim= 2, Christians= 3, Others= 4; Geopolitical zone: South-south= 1, South-west= 2, South-east= 3, North-west= 4, North-east= 5 & North-central= 6; Family Structure: Monogamy= 1, Polygamy= 2; Parents' marriage: Divorced= 1, Separated= 2, Marriage intact= 3.

Results of the hierarchical multiple regression for the test of antisocial behaviour tendency is shown in Table 2. The variables were entered in stepwise models. The demographic variables (gender, age, religion, geopolitical zones of origin, family structure and parent's marriage) were entered in the Step 1 of the regression analysis and this contributed 3.6% in explaining the variance

in antisocial behaviour tendency ($R^2\Delta = .036$, $F = 6.09$, $p < .001$). Gender ($\beta = -.09$, $p < .01$) and religion ($\beta = -.06$, $p < .05$) were significant negative predictors of antisocial behaviour tendency. Age of participants ($\beta = .08$, $p < .05$) and family structure ($\beta = .13$, $p < .001$) were significant positive predictors of antisocial behaviour tendency. Geopolitical zone of origin and parents' marriage were not found to significantly predict antisocial behaviour tendency.

Child experience of physical abuse was entered in the step 2 of the equation and the inclusion made a significant contribution of 5.3% in explaining the variance in antisocial behaviour tendency ($R^2\Delta = .053$, $\beta = .235$, $p < .001$). Child experience of emotional abuse was entered in the step 3 of the equation and the inclusion made a significant contribution of 1.7% in explaining the variance in antisocial behaviour tendency ($R^2\Delta = .017$, $\beta = .16$, $p < .001$). Child experience of sexual abuse was entered in the step 4 of the equation and the inclusion made a significant contribution of 1.7% in explaining the variance in antisocial behaviour tendency ($R^2\Delta = .017$, $\beta = .15$, $p < .001$).

Table 3: Gender comparison of the model summary of hierarchical multiple regression analyses for predictors of antisocial behaviour tendency.

| Gender | | Model 1 (control) | Model 2 (Physical abuse) | Model 3 (Emotional abuse) | Model 4 (Sexual abuse) |
|--------|-------------|----------------------|-----------------------------|------------------------------|---------------------------|
| Male | R^2 | .052 | .106 | .137 | .179 |
| | $R^2\Delta$ | .052 | .054 | .031 | .042 |
| | $F\Delta$ | 3.313** | 18.302*** | 10.750** | 15.136*** |
| Female | R^2 | .049 | .103 | .116 | .124 |
| | $R^2\Delta$ | .049 | .054 | .013 | .007 |
| | $F\Delta$ | 6.891*** | 39.778*** | 9.948** | 5.424* |

Note: * $p < .05$. ** $p < .01$. *** $p < .001$

A further analysis showed that there is difference in gender in the impact of any of the models in predicting antisocial behaviour tendency. The variables were entered in stepwise models. The demographic variables (gender, age, religion, geopolitical zones of origin, family structure and parent's marriage) were entered in the Step 1 of the regression analysis. For males, this contributed 5.2% ($R^2\Delta = .052$, $p < .01$) while, in females, it contributed 4.9% ($R^2\Delta = .049$, $p < .001$) in explaining the variance in antisocial behaviour tendency.

Child experience of physical abuse was entered in the step 2 of the equation and the inclusion made the same significant contribution of 5.4% in the case of both genders in explaining the variance in antisocial behaviour tendency ($R^2\Delta = .054$, $p < .001$). Child experience of emotional abuse was entered in the step 3 of the equation and the inclusion made a significant contribution of 3.1% ($R^2\Delta = .031$, $p < .001$) for males and 1.3% ($R^2\Delta = .013$, $p < .001$) for females in explaining the variance in antisocial behaviour tendency. Child experience of sexual abuse was entered in the step 4 of the equation and the inclusion made a significant contribution of 4.2% ($R^2\Delta = .042$, $p < .001$) for males and 0.7% ($R^2\Delta = .007$, $p < .05$) for females in explaining the variance in antisocial behaviour tendency.

Discussion

Looking at the results, the hypothesis which stated that childhood experience of abuse (physical, emotional and sexual abuse) will positively predict antisocial behaviour tendency was fully supported because all the dimensions of abuse positively predicted antisocial behaviour tendency. According to this result, physical abuse positively predicted antisocial behaviour tendency which suggests that the higher one's experience of adversity of physical abuse during childhood, the more the person's tendency to be involved in antisocial behaviour.

When a child is physically abused, it involves harsh body sensations; he/she get tortured or battered, beaten up, slapped or shoved. If these things continue, they are likely to cause the said child to develop sensory adaptation to these harsh body treatments and may also develop great insensitivity in his/her body to pains. This means that his pain threshold will increase thereby making them in any case of painful situation to require more body torture than the normal to be able to feel pains in his body. The implication is that the person will not ordinarily as usual to human beings avoid risky behaviours due to the body pains associated with them. Therefore, risky behaviours which are antisocial in nature such as fighting, vandalism etc. will no longer threaten the child because he would not be able to feel pains as normal as others (who were not abused) would.

In support of the foregoing, Jennings and Ralph (1997) contended that stress in the form of such as physical trauma, can cause hormonal changes and key brain alterations that may be irreversible causing the brain to exhibit various antisocial behaviours as a form of adaptation. Also, Firestone (2013) noted that exposure of the immature infant to threatening experiences such as physical abuse could deprive the developing brain, mind or body of interpersonal experiences necessary for developing a conscience. This could lead to tendencies to being brutal. Furthermore, experience of physical abuse may also cause those who have very low threshold to body pain to run away from home or the environment eliciting the abuse (which could be school, the neighbourhood etc.) for the fear of the torture.

Also, emotional abuse positively predicted antisocial behaviour tendency and this also suggests that the higher one's experience of adversity of emotional abuse during childhood, the more the person's tendency to be involved in antisocial behaviour. The implication is that when children are emotionally abused according to Kendall-Tackett (2001), for many people, they experience such maltreatment like name calling and saying hateful things, constant comparisons between siblings, or calling a child "stupid," or "fat" or "ugly" or "a loser," mocking or holding a child up to shame, embarrassing her in front of her friends or even strangers, abandonment or threat of abandonment. From this point, it is plain that a child that passed through such kind of experience may grow up socializing such lifestyle and never respecting the dignity of other people. Such influence cause high tendency to bully others and perpetrate other forms of antisocial acts against others.

Furthermore, sexual abuse positively predicted antisocial behaviour tendency suggesting that the higher one's experience of adversity of sexual abuse during childhood, the more the person's tendency to be involved in antisocial behaviour. The findings of Widom, (1989) support this finding. Children abused sexually may form a fearful life style, not trusting others especially when not treated, withdrawn to themselves and nursing animosity which with the slightest opportunity may break out with antisocial acts. Sometimes, offending may be as a form of revenge to the society or a maintenance of the cycle of abuse or violence.

It was also found that there is difference in the observed prediction of antisocial behaviour tendency compared gender wise. For both genders, the contribution of child experience of physical abuse was the same depicting that experience of physical abuse may have the same antisocial behaviour impact for everybody whether male or female. The implication is that when a child is abused physically, irrespective of being male or female, it will impact on the child's tendency of behaving antisocially. However, the impact of child experience of emotional abuse and sexual abuse were not the same for the both gender. Emotional abuse and sexual abuse had higher impact on antisocial behaviour tendency for males than in females. The implication of this is that there is higher possibility for the males to develop greater tendency for exhibition of antisocial behaviour on the account of experience emotional or sexual abuse.

Conclusion

From the findings of the study, physical abuse, emotional abuse, and sexual abuse significantly positively predicted antisocial behaviour tendency. This makes a demonstration that childhood experience of abuse precipitates a person's tendency to exhibit antisocial behaviour which implies that children exposed to these adversities will have tendencies to behave antisocially. Furthermore, the impact of physically abusing a child on the child's tendency to behaving antisocially is the same for males and females but, differ in the case of emotional and sexual abuse. There is higher possibility for the males to develop greater tendency for exhibition of antisocial behaviour on the account of experience emotional and/or sexual abuse.

Conflict of interest:

The researchers declared no conflict of interest.

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