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Conduct Disorder and Distressful Situations Experienced by Juvenile Delinquents in Kenya

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Abstract

The development of conduct disorder is linked to an interaction of various factors. Although some children will manifest with symptoms such as aggression, rebellion and emotional problems before the age of ten, conduct disorder occurs mostly from ten years and above. The purpose of this study was to establish some of the distressful events children with conduct disorder may have experienced. The study focused on identifying the association between exposure to distressful situations such as domestic violence, child abuse, death of a parent and the risks of developing conduct disorder. A total of 167 respondents aged between 13 and 17 years from Kabete and Wamumu rehabilitation schools in Kenya participated in this cross-sectional study. A self-administered questionnaire and Child Behavior Checklist Youth Self Report for ages (11-18) (2001) were administered. Data was analysed using Statistical Package for the Social Sciences version 20.0 (2011). The prevalence of conduct disorder was 36.4%, while 71.9% of the respondents were found to have witnessed violence within their neighborhood. Additionally, 68.9% of the respondents found people in their neighborhood hostile to them, 62.9% felt neglected by their parents or caregivers, and 58.1% had parents who abused alcohol. Furthermore, 54.5% of the respondents reported that their parents or caregivers punished them with beatings, while 53.9% had been emotionally abused by their parents or caregivers. Out of the distressful events variables investigated for association with conduct disorder, parents or caregivers fighting with weapons and witnessing parents or caregivers fight physically at home had a strong link. Moreover, respondents whose parents or caregivers abused alcohol or who were neglected had higher risks of developing conduct disorder. These findings show that the prevalence of conduct disorder was high among juvenile delinquents and that the occurrence of the disorder was associated with distressful events experienced. This calls for interventions aimed at training parents on effective parenting skills, providing a safe home environment and appropriate treatment for juveniles with conduct disorder.

Keywords: conduct disorder, juvenile delinquents, rehabilitation, adolescents, caregivers, distressful events, domestic violence.

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Introduction and background

Conduct disorder is caused by multiple interacting factors including biological, social and psychological variables (Baker & Scarth, 2002). Some of these factors expose children to very distressful situations, which affect them in their social, emotional and physical well-being, academic development and generally in their daily functioning (Mueser et al., 2006).

Children raised by authoritarian parents or caregivers have a greater likelihood of experiencing physical abuse since punitive measures such as corporal punishment are usually applied to discipline them (Kazdin, 2002; Ojo, 2012; Pardini & Frick, 2013; Searight, Rottnek, & Abby, 2001). Such treatment causes fear, mistrust, hostility and emotional instability in children. Previous studies have indicated a close association between physical abuse and externalizing behaviors such as conduct disorder (Carmody, Haskett, Loehman, & Roderick, 2015). Moreover, constant family disagreements and domestic violence leads children to live under stress most of the time, feeling insecure and developing aggressive behaviors (Mash & Wolfe, 2010; Obsuth, Moretti, Holland, Braber, & Cross, 2006; Ojo, 2012; Omboto, Ondiek, Odera, & Ayugi, 2013). A study conducted in Israel among 120 children who had either witnessed or experienced domestic violence showed that most of them had developed behavioral problems due to exposure to violence and needed clinical intervention (Sternberg et al., 1993).

The type of relationship a child develops with the parent or caregiver determines, in part, their future behavior. An uninvolved parent is usually cold towards children and is not attuned to their needs. At an early age, children may develop feelings of being neglected and rejected and, as they transition to adolescence, callous-unemotional traits such as severe reactive aggression, lack of empathy and guilt may emerge (Bretherton, 1992; Carmody et al., 2015; Obsuth et al., 2006; Pardini & Frick, 2013). A review of studies conducted in Iran indicated an association between rejection, aggression and conduct disorder. Boys who felt rejected developed aggression and associated themselves with delinquents (Salehi, Noah, Baba, & Jaafar, 2013).

Parents or caregivers who abuse alcohol and other substances or experience mental health challenges are not able to effectively parent their children or model socially acceptable behaviors (Mueser et al., 2006; Valle, Kelley, & Seoanes, 2001)**.** Children in such situations experience violence and instability and, as such, their chances of developing conduct disorder increases due

to the mental health status of the parent or caregiver (Searight et al., 2001; Warner-Metzger & Riepe, 2013). The extent to which parents' mental health status may influence conduct disorder was evident in a longitudinal study involving 926 participants in New Zealand. The study found a significant association between parental maladaptive behavior and conduct disorder (Boden, Fergusson, & Horwood, 2010).

Studies have also shown that the death of a parent causes major distress in children, especially the death of a mother (Juby & Furrington, 2001; Stikkelbroek, Bodden, Reitz, Vollebergh, & Baar, 2016). The risk of developing conduct disorder increases in situations where other pre-existing factors are present before the loss. For instance, pre-existing mental health challenges, family dysfunction, or a strained relationship between the parent and the adolescent all increase the likelihood of psychiatric distress in adolescence. In addition, children from single-parent families suffer distress particularly during the adolescence stage characterized by self-identity. Studies indicate that most juveniles come from single-parent or broken families (Baker & Scarth, 2002; Okwara, 2013). Other distressful events include sexual abuse, which cause children to perceive the world as hostile.

Some studies have theorized that children who have been sexually abused develop delinquent behaviors as a way of retaliation, while other internalize due to hopelessness, shame and fear of victimization (Ehrensaft, 2005: Lewis, McElroy, Harlaar, & Runyan, 2015). Additionally, lack of basic needs is a source of distress among children raised in poor families, and more often than not, such children are forced to run away from home and join criminal activities (Baker & Scarth, 2002; Lali, Malekpour, Molavi, Abedi, & Asgari., 2012; Omboto et al., 2013). Children are not only disturbed by violence in the home set-up but also in the neighborhood. In order to survive in violent environments, children develop aggressive behavior and hostility toward other people (Obsuth et al., 2006). Studies have shown that most juvenile delinquents have experienced more than one distressful event in their lives. This study sought to establish the distressful events experienced by children in rehabilitation schools and determine the association between such events and conduct disorder.

Methodology

A total of 167 children from Kabete and Wamumu rehabilitation schools in Kenya participated in this cross-sectional study. Out of seven boys' rehabilitation schools, these two were randomly selected. The children whose ages ranged from 13 to 17 years had been placed for rehabilitation due to criminal offences such as assault, truancy, stealing, associating with criminal gangs, possessing drugs and breaking into premises. Participation in the study was voluntary and all the children agreed to be enrolled in the study.

Authorization for the study was sought from the Nairobi Hospital Bioethics & Research Committee, the National Commission for Science, Technology and Innovation and the Ministry of Labour, Social Security and Service-Department of Children's Services. All the children were given information about the purpose, nature and duration of the study in addition to their role and rights. Since the children were incarcerated, consent to participate was signed by the school managers on behalf of the parents. Self-administered questionnaires were used and all the participants responded as expected. Research assistants helped a few of the participants who had difficulties understanding some questions.

In this study, the researcher constructed a self-administered questionnaire to collect socio-demographic data such as age, class, offence, parents' marital status and employment. The second part of the questionnaire focused on the distressful events experienced by the children before joining the schools. Some of the events included domestic violence, alcohol abuse in the family, neglect by parents and living in hostile neighborhood.

The Child Behavior Checklist Youth-Self-Report (YSR) for ages 11-18 (2001) was also used. This tool was developed by Achenbach in 2001 and it is one of Achenbach System of Empirically Based Assessments (Achenbach & Rescorla, 2001). The participants had the questionnaire both in English and Kiswahili since it has already been adapted in Kenya. The method of responding to the 112 questions requires one to circle an item depending on the level to which they agree or disagree. The questions are on a Likert Scale from 0 to 2: A zero (0) = 'not true', a one (1) ='somewhat or sometime true' and a two (2) = 'very true or often true'.

Among the various syndrome scales assessed using Child Behavior Checklist Youth Self Report (11-18) is conduct disorder (Bordin et al., 2013) with 13 items[1]:

The criterion-related validity of YSR has been found to be strong through past research work (Bordin et al., 2013). Two studies proved the psychometric properties of the test by identifying psychiatric disorders among participants (Ebesutani, Bernstein, Martinez, Chorpita, & Weisz, 2011; Nakamura, Ebesutani, Bernstein, & Chorpita, 2009). Moreover, the mean test-retest reliability of YSR is 0.82 (Bordin et al., 2013). The tool has been used in Kenya among juvenile delinquents to assess psychiatric disorders (Sisa-Kiptoo, 2014). Research assistants were trained on how to offer minimal guidance to the respondents as provided by the guidelines of administering the test (Bordin et al., 2013).

This study used the Statistical Package for the Social Sciences (SPSS) Statistics for Windows, (version 20.0. Armonk, NY: IBM Corp, 2011) to analyse data. The prevalence of conduct disorder was analyzed using descriptive statistics, frequencies and determined through socio demographic properties. To determine the association between distressful events experienced and conduct disorder, logistic regression and chi-square test of independence were used. The *p* value was set at ≤ 0.05.

Results

Table 1 compares the prevalence of conduct disorder with socio-demographic characteristics. The prevalence of conduct disorder was at 36.5%. Respondents who came from families where one of the parents was widowed had a prevalence of 51.4% while 34.7% came from married or cohabiting families. In terms of the offence committed, 64.0% of the respondents were truant that is; they had run away from homes and were not attending school. This demonstrates that the higher percentage of respondents had rebelled both at home and in school.

[1][1][1][1][1]16. I am mean to others, 21. I destroy things belonging to others, 26. I don't feel guilty after doing something I shouldn't. 28. I break rules at home, school or elsewhere 37. I get in many fights. 39. I hang around with kids who get in trouble, 43. I lie or cheat, 57. I physically attack people. 73. I can work well with my hands. 82. I steal from places other than home. 90. I swear or use dirty language. 97. I threaten to hurt people. 101. I cut classes or skip school. The scores for this syndrome range from 0 to 26.

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Table 1: The Prevalence of CD among Juvenile Delinquents at KRS and WRS

	Prevalence of CD (n, %)	95% CI
Conduct Disorder	61/167 (36.5%)	29.2% to 43.8%
Study Arm		
Wamumu school	37/91 (40.7%)	30.61% to 50.79%
Kabete school	24/76 (30.3%)	19.97% to 40.63%
Marital status of parent		
Married/Cohabiting	25/72 (34.7%)	23.7% to 45.7%
Separated/Divorced/Single	15/50 (30.0%)	17.3% to 42.7%
Widowed	18/35 (51.4%)	34.84% to 67.96%
N/A	3/10 (30.0%)	1.6% to 58.4%
Religion		
Christian	53/145 (36.6%)	28.76% to 44.44%
Muslim	7/20 (35.0%)	14.1% to 55.9%
Others	1/2 (50.0%)	-19.3% to 119.3%
Offence committed		
Stealing	32/92 (34.8%)	25.07% to 44.53%
Defilement and rape	6/28 (21.4%)	6.21% to 36.59%
Breaking in and stealing	3/13 (23.1%)	0.19% to 46.01%
Truancy (out of school, loiter)	16/25 (64.0%)	45.18% to 82.82%
Others	4/9 (44.4%)	-4.84% to 49.64%
Age		
<14 years	3/11 (27.3%)	0.97% to 53.63%
15years	13/47 (27.7%)	14.91% to 40.49%
16years	21/61 (34.4%)	22.48% to 46.32%
17years	21/40 (52.5%)	37.02% to 67.98%
Class		
Four	0/21 (0.0%)	n/a
Five	7/28 (25.0%)	8.96% to 41.04%
Six	16/37 (43.2%)	27.24% to 59.16%
Seven	19/41 (46.3%)	31.04% to 61.56%
Eight	19/40 (47.5%)	32.02% to 62.98%

Table 2 shows the exposure to distressful events among the respondents out of whom 71.9% had witnessed violence within their neighborhood, 68.9% found people in their neighborhood hostile, 62.9% felt neglected by their parents or caregivers and 58.1% reported that their parents abused alcohol. Additionally, 54.5% of the respondents reported that their parents or caregivers punished them with beatings while 53.9% had been emotionally abused by their parents or

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caregivers. This is an indication that the respondents had experienced distressful events both at home and in their neighborhood.

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Table 2: Exposure of the Juvenile Delinquents to Distressful Situations

Question	No (N=167)	Yes (N=167)
Have you ever witnessed your parents/caregivers fight physically at home?	97 (58.1%)	70 (41.9%)
Have you seen your parents/caregivers fight with weapons at home?	123 (73.7%)	40 (26.3%)
Do your parents/caregivers quarrel and argue in your presence?	89 (53.3%)	78 (46.7%)
Do your parents/caregivers abuse alcohol?	70 (41.9%)	97 (58.1%)
Do your parents/caregivers abuse drugs like marijuana or others?	147 (88.0%)	20 (12.0%)
Have you been emotionally abused by your parents/caregivers?	77 (46.1%)	90 (53.9%)
Have you felt neglected by your parents/caregiver/s?	62 (37.1%)	105 (62.9%)
Do your parents/caregivers punish you with beatings?	76 (45.5%)	91 (54.5%)
Have you ever suffered physical injuries due to beatings from your parents/caregivers?	130 (77.8%)	37 (22.2%)
Have you been beaten with weapons by parents/caregivers?	136 (81.4%)	31 (18.6%)
Have you ever been physically injured by other people other than your parents?	139 (83.2%)	28 (16.8%)
Has anyone abused you sexually before joining this school?	138 (82.6%)	29 (17.4%)
Have you been sexually maltreated? (exploitation, coercion, harassment)	121 (72.5%)	46 (27.5%)
Do you find people in your neighborhood hostile to you?	52 (31.1%)	115 (68.9%)
Do you witness violence within your neighborhood?	47 (28.1%)	120 (71.9%)
Have you lived in the streets?	120 (71.9%)	47 (28.1%)
Have you been physically injured in the streets?	143 (85.6%)	24 (14.4%)
Have you lacked medical treatment because your caregiver could not afford it?	113 (67.7%)	54 (32.3%)
Witnessed the death of a close family member (not parent)?	113 (67.7%)	54

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		(32.3%)
Have you been given the responsibility of nursing a critically sick family member?	124 (74.3%)	43 (25.7%)
Have you been left with your siblings to provide for them?	133 (79.6%)	34 (20.4%)

Table 3 presents the analysis of the distressful events experienced by the juvenile delinquents and the occurrence of conduct disorder. Respondents who had seen their parents or caregivers fight with weapons at home formed 61.4% compared to 27.6% who did not experience the same event. This xhows a statistically significant association ($p<0.0001$) between observing the event and the possibility of developing conduct disorder. There was also a statistically significant difference ($p=0.001$) between respondents whose parents or caregivers abused alcohol (47.4%) compared to those whose parents did not (21.4%). Further analysis indicated that 48.6% of respondents had witnessed their parents or caregivers fight while 27.8% did not, indicating there was statistically significant difference ($p=0.006$). Other distressful events that had statistically significant differences were sexual abuse ($p=0.001$) and neglect by parent or caregiver (0.011).

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Table 3: *Bivariate Analysis between Distressful Situations and Prevalence of CD*

Questions	No CD	CD	Chi-square	p-value
Have you ever witnessed your parents/caregivers fight physically at home?				
No	70 (72.2%)	27 (27.8%)	7.541	0.006
Yes	36 (51.4%)	34 (48.6%)		
Have you seen your parents/caregivers fight with weapons at home?				
No	89 (72.4%)	34 (27.6%)	15.895	<0.0001
Yes	17 (38.6%)	27 (61.4%)		
Do your parents/caregivers quarrel and argue in your presence?				
No	64 (71.9%)	25 (28.1%)	5.850	0.016
Yes	42 (53.8%)	36 (46.2%)		
Do your parents/caregivers abuse alcohol?				
No	55 (78.6%)	15 (21.4%)	11.850	0.001
Yes	51 (52.6%)	46 (47.4%)		
Do your caregivers abuse drugs like marijuana or others?				
No	89 (60.5%)	58 (39.5%)	4.541	0.046
Yes	17 (85.0%)	3 (15.0%)		
Have you been emotionally abused by your parents/caregivers?				
No	52 (67.5%)	25 (32.5%)	1.016	0.314
Yes	54 (60.0%)	36 (40.0%)		
Have you felt neglected by your parents/caregiver/s?				
No	47 (75.8%)	15 (24.2%)	6.470	0.011
Yes	59 (56.2%)	46 (43.8%)		
Do your parents/caregivers punish you with beatings?				
No	44 (57.9%)	32 (42.1%)	1.872	0.171
Yes	62 (68.1%)	29 (31.9%)		
Have you ever suffered physical injuries due to beatings from your parents/caregivers?				
No	78 (60.7%)	52 (40.3%)	3.748	0.098
Yes	28 (75.7%)	9 (24.3%)		
Have you been beaten with weapons?				
No	79 (58.1%)	57 (41.9%)	9.163	0.002
Yes	27 (87.1%)	4 (12.9%)		
Have you ever been physically injured by other people other than your parents?				
No	86 (61.9%)	53 (38.1%)	0.918	0.338
Yes	20 (71.4%)	8 (28.6%)		

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Has anyone abused you sexually before joining this school?				
No	80 (58.0%)	58 (42.0%)	10.376	0.001
Yes	26 (89.7%)	3 (10.3%)		
Have you been sexually maltreated? (exploitation, coercion, harassment)				
No	78 (64.5%)	43 (35.5%)	0.186	0.667
Yes	28 (60.9%)	18 (39.1%)		
Do you find people in your neighborhood hostile to you?				
No	31 (59.6%)	21 (40.4%)	0.485	0.486
Yes	75 (65.2%)	40 (34.8%)		
Do you witness violence within your neighborhood?				
No	33 (70.2%)	14 (29.8%)	1.281	0.258
Yes	73 (60.8%)	47 (39.2%)		
Have you lived in the streets?				
No	72 (60.0%)	48 (40.0%)	2.218	0.136
Yes	34 (72.3%)	13 (27.7%)		
Have you been physically injured in the streets?				
No	86 (60.1%)	57 (39.9%)	4.768	0.029
Yes	20 (83.3%)	4 (16.7%)		
Have you lacked food due to your parent/caregiver's inability to provide?				
No	62 (58.5%)	44 (41.5%)	3.107	0.078
Yes	44 (72.1%)	17 (27.9%)		
Have you lacked medical treatment because your parent/ caregiver could not afford it?				
No	65 (57.5%)	48 (42.5%)	5.338	0.021
Yes	41 (75.9%)	13 (24.1%)		
Have you witnessed the death of a close family member (not parent)?				
No	60 (53.1%)	53 (46.9%)	16.227	<0.0001
Yes	46 (85.2%)	8 (14.8%)		
Have you been given the responsibility of nursing a critically sick family member?				
No	71 (57.3%)	53 (42.7%)	8.023	0.005
Yes	35 (81.4%)	8 (18.6%)		
Have you been left with your siblings to provide for them?				
No	85 (63.9%)	48 (36.1%)	0.054	0.817
Yes	21 (61.8%)	13 (38.2%)		

Table 4 shows the analysis of the distressful events experienced by the respondents and the chances of developing conduct disorder. This analysis sought to portray any strong relationships

between exposure to distressful events and occurrence of conduct disorder. The occurrence of conduct disorder was associated with witnessing parents or caregivers fight with weapons at home (OR=0.241; 95% CI: 0.117-0.496, p<0.0001) fight physically at home (OR=0.408; 95% CI: 0.214-0.779; p=0.007), abuse alcohol, (OR=0.302; 95% CI: 0.151-0.607, p=0.001) and feeling neglected by parents or caregivers (OR=0.409; 95% CI: 0.204-0.822, p=0.012). In addition, respondents who were sexually abused before joining the school were about 6 times more likely not to have conduct disorder as opposed to those who were not (OR=6.283; 95% CI: 1.815-21.756, p=0.004).

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Table 4: *Multivariate Analysis of Distressful Situations and Prevalence of CD*

Questions	OR	95% CI		p-value
Have you ever witnessed your parents/caregivers fight physically at home?				
No	Referent			
Yes	0.408	0.214	0.779	0.007
Have you seen your parents/caregivers fight with weapons at home?				
No	Referent			
Yes	0.241	0.117	0.496	<0.0001
Do your parents quarrel and argue in your presence?				
No	Referent			
Yes	0.456	0.240	0.866	0.016
Do your parents/caregivers abuse alcohol?				
No	Referent			
Yes	0.302	0.151	0.607	0.001
Do your parents/caregivers abuse drugs like marijuana or others?				
No	Referent			
Yes	3.693	1.036	13.165	0.044
Have you been emotionally abused by your parents/caregivers?				
No	Referent			
Yes	0.721	0.382	1.363	0.314
Have you felt neglected by your parents/caregivers?				
No	Referent			
Yes	0.409	0.204	0.822	0.012
Do your parents/caregivers punish you with beatings?	Referent			
No	1.555	0.825	2.931	0.172
Yes				
Have you ever suffered physical injuries due to beatings from your parents/caregivers?				
No	Referent			
Yes	2.101	0.917	4.815	0.079
Have you been beaten with weapons?				
No	Referent			
Yes	4.870	1.615	14.689	14.689
Have you ever been physically injured by other people other than your parents?				
No	Referent			
Yes	1.541	0.634	3.746	0.340

Has anyone abused you sexually before joining this school?				
No	Referent			
Yes	6.283	1.815	21.756	0.004
Have you been sexually maltreated? (exploitation, coercion, harassment)				
No	Referent			
Yes	0.858	0.426	1.726	0.667
Do you find people in your neighborhood hostile to you?				
No	Referent			
Yes	1.270	0.647	2.492	0.487
Do you witness violence within your neighborhood?				
No	Referent			
Yes	0.659	0.319	1.360	0.259
Have you lived in the streets?				
No	Referent			
Yes	1.744	0.835	3.640	0.139
Have you been physically injured in the streets?				
No	Referent			
Yes	3.314	1.076	10.203	0.037
Have you lacked food due to your parents/caregiver's inability to provide?				
No	Referent			
Yes	1.837	0.930	3.626	0.080
Have you lacked medical treatment because your parents/caregiver could not afford it?				
No	Referent			
Yes	2.329	1.126	4.818	0.023
Have you witnessed the death of a close family member (not parent)?				
No	Referent			
Yes	5.079	2.200	11.727	<0.0001
Have you been given the responsibility of nursing a critically sick family member?				
No	Referent			
Yes	3.266	1.401	7.614	0.006
Have you been left with your siblings to provide for them?				
No	Referent			
Yes	0.912	0.419	1.984	0.817

Discussion

This study sought to establish the exposure of juvenile delinquents to distressful situations. The prevalence of conduct disorder was high whereas those who had experienced the death of a

parent had the highest prevalence. A strong connection was identified between exposure to traumatic events and the risk of developing problem behavior. Exposure to chronic traumatic experiences affects children's functioning behaviorally, cognitively, and in terms of emotional regulation (AOC, 2014; Mueser et al., 2006; Wolff & Ollendick, 2006). Complex trauma, maltreatment and child abuse are risk factors to the occurrence of conduct disorder in adolescents.

According to the findings of this study, the majority of the respondents had been exposed to distressful events in their lives. A high prevalence was recorded among juvenile delinquents who had experienced the death of parent, witnessed violence within their neighborhood and those who found their neighborhood hostile to them. In addition, there was a high prevalence of adolescents who had been neglected by their parents or caregivers, punished with beatings, emotionally abused and having parents or caregivers abuse alcohol. Moreover, some of the adolescents had witnessed parents or caregivers fight physically or quarrel in their presence. This finding is consistent with a study conducted in Illinois, United States of America, which showed that the majority of juvenile delinquents in detention had been exposed to traumatic events (AOC, 2014).

Witnessing domestic violence was significantly associated with occurrence of conduct disorder. There was also a statistically significant difference between adolescents who saw their parents fight with weapons compared to the ones who did not experience the same, as well as a significant association between occurrence of conduct disorder and witnessing parents or caregivers arguing. These findings are comparable to other studies conducted in other countries on the association between witnessing domestic violence and the increased risk of conduct disorder (Sternberg et al., 1993; Widom & Maxfield, 2001). Moreover, studies have found a high prevalence of internalizing and externalizing behaviors among adolescents who have witnessed intimate partner violence (McFarlane, Groff, O'Brien, & Watson, 2003).

Exposure to domestic violence is a risk factor to the development of conduct disorder (Holmes, Slaughter, & Kashani, 2001; Mash & Wolfe, 2010; Ojo, 2012; Omboto et al., 2013).

Adolescents learn to be aggressive and hostile in families where this kind of behavior is modeled by the parents or caregivers. Aggression and hostility then becomes a method of coping with difficult situations (Obsuth et al., 2006; Searight et al., 2001). This confirms aspects of social learning theory which suggests that behavior is learnt through observation, modeling and direct experiences (Bandura, 1971).

This study found that adolescents who felt neglected by their parents or caregivers had a greater chance of developing conduct disorder. Parents who neglect their children cannot parent them effectively. As a result, such children use aggression and rebellion as alternative ways of meeting their needs, and as they transition into the adolescence stage, chances of joining other delinquents who will offer them acceptance are heightened. Previous studies have shown high chances of developing conduct disorder among children and adolescents who had been neglected (Widom & Maxfield, 2001). Neglecting the needs of a child is a predisposing factor to the development of conduct disorder (Holmes et al., 2001). In the same vein, studies have found that positive parenting can be a protective factor against the development of problem behavior in adolescents (Kim, Haskett, Longo, & Nice, 2012). Positive parenting offers proper guidance to children, consistent instructions, effective discipline and allows emotional bond to develop between the parent and child in addition to acceptance and effective communication (Frick, 2001; Ingram, Patching, Huebner, McCluskey, & Bynum, 2007).

There was no significant difference between respondents who had been punished with beating by their parents or caregivers and those who were not. Moreover, there was no association between punishment through beatings and occurrence of conduct disorder. This finding is contrary to other studies which indicated that children who experience corporal punishment and harsh discipline from their parents and caregivers are likely to develop conduct disorder (Murray & Farrington, 2010). Familial factors such as the mental health status of the parent, loss of a parent, negligence and domestic violence may have had a greater negative impact on the children compared to punitive punishment.

Contrary to other studies, there was no strong association between sexual abuse and the occurrence of conduct disorder. Child Family Community Australia (2013) referred to three different studies that have shown no link between sexual abuse and conduct disorder. In most cases, sexually abused children internalize the effects of such trauma due to fear, which may explain the situation in this study (Lewis et al., 2015). In other instances, the survivors of child abuse receive a lot of family support and positive parenting which becomes a protective-stabilizing factor (Kim et al., 2012).

This study found that respondents whose parents or caregivers abused alcohol and other drugs like marijuana had a high prevalence of conduct disorder. Compared to the respondents whose parents or caregivers did not abuse alcohol or other drugs, there were significant differences. These findings are comparable to other studies that indicated a strong association between parents and children with psychiatric disorders (Boden et al., 2010). A parent who abuses alcohol or other drugs will not be not able to respond to the needs of the child or adequately offer supervision (Ingram et al., 2007). In such situations, relationship between the child and parent will be affected since there is the potential for frequent experiences of rejection and emotional disconnect (Bretherton, 1992). Therefore, the findings of this study suggest that the mental status of the parent or caregiver is a determining factor in shaping the behavior of a child.

Respondents who found people hostile and witnessed violence within their neighborhood recorded high percentages of conduct disorder (68.9% and 71. 9% respectively). However, this study did not find any association between conduct disorder and experiences in the neighborhood. This finding is in agreement with other studies that have indicated no association between conduct disorder and neighborhood experiences (Schonberg & Shaw, 2007). From these findings, violence and hostility within the neighborhood is not a strong factor in the development of conduct disorder. A safe home environment without violence, rejection and alcohol abuse can protect the child from delinquent behaviors in a hostile neighborhood.

This study relied on data provided by the respondents through self-administered questionnaire without cross-checking with significant sources such as parents and teachers. It would have been advantageous to get further information from parents on their relationship with children, issues

of negligence, abuse and violence in their families. However, this study assumed that the distressful events reported by respondents had a close association with conduct disorder, therefore validating the information. Moreover, due to the nature of this study, it was not possible to determine the type of conduct disorder or the age of onset of conduct disorder among the respondents.

Conclusion

There is an association between conduct disorder occurrence and experiencing distressful events in children's lives. The home environment is a major factor in determining the behavior of a child. Although children may be living in a violent and hostile neighborhood, a safe and stable functioning home and positive parenting can be a major protective factor from developing conduct disorder. Since the prevalence of conduct disorder is high in rehabilitation schools and that the majority of the juvenile delinquents have experienced distressful events in their lives, this study recommends relevant treatment, which will address the mental challenges presented. It is also recommended that parents receive training on effective parenting as a preventive measure. This study extends the present knowledge about conduct disorder by showing the relationship between distressful events experienced by children and the occurrence of conduct disorder.

Further research could be conducted on juvenile delinquents that would involve parents in order to gather more comprehensive and extensive information on predisposing factors. In most cases, conduct disorder is comorbid with anxiety, depression and opposition defiant disorder. Research on comorbid disorders could also inform intervention methods that would be effective in treating various disorders among children in rehabilitation centers.

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