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An Investigation On The Moderating Role Of Domestic Violence: Relationship Between Drug Abuse And Anti-social Behaviour Among Young People.

Authors

1. Okonkwo Concillia Mariae Eziamaka, 2. Okoli Paul Chibuike 3. Nwonyi Sampson Kelechi 4 Eze Uchenna Gerald 5. Osigbeme Diuto Ifeoma 6. Aigbirembon Joseph Ikekhide 7. Okpara Titus Chibuzo 8. Ozougwu Augustine Obumneme.
 1. Department of Psychology, Godfrey Okoye University Enugu
 2. Department of Internal Medicine ESUT College of Medicine, Enugu State
3. Department of Psychology and Sociological Studies, Ebonyi State University Abakaliki, Ebonyi State
 4. Department of Internal Medicine ESUT College of Medicine, Enugu State
 5. Department of Occupational Therapy, Federal Neuropsychiatric Hospital, Enugu
 6. Department of Psychology, Godfrey Okoye University Enugu
 7. Department of Internal Medicine ESUT College of Medicine, Enugu State
 8. Department of Internal Medicine ESUT College of Medicine, Enugu State

Abstract

This study examined Moderating role of Domestic Violence on the relationship between Drug abuse and antisocial behaviour among young people. Participants were 150 undergraduate students (200 levels) comprised of 61 males and 89 females. The participants were drawn from three private universities in Enugu State: Godfrey Okoye University, Caritas University, and Coal City University. Participants were drawn using a simple random sampling technique. Three hypotheses were tested. Three different instruments were used for data collection and they include; the Antisocial Behaviour Scale (AbBS) Immanuel (2015), Drugs Use Questionnaire (DAST – 20) SKINNER, (1982), and Child Exposure to Domestic Violence Scale Edleson, Shin and Armendariz, (2007). Hayes PROCESS macro was the main statistic used in the study. Results showed that antisocial behaviour was positively significantly related to drug abuse ($r = .22, p < .01$), and domestic violence ($r = .29, p < .001$), but negatively related to gender ($r = -.26, p < .001$). Hayes PROCESS macro results showed that the interaction of domestic violence and drug abuse was not significant ($B = -.05$), indicating that domestic violence did not moderate the relationship between drug use and antisocial behavior. One implication of the study is that drug use and domestic may independently serve as potential factors that explain why young people engage in antisocial behavior, but not jointly. Limitations and suggestions were made for further studies.

Keywords: Domestic violence, Drug abuse, Anti-social behaviour, Young people.

Introduction

Background to the Study

Anti-social behaviour among young people remained an issue of great concern worldwide. The alarming increase has posed a greater challenge to both developed and non-developed countries due to availability of the modern technologies in this 21st century. Things have gone widely wrong these days, young people are more violent and corrupt due to what they watch on movies (example; restricted movies are now at their reach), things they learn from family members and significant others because of loose or absent parenting. Parents and many families have forgotten that family is the first agent of socialization, peers influence in schools and the accessibility of things that used to be restricted from young people these days like hard drugs (substances) and deadly weapons, hence the high incidence of antisocial behaviour. Anti-social behavior refers to repeatedly violating the rights of others through intimidation and dishonesty. Antisocial behavior means “actions that harm or lack consideration for the well-being of others” or anti-social behavior is any sort of behavior that goes against the norms that society has placed; or an emotion that tends to harm, hurt, or destroy someone or something (Mash and Wolfe, 2016; Fatima and Malik, 2015). Therefore, anti-social behavior is such behavior of an individual that is harmful or hurtful for the other individuals or things in the society. Nelson (2006) postulated that whenever there arises a conflict of interest(s) between individuals, there is a chance of anti-social behavior between them; and such people make life miserable for those who live around them (Nwankwo et al., 2010). Antisocial behaviors are the destructive or negative actions characterized by overt and covert hostility and deliberate aggression towards other individuals, places, or things (Khaliq and Rasool, 2016). High risk factors are parental history of antisocial behaviors, hectic and unstable home environment, parental drug and alcohol abuse, parental disturbance due to death, divorce, or separation, lack of good parenting skills, use of corporal punishment, parental psychiatric disorders (Khaliq and Rasool, 2019). These factors in a family can cause anti-social behavior in their children (Clare, 2006).

Anti-social behavior has serious negative impacts on young people, their learning and teaching process, the school and the society in general (Khaliq and Rasool, 2019). Anti-social behavior comprises of harmful actions or activities such as theft, fighting, threats, conflicting, disrespect, violation of social norms and the rights of others, drinking abuse, littering, excessive use of drugs, manipulating others, verbal abuse and so on that are harmful to other individuals in the community (Silberg, Maes, and Eaves, 2012; Burt and Donnellan, 2009). It is believed that antisocial behavior occurs due to insufficient emotional, psychological, socio-economic development of children at home or under socialization in society that makes them proffer causes for pampering in an unacceptable behavior (Aboh, Nwankwo, Agu and Chikwendu, 2014).

Antisocial behavior may develop and can be shaped due to unhealthy social relationships within a family, community, peers, and/or educational environment. This may also be affected by the child's cognitive ability, his/her temperament and irritability, the intensity of attachment with deviant peers, deficit of cooperative problem-solving skills, and exposure to the violence (Khaliq and Rasool, 2019). Antisocial behavior may be covert involving aggressive activities such as vandalism, theft, and fire-setting; overt, involving antagonistic actions against peers, parents, siblings, teachers, or other adults such as bullying, hitting, and verbal abuse, etc. Covert Antisocial behaviors in early childhood and adolescents may include disobedience, sneaking, lying, or furtively destroying other's things (Murray and Farrington, 2005).

Anti-social behaviors can take various forms. It can be aggressive (impulsive or emotional, and driven by stress or pain) and can be the result of an immediate action or situation; or can be instrumental (helpful) and it can be the result of intentional planning over time (Khaliq, and Rasool, 2019). The terms aggression and aggressive behavior are used to refer to negative emotions and behaviors respectively. Both are considered a part of anti-social behavior; something ethically, morally, or legally unacceptable (Moeller, 2001). Poggenpoel and Myburgh (2002) suggested a list of psycho-social factors found through different researches from time to time that may lead human beings towards aggressive behavior (e.g., economic pressures, disappointment, exposure to violence through media, bumpy home environment, aggression in parents, socio-economic status, incompatibility with peers). Many different types of extreme anti-social behaviors have been noticed and perceived among students in schools including aggression to those around them (e.g., violence, cruelty, scam, irresponsible, littering, arson, theft, impulsive, sabotage) (Light, Rusby, Nies, and Snijders, 2013). Also, other lesser anti-social behavior traits found in school going children are disobedience, lying, menacing, manipulation, and many other actions or activities are drug and alcohol abuse, etc. (Bor et al., 1997).

Anti-social behavior among young people is caused by an interaction of different factors that can be drawn within and outside environments where they socialized into abnormal behavior (Korir, Misigo and Nabiswa, 2017). Such factors include family factors that have a history of drug and alcohol abuse, poor parent-child relationship, violence and socio-economic status of the family. The School factors which involved the size of the school, an unsafe school physical environment, inappropriate classroom management, lecturers humiliating remarks and lecturer's student's relations. Other factors are peer groups when young people are more likely to learn unacceptable behavior that may have a negative impact on themselves or on others (Belle, 2017). This was based on the argument of social learning theory which posits that young people learn to display anti-social behavior when they interact with other people. This is because young people normally take up their peers as their role models (Belle, 2017). In the same vein whenever the community is characterized by poverty, low educational opportunities and unemployment, it will give rise to gang activities, crimes and drug activities that young people may participate in (Gambo and Muktar, 2017).

Nevertheless, anti-social behavior can be easily inculcated to students through the mass media in form of developing wrong image of sex, love and affection and an overvalued picture of violence in society (Ngwokabuenui, 2015). Omotosho and Ayorinde (2017) postulated that recent happening in the country reveals that young people who engaged in anti-social behavior originate from all facets of life and different family and social background. They ranged from the children to lecturers to traders, farmers, clergymen, rich and poor and even children of the politicians are not left out. The standard of morality is truncated that most of them commit various kinds of offenses against the society. Antisocial behavior is generally associated with antisocial personality disorder, which is a psychological condition involving different types of antisocial behavior. Sometimes, antisocial personality disorder might be referred to as sociopathic or psychopath. Antisocial personality disorder is characterized by dysfunctional relationships to other people. Basically, people with antisocial personality disorder do not interact with others in normal ways. This is because this illness is also characterized by drug use, people often have a very difficult time functioning at work, school, and home or maintaining relationships

One variable that play a role in anti-social behavior is drug abuse. According to world book Medical encyclopedia, drug abuse is the harmful use of mind-altering drugs. It added that the term usually refers to problem with illegal drugs, which also include harmful use of legal prescription drugs like in self-medication. There has long been a negative stigma associated with drug abuse and addiction (Abudu, 2008). The Diagnostic and Statistical Manual of Mental Disorders (DSM) once referred to substance abuse and substance dependence as diagnostic terms. In the updated fifth edition (DSM-5), however, these terms are replaced by the singular "substance use disorder." This is further categorized into mild, moderate and severe to refer to the physical and mental impairments caused by substance use (Abudu, 2008).

Drug abuse is a global health and social problem (Oshikoya and Alli, 2006). Majority of the Nigerian youths ignorantly depend on one form of drug or the other for their various daily activities – social, educational, political, moral etc. Such drugs include: Tobacco, Indian hemp, Cocaine, Morphine, Heroine, Alcohol, Barbiturates, Amphetamines, etc. Oshikoya and Alli (2006) in their studies on perception of Drug Abuse amongst Nigerian undergraduates identified dependence and addiction as one of the major consequences of drug abuse, characterized by compulsive drug craving seeking behaviors. These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm (Abudu, 2008). Drug use among young people should be a matter of concern to all Nigerians especially the government, school heads, the leaders of religious groups and other NGOs. Young people use drugs for many reasons, including curiosity, because it feels good, to reduce stress, or to feel grown up. Using alcohol and tobacco at a young age increase the risk of using other drugs later. The impact of drug abuse among Nigerian youths has been a hallmark of a morally bankrupt, decadent and wasted generation and loss of our societal values and ideals. The situation now appears to be such that no one can claim ignorance of what is happening. We cannot sit on the fence and criminally pretend on the menace of drug abuse among our young people. This is crucial because drugs are ravaging our societies, generating crime, influencing diseases such as aids, and destroying our youths and our future young generation.

Studies reveal that young antisocial alcoholics drank an average of 201 days in the last year, binge drinking (consuming five or more drinks) on an average of 80% of their drinking days. 50% of young antisocial alcoholics have a close family member who is also alcohol dependent (Abudu, 2008). Meanwhile, alcohol is more likely to increase aggressive behaviors in people with antisocial personality disorder (ASPD) than in people without. This may be because alcohol interferes with executive functioning in the brain, which regulates and inhibits aggressive behavior. People with ASPD also show impaired executive functioning, which may make them particularly vulnerable to this effect (Aluede, 2002).

Vo, Neafsey, and Lin (2015) reported that misuse of Amphetamine psycho-stimulants (methylphenidate-ritalin, concerta), Amphetamine/Dextro-Amphetamine (Adderall), Lisdexamfetamine-dimesylate (Vyvanse) and unsafe self medication practices among college students are an important and serious threat to students' health across the nation's college campuses. Amphetamines usually look like small, dark- or light-blue tablets. It can be taken in half or in quarters. These drugs are used for symptoms of attention deficit hyper disorder (ADHD) and narcolepsy because they increase one's focus and attention, and equally keep the brain awake. Due to their ability to boost levels of a few "feel-good" chemicals in the brain, amphetamines are often misused. These drugs are among the most addictive in the world. When someone gets addicted to amphetamines, there may be changes in their behavior and attitude. For example, they can experience: personality changes, decreased appetite, euphoria, insomnia, vertigo, ulcers, poor diet, kidney problems, and lung and heart issues.

Cambridge dictionary defines alcohol as a liquid that is produced in making wine, beer, and liquor and that can cause changes in behavior in people who drink it. Alcoholism occurs when the individual has a drive to use alcohol, regardless of the unwanted consequences. According to the American Psychiatric Association (APA), alcohol addiction is considered a mental health disorder in which the drug causes lasting changes in the brain's functioning. These changes make continued use and relapse more likely in the future. The young adult subtype is the most prevalent subtype, making up 31.5% of people who are alcohol dependent. The average age of dependent young adults is almost 25 years old, and they first became dependent around 20 years old (Carmona and Wandler, 2021). According to the National Institute on Alcohol Abuse and Alcoholism, more than half of college students drink alcohol and almost 35% binge drink. Young antisocial alcohol dependents make up 21.1% of alcoholics – 54% of them have antisocial personality disorder (ASPD). ASPD is characterized by at least three of the following DSM-5 diagnostic criteria: Recurring criminal activities, Regular fights or assaults, Lack of regard for the safety of others, Lack of remorse, Impulsiveness, Deceitfulness, and Irresponsibility. They also have high rates of psychiatric disorders such as depression, bipolar disorder, obsessive-compulsive personality disorder, social phobia, generalized anxiety disorder, antisocial personality disorder. They also have high rates of substance abuse: cannabis abuse/dependence, cocaine use disorder, opioid use disorder, amphetamine abuse/dependence, and smoke cigarettes (Carmona and Wandler, 2021).

However, cannabis (marijuana) appears to be the most commonly abused drug by our young people. Marijuana is everywhere in our cities, motor parks, Street corners, joints on campuses, uncompleted buildings, under flyovers to mention but few (Abudu, 2008). Marijuana is one of the most popular drugs available due to easy accessibility and the various ingestion methods. While marijuana may not be as life-threatening as heroin or cocaine is, developing a marijuana addiction is possible and can have immensely adverse effects on the body and brain. People abuse marijuana because it contains delta-9-tetrahydrocannabinol (THC), which produces euphoria, among other effects. Drug abuse dose not only cause mental illness but causes antisocial behavior that leads to domestic violence as you will see many inflicting injuries on others, causing riot and harm to others.

Domestic violence is a pattern of physically, sexually and/or emotionally abusive behavior used by one person to exercise power or maintain control on another person, in the context of an intimate or family relationship (Akpunne and Akinnawo, 2017). Domestic violence, also known as domestic abuse, spousal abuse, battering, family violence, dating abuse, and intimate partner violence is a pattern of behavior which involves the abuse by one partner against another in an intimate relationship such as marriage, cohabitation, dating or within the family (Akpunne and Akinnawo, 2017). World Health Organization (WHO) 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 (Akpunne and Akinnawo, 2017). Domestic violence can take many forms, including physical aggression or assault (hitting, shoving, restraining, slapping, throwing objects), or threats like sexual abuse, domineering, intimidation, stalking, passive/covert abuse and economic deprivation (Siemieniuk, Krentz, Gish and Gill, 2010).

Domestic violence is any incident or pattern incidence of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or, have been intimate partners or family members regardless of gender or sexuality (Lloyd, 2018). It is a mix of physical and coercive behaviors designed to manipulate and dominate another competent adult or adolescent to achieve compliance and dependence (Kerr, Levine and Woolard, 2007). Domestic violence occurs globally (Dahlberg and Krug, 2002). Families from all social, racial economic, educational and religious backgrounds experience domestic violence in different ways (Akpunne and Akinnawo, 2017). What constitute domestic violence and its acceptability vary from nation to nation or culture to culture hence difference in the laws on domestic violence. 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.

Domestic Violence has been a serious problem in most societies throughout history. Physical violence in particular is very common among young intimate partners in both developed and non-developed countries. Physical violence is the intentional use of physical force with the potential for causing death, disability, injury or harm (Adebayo and Kolawole, 2013). Physical violence includes; 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. 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 is neither reported nor documented due to cultural factors (Oyediran and 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/her and the immediate environment unsafe. Children who are exposed to domestic violence during their upbringing will suffer in their developmental and psychological wellbeing (Dodd, 2009; Lazenbatt and Thompson-Cree, 2009). Exposure to domestic violence generally impacts how the child develops emotionally, socially, behaviorally as well as cognitively (Lazenbatt and 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 (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 et al., 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.

According to Barnett, Miller-Perrin and Perrin, (2005) in Family Violence across the Lifespan, children who are exposed to marital violence may be affected in several ways: they are immediately affected by the trauma of the violence, their normal developmental processes are affected, they live in fear for their mother and themselves and suffer other stress related problems, and violent men are their role models. Later in life, adults

who were exposed to marital violence as children may exhibit higher risk levels for many problems, including physical and mental problems, chemical dependency, problems with relationships, including violence, abuse of children, and generalized criminal activity. Like all crimes, the exact number of domestic violence assaults is hard to determine. Research indicates that an assault, at a criminal level, occurs at least once in as many as 25-50% of all marriages. Violence occurs in families from every socioeconomic level, race, education level, and community. Thus as many as 40% of the male population may at some point become violent with an intimate partner.

Domestic violence is manifested in various ways and has been conceptualized by some as taking direct and indirect forms. Indirect abuse can result from inter-parental violence where children are not the subject of direct abuse. However, children witnessing inter-parental violence, and hearing it without necessarily seeing it, can still feel its effects: 'While often characterized as witnesses to inter-parental violence, which implies a passive role, children actively interpret, attempt to predict and assess their roles in causing the violence' (Baker and Cunningham, 2009). Indeed, the terms direct and indirect abuse have been interpreted as potentially misleading and perhaps simplistic. Callaghan et al. (2018) argued it is too restrictive to view domestic violence as abuse between partners in an intimate couple whereby children are perceived as 'affected by' the abuse: 'Far from passive witnesses, they are not "exposed" to violence and abuse; rather they live with it and experience it directly, just as adults do.' Regarding children as 'affected by' domestic violence diminishes its impact on them. Children should rather be seen as direct victims of violence and abuse which in turn could improve professional responses to their needs (Callaghan et al. 2018).

Statement of the Problem

Absolutely, there is hardship in the country today due to bad government which has resulted to different forms of violence, crime and criminal activities in forms of: bribery and corruption, killings, kidnapping, abducting and rapping of fellow citizens, stealing, substances abuse of different kinds etc. This behaviour is illicit and demands urgent attention for the betterment of our future leaders, country and the world at large. Such behaviours occur due to the result of unsatisfactory social, ethical and psychological development of children at home, school, and under socialization in society. Given wide use of drugs especially among young people one would like to investigate the causes and after effect on the society. Consumption of substances affects the neurotransmitters or receptors in the brain and this does not allow for optimum output of human person. It is obvious that young people constitute the overriding working force of any given society; therefore, effort should be made to optimize the functioning of the brain as to enhance the intellectual activity of the young people. Therefore, the goal and mission of this research aims at moderating role of domestic violence on the relationship between drug abuse and anti-social behavior among young people. In order to address the problem raised in the study the following question are stated.

1. Will drug abuse have significant relationship on anti-social among young people?
2. Will domestic violence have significant relationship on anti-social behavior among young people?
3. Will domestic violence significantly moderate the relationship between drug abuse and anti-social behavior among young people?

Purpose of the Study

The purpose of the present study is to find out if drug use will be associated with anti-social behavior among young people and domestic violence will serve as a moderator.

Specifically, the study intends to;

1. Determine whether drug use will be associated with anti-social behaviour among young people.
2. Investigate whether domestic violence will be associated with anti-social behaviour among young people.
3. Examine whether domestic violence will moderate the relationship between drug use and anti-social behaviour among young people.

Operational Definition

Anti-social Behavior: This refers to a person having inability to understand the feelings of others, and does not care about how he or she makes others feel as well as lack of empathy for others and lack of remorse about harming others as measured by 29-items Antisocial Behaviour Scale.

Drug Abuse: This refers to frequent use of illegal drugs or the misuse of legal drugs, and it is particularly debilitating for young people as measured by DAST 20-item Scale.

Domestic Violence: This is defined as any sort of physical, sexual or emotional abuse perpetrated by one partner to another, in a past or current intimate relationship as well as abuse towards children and elderly in the household as measured by 42-item CEDV Scale.

Method

Participants

One hundred and fifty (150) undergraduate students (200 levels) comprise of 61 males and 89 females participated in the study. The participants were drawn from three different private universities in Enugu State; they include, Godfrey Okoye University, Caritas University and Coal City University. Participants were drawn using simple random sampling technique. Participant's age ranged from 16 years to 35 years with a mean age 20.46 years. The demographic information obtained demonstrated that 140 (70.6%) participants are Christians, 7 (3.5%) are Muslims and 3 (1.6%) are others. The participants ethnic group; 117 (58.5%) participants are Igbo, 4 (2.1%) participants are Hausa, Yoruba 2 (1%) of the participants while 6 (3.1%) participants did not indicate their ethnic group.

Instruments

A questionnaire comprising of three scales were used for data collection. The instruments are; Antisocial Behaviour Scale (ABS) Immanuel (2015), Drug Use Questionnaire (DAST – 20) SKINNER, (1982) and Child Exposure to Domestic Violence Scale Edleson, Shin and Armendariz, (2007). Drug Use Questionnaire (DAST – 20, SKINNER, 1982): The DAST was modeled after the widely used Michigan Alcoholism Screening Test (Selzer, 1971). Measurement properties of the DAST were initially evaluated using a clinical sample of 256 drug-alcohol-abuse clients (Skinner, 1982). The 20-item DAST has excellent internal consistency reliability (alpha) at 0.95 for total sample and 0.86 for the drug-abuse sample. Good discrimination is evident among clients classified by their reason for seeking treatment. Most clients with alcohol-related problems scored 5 or below while the majority of clients with drug problems scored 6 or above on the 20-items DAST. The DAST-10 correlates very highly ($r = 0.98$) with the longer DAST-20 and has high internal consistency reliability for a brief scale (0.92 for the total sample and 0.74 for the drug-abuse sample). Antisocial Behaviour Scale (ABS) Immanuel (2015): The ABS is a 29-item scale developed by Immanuel (2015) to assess antisocial/psychopathic behavior. It includes behaviors such as fighting, stealing, lying, killing, violence, aggression, bullying, as well as callousness, lack of guilt feeling even when one has done wrong, coldness, impulsivity, and so on. The ABS was validated on youths 12 years and above. The ABS has two factors: Factor 1 – Callousness - 16 items. These include item numbers 2, 8, 10, 12, 14, 19-29. Factor 2 – Anti-social behavior – 13 items. These include item numbers 1, 3, 4, 5, 6, 7, 9, 11, 13, 15, 16, 17, 18. Thus, the ABS has construct validity. The internal consistency of the ABS was established with Cronbach's alpha $r = .82$, and split-half reliability of $r = .70$, suggesting that the ABS is a valid and reliable instrument for assessing antisocial/psychopathic behavior. The response options and scoring for the ABS are Always = 5, Almost Always = 4, Sometimes = 3, Rarely = 2 and Never = 1. Child Exposure to Domestic Violence Scale by Edleson, Shin and Armendariz, (2007): The CEDV developed by Edleson, Shin and Armendariz (2007) was intended for children who are at increased risk of emotional, psychological and or physical harm during violent incidents in the family. The items were developed using a review of existing surveys and interview guides relevant to domestic violence. The CEDV consist of 42 questions in three sections. Part I and Part II of the CEDV contain six subscales that measure (1) Violence, (2) Exposure to Violence at Home, (3) Exposure to Violence in the Community, (4) Involvement to Violence, (5) Risk Factors and (6) Other Victimization. Each question in the first two parts are answered using a four-point Likert-type scale with their choices being "Never," "Sometimes," "Often," and "Almost Always." Clearly, a higher score indicates more violence, involvement, risks or other victimizations while the lower score indicates less of each category. The CEDV showed good test-retest reliability between the first and second administrations.

Part I: Violence Rates. The first section includes a series of questions that specifically target the types of exposure to domestic violence a child may have experienced. Children are asked to rate 10 different items focused on types of adult domestic violence to which they may have been exposed using the four-point Likert-type scale mentioned above. If a child responds “Never” to a particular question he or she moves onto the next question. However, if she or he indicates exposure to such violence, the child is led by an arrow to an additional set of options that ask how the child was exposed, including five choices ranging from “I saw the outcome (like someone was hurt, something was broken, or the police came)” to “I saw it and was near while it was happening.” After checking applicable exposures, the child is instructed to move to the next item. Part II: Exposure rates, Involvement in Violence, Risks and Other Forms of Victimization. The second section of the CEDV Survey asks a series of 23 questions using the same four-point Likert-type scale. The child is asked to rate how often he or she intervened in violence events and about other risk factors present in his or her life. Part III: Demographic Information. This third and final section of the CEDV consists of nine questions asked to gather demographic information, including gender, age, race and ethnicity, current living situation, family composition, and concluding with a question about favorite hobbies. Cronbach’s alpha statistics were calculated to assess the internal consistency of the CEDV Scale. The Cronbach’s alpha coefficient for each subscale of the CEDV ranged from $\alpha = .59$ to $.85$ at the first week and the overall α of the CEDV scale was a strong $.86$. At the second week, similarly, the subscales of the CEDV showed relatively high Cronbach’s alpha’s ranging from $\alpha = .50$ to $.76$. The only subscale that demonstrated a low alpha score was the risk factor subscale ($\alpha = .24$) at the first week’s administration. The risk factor subscale, however, reported a moderate association at the second week ($\alpha = .60$).

Procedure

The researcher approached the participants at their various class rooms after taking permissions from the class representatives of the various classes. Afterwards, the researcher recruited two students to assist as research assistants in administering the questionnaires. The research assistants were properly educated on the modalities of administering, filling and collecting the questionnaires. Before administering the questionnaire, the researcher informed the participants that they will be given consent form to read, and know what is involved in the study and sign if they accept to participate in the study. All the participants after reading the consent form accepted to participate in the study. Participants were equally assured that their responses will be treated with utmost confidentiality and that participation in the study is voluntary. However, each participant before filling the questionnaire will sign a consent form to show that the participants accepted voluntarily to be part of the study. Participants were asked to indicate whether they use drug or not; and whether they have been victim of domestic violence. Three hundred and eighty (380) questionnaires were administered; while three hundred and sixty-five (365) questionnaires were returned. Out of the returned questionnaires only 150 participants indicated “yes” that they use drug and have been victim of domestic violence. The 150 questionnaires were crosschecked properly before subjecting them for data analysis.

Design/Statistics

The study is Cross-sectional survey design while Hayes PROCESS Macrowas Statistics was adopted for data analysis using the Statistical Package for the Social Sciences (SPSS) IBM version 25 software.

Results

Table 1: Correlations of demographic variables, domestic violence, drug abuse and antisocial behaviour

Variable	M	SD	Gender	Age	Religion	Ethnic Group	Drug Abuse	Domestic Violence
Gender	1.67	.47	-					
Age	20.33	2.58	-.15*	-				
Religion	1.12	.49	-.24**	-.04	-			
Ethnic Group	1.53	1.12	-.04	.20**	.12	-		
Drug Abuse	24.08	3.37	-.15*	.17*	.01	-.05	-	
Domestic Violence	54.95	12.85	-.17*	.05	.08	-.12	.16*	-
Antisocial Behavior	60.41	15.11	.26** *	.09	.05	-.12	.22**	.29***

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

Results in Table 1 showed that antisocial behaviour was positively significantly related to drug abuse ($r = .22$, $p < .01$), and domestic violence ($r = .29$, $p < .001$), but negatively related to gender ($r = -.26$, $p < .001$). Gender was significantly related to age ($r = -.15$, $p < .05$), religion ($r = -.24$, $p < .01$), drug abuse ($r = -.15$, $p < .05$) and domestic violence ($r = -.17$, $p < .05$). Age was positively related to ethnic group ($r = .20$, $p < .01$), and drug abuse ($r = .17$, $p < .05$). Drug abuse was significantly related to domestic violence ($r = .16$, $p < .05$).

Table 2: Hayes PROCESS macro results for drug abuse predicting antisocial behavior with domestic violence as moderator

Variable	Drug use		p-level	95%CI
	B	T		
Domestic Violence	1.5720	1.7097	.0895	[-.25,3.39]
Drug Abuse	3.6659	1.7297	.0858	[-.52,7.86]
Domestic Viol X Drug Abuse	-.0521	-1.3824	.1689	[-.13,.02]

In Table 2: it was found that domestic violence was not significantly associated with antisocial behavior ($B = 1.57$). Drug abuse was not significantly associated with antisocial behavior among students ($B = 3.67$). The interaction of domestic violence and drug abuse was not significant ($B = -.05$), indicating that self-efficacy moderated the relationship between relatedness and drug use.

Summary of Findings

Antisocial behaviour was positively significantly related to drug abuse, and domestic violence, but negatively related to gender. Domestic violence was not significantly associated with antisocial behavior. Drug abuse was not significantly associated with antisocial behavior among students. The interaction of domestic violence and drug abuse was not significant.

DISCUSSION

The present study has assessed the moderating role of domestic violence on the relationship between drug abuse and antisocial behavior among young people. Three hypotheses were formulated and tested, and the

results are presented. Result from hypothesis one which states that drug abuse has significant relationship on antisocial behaviour among young people, indicated that antisocial behaviour was positively significantly related to drug abuse, and domestic violence, but negatively related to gender.

This finding is consistent with Omotosho and Ayorinde, (2017) who stated that anti-social behavior has to do with the act of the violation of societal or organizational norms, expectation and values. Anti-social behavior takes many forms, such as alcoholism, juvenile delinquency, corruption, drug abuse.... Others include cultism, rape, free sexual intercourse, examination malpractice, classroom disruptions, late coming, outbursts, threats, fighting, and abusive or foul language. They also opined that behaviors are inimical not only to the young people and those in their environment but also the entire society, because these acts are considered antisocial, disruptive, dangerous, and socially inappropriate (Omotosho and Ayorinde, 2017). The second hypothesis which states that domestic violence will have significant relationship on antisocial behaviour among young people was tested and the outcome showed that domestic violence was not significantly associated with antisocial behaviour. The finding on this second hypothesis goes against that of Akpunne (2017) who examined perceived domestic violence influence on the psychological health and antisocial behaviour of adolescents in correctional centers in Lagos, and states that domestic violence independently predicted antisocial behaviour among the sample. But Gender has significant influence on anti-social behaviour, which finding in hypothesis one of this study proved wrong. Females reported higher mean scores than their male counterparts in vandalism, theft, truancy, disruptive behaviour, general antisocial behaviour and psychological distress (Akpunne, 2017). The second hypothesis which states that domestic violence will have significant relationship on antisocial behaviour among young people was tested and the outcome showed that domestic violence was not significantly associated with antisocial behaviour. Domestic violence may be a factor of individual intolerance, incompatibility, selfish approach to issues, immaturity, lack of moral standard or lack of fear of God.

Implication of the Finding

Antisocial behaviour was positively significantly related to drug abuse, and domestic violence, but negatively related to gender. Since antisocial behaviour has no association with gender in this finding, every young people should be sensitized on the moral implications on family and society at large.

Based on the findings domestic violence was not significantly associated with antisocial behavior. This may be due to the number of the candidate participated which means that more number of candidate should be involved next time to validate this present study.

Drug abuse was not significantly associated with antisocial behaviour among students. Depending on the participants sample one can easily say that private university students are drug free. Probably because of much attention paid or the moral orientation given to the students, just as Godfrey Okoye University will always do drug test at the beginning of each academic year to checkmate those on drug.

Since the interaction of domestic violence and drug abuse was not significant. Young people should be properly coached and educated on the danger of abusing drug irrespective of the person's family background.

Limitations of the Study

The study is highly demanding in terms of materials used and time spent. The researcher had to travel to the different universities for data collection, and going ahead of the scheduled dates for the smooth running of the research was really tasking combing with school stuff.

Suggestions for Further Studies

This study investigated the moderating role of domestic violence on the relationship between drug abuse and anti-social behaviour among young people. Other researchers can research on moderating role of parenting on the relationship between drug abuse and antisocial behaviour among young people. The study focused on private Universities only. Further study can include public universities or research on public schools only.

Conclusion

The research centered on the Moderating role of Domestic Violence on the relationship between Drug abuse and antisocial behaviour among young people. Three research Questions were formulated for the study and three hypotheses were tested using Hayes PROCESS macro. Participants were 150 undergraduate students (200 levels) comprises of 61 males and 89 females. The participants were drawn from three different private universities in Enugu State; they include, Godfrey Okoye University, Caritas University and Coal City University. Participants were drawn using simple random sampling technique. Three different instruments were used for data collection and they include; Antisocial Behaviour Scale (ABS) Immanuel (2015), Druga Use Questionnaire (DAST – 20) SKINNER, (1982) and Child Exposure to Domestic Violence Scale Edleson, Shin and Armendariz, (2007). Hayes PROCESS macrow was used as the main statistics used in the study. The findings of the Study indicate that antisocial behaviour had positive significant association to drug abuse, and domestic violence, while negative association to gender. Domestic violence had no association to antisocial behavior. Then, Drug abuse had no association with antisocial behaviour among students. Finally, the interaction of domestic violence and drug abuse was not significant.

Conflict of interests

The authors declared no conflicts of interest with respect to the research, authorship and/or publication of this article.

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