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Impact Of Domestic Violence On Conduct Disorder Among An Adolescents Sample

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ABSTRACT

Background: Violence against children and adolescents represents a public health problem with serious compromises on physical and mental health, as well as for human development, Essential actions have to be taken to address this problem.

Aim of The Work: To test the hypothesis that domestic violence is contributed in presence of Conduct disorder in the Egyptian adolescents.

Patient and Methods: The study was conducted on two samples. The first (the control sample) consisted of 50 adolescents from the admitted cases in the orthopedic department at Al-Hussein University Hospital and Sayed Galal University Hospital Cairo, Egypt. Their ages ranged from 12 to 18 years. They were subject to the conditions of inclusion in the sample.

And the second (cases) consists of 50 adolescents who suffer from conduct disorder according to DSM5 (Diagnostic and Statistical Manual of Mental Disorders 5th Edition) and Mini International Neuropsychiatric Interview (MINI) Kid.

Results: By conducting more statistical analyses on the questionnaire results, We note that there are statistically significant differences between the conduct disorder variable and the types of domestic violence (physical - verbal - social - economic - the threat of violence) for all members of the sample. The results showed statistically significant between the conduct disorder variable and the total degree of domestic violence among all sample members.

Conclusion: Adolescents are exposed to all typed domestic violence (physical, verbal, social, economic, the threat of violence), and there are statically significant results between the conduct disorder and domestic violence.

Keywords: Domestic violence; Conduct Disorder; Adolescents; Behavior.

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INTRODUCTION

There are millions of children around the world living in aggressive and abusive homes; They suffer all kinds of physical and mental abuse that no child should face. ¹. It can be argued that children raised in violent homes believe that aggressive behavior is normal human behavior, so it is important to address this belief when it occurs among abused children. ²

In the mid-1990s, the Adverse Childhood Experience Study indicated that children who were abused while experiencing domestic violence and aggressive forms of behavior were more likely to have physical and mental health problems. Exposure to chronic stress at an early age disrupts the balance in biological stress systems. ³

In addition, child victims reported feeling more fearful, discouraged, and depressed than other children who had a safe home. In addition to internal disturbances, child victims also display more external behavior problems, such as aggressive and antisocial behaviours. ⁴

Additionally, children who are raised in abusive homes may be affected by a greater number of physical symptoms as well as other behavioral, psychological, and emotional despair. Children may experience general aches, such as headaches and stomach aches. They also experience symptoms such as irritable and irregular bowels, cold sores and may complain of nocturnal enuresis. ⁵

Physical symptoms depressive disorders are a typical psychological consequence of domestic violence. In addition to general complaints of discomfort, children who witness domestic violence may also appear tense and may also experience symptoms of constant tiredness and fatigue. Additionally, school-prone children may fall asleep due to lack of sleep at home, as most of the night can be spent watching violence in their homes. These children get sick frequently and have a lack of interest in personal hygiene; Children who are raised in abusive homes tend to participate in high-risk activities and develop suicidal tendencies. ⁶

An established new fact is that child abuse and violence are also associated with psychosis and psychotic-like symptoms. In addition to the course of the disease, the meta-analysis shows that being victimized in childhood also predicts a worse course of depression, as measured by the number of exposures to such violence. Children who are most exposed to domestic violence are also more likely to have mental and behavioral disorders, and alcohol and drug dependence disorders. Experiments have also shown that children exposed to this type of abuse are at risk of relapse in the course of treatment for depressive disorders, and a lack of response to psychological treatment may appear.^{2,6}

Violence may be a permanent part of human suffering, and its effects can be seen in various forms. Around the world, more than a million people lose their lives every year, and many more suffer from non-fatal injuries as a result of self-directed or interpersonal or group violence. On top of that, the death rate and violence-related diseases are responsible for 3% of the burden of Global disease and ill health.^{7,8}

The family is also considered the environment where the child acquires his social, religious and moral values. These values constitute the standards of his behaviour, ideas, habits and attitudes. The mission of the family is mainly based on carrying out the social upbringing that prepares the son to be a good citizen, and this family upbringing is summarized in the process of teaching children the language, morals, values and practices according to its cultural system, standards, and trends that are acceptable to itself and society. Behaviour. It can be discovered and can be modified according to the laws of learning. Therefore, behavioral research and studies in the study of violence focused on the fact that the entire behavior is learned from the environment, and then the various experiences from which the person acquired the aggressive behavior has been reinforced in a way that promotes the emergence of an aggressive response whenever he is exposed to the frustrated situation.^{9,10}

Also, conduct disorders in children and adolescents are common in the general population (up to 5-10% depending on the threshold). It leads to disability and often leads to antisocial behaviors and multiple mental and interpersonal health problems later in life.

In general, symptoms of conduct disorder develop in conjunction with high levels of environmental threat in the form of parental hostility, physical assault, marital discord and violence. This may be partly attributed to the interconnected risks between parent and child, but it is also likely to reflect a direct causal relationship.

Researchers studying parent-adolescent relationships are increasingly investigating the significance of parenting influencing adolescent development and how experiences in the family and other contexts interact with genetic factors to influence behavioral and developmental outcomes.

Adolescence is a transitional period from childhood to adulthood, with its onset by the maturation and

compensation of puberty characterized by parents' independence. The paradox noted for human teens is that while they are stronger, faster, and more disease-resistant, they have better reasoning and decision-making skills than children.¹¹

Most mental health problems diagnosed in adulthood begin in adolescence. Half of the life-diagnosed mental health disorders begin at age 14; This number increases to three times at the age of 24, and emotional and behavioral problems are noted in about 10-20% of children and adolescents.¹

Longitudinal studies indicate that the proportion of young adults with the behavioral disorder in adolescents is much more significant than the proportion of young people who suffer from behavioral problems in childhood. Often these behavior problems can be a significant burden for the individual and a challenge, for example. School performance and well-being, or social relationships in the family, with friends and within the community. This study aims to identify the impact of domestic violence on Egyptian adolescents and its role in the occurrence of various behavioral disorders at this age stage. This study aimed to Explore association between Conduct disorder and domestic violence in sample of Egyptian adolescence

PATIENTS AND METHODS

study design

As an experimental study, a sample-oriented questionnaire was used to study according to the inclusion and exclusion criteria mentioned below. 100 adolescent participants participated in the study, they were divided into a control sample and an experimental sample with 50% each. The study was conducted between January 2017 and January 2018.

The study sample

The study was conducted on two samples, the first (the control sample) and 50 adolescents from the admitted cases in the orthopedic department at Al-Hussein University Hospital and Sayed Galal University Hospital Cairo, Egypt ages ranged from 12 to 18 years. They were subject to the conditions of inclusion in the sample.

And the second (cases) consists of 50 adolescents who suffer from conduct disorder according to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM5), which is the number of cases involved in the study of those attending psychiatric clinics at Al-Hussein University Hospital and Sayed Galal University Hospital Al-Azhar University, Cairo, Egypt.

Inclusion criteria

Participants of both sexes, ages 12-18, were included, adolescents and their parents agreed to participate in the research after clarifying its purpose.

Exclusion criteria:

Those with a previous history of chronic medical diseases or those with intellectual disability were excluded

Procedure:

This study conducted in several steps: started with preliminary session for cases group with presence of their guardians to explain steps of the study and obtain their consent.

All cases were evaluated by semi-standard clinical interviews for adolescents who complain of symptoms of conduct disorder and determining the diagnosis of conduct disorder according to Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM5). Then the Family Violence Questionnaire after it is prepared by the research group, then whole results sent to statistical evaluation.

Study tools

Family Violence Questionnaire (by Zeinab Shokair) was prepared as one of the study tools and conducting psychological tests on adolescents of both study groups after the consent of the teen's guardian while introducing them to how to answer the questionnaire and The Mini-international neuropsychiatric interview (M.I.N.I.) kid is a short structured clinical interview which enables researchers to make diagnoses of psychiatric disorders according to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders 4th Edition) , Arabic version (M.I.N.I) kid according to DSM 5 not available at time of this study. The Mini-international neuropsychiatric interview for adolescents who complain of symptoms of conduct disorder and determining the diagnosis of conduct disorder according to Diagnostic and Statistical Manual of Mental Disorders 4th Edition (DSM-IV). The researcher also conducted appropriate statistical treatments for the results that were reached through this study.

RESULTS

The studies sample were 100 (12-18 years old) with 35% of 12 years old than 20% of 17 years old, 75% of sample where male where about 28% where female, it was found that 74% of the sample members lived with parents. In comparison, 26% of them lived with the mother only (due to divorce, travel of the father, or the father's death), while there was no one among the sample members who lived with the father only or without the parents.

The study was conducted on males and females, and the proportion of males from the total sample was 72%. It was the highest representation among the sample members. In comparison, the percentage of females was 28%, according to the cases reported to Al-Hussein University Hospital and Sayed Jalal University Hospital under study.

Regarding living with parents, it was found that 74% of respondents live with parents. In comparison, 26% of them were living with the mother only (due to divorce, father travel or the death of the father), while none of the respondents lived with the father only or without the parents.

Regarding the number of children in the family, we found that adolescents in families with two children

were the most represented among the total sample members at 41%, with families with three children at 29%, families with four children at 20% and families with children. The only child was 10%. Most of the cases in which the first child in the family is 44% of the studied sample, 27% is a second child, 21% is a third child and 8% is a fourth child in the family

It was found that adolescents ranked first among their siblings and were the most represented among the members of the total sample by 44%, followed by the second rank with 27%, followed by the third rank with 21%, followed by the fourth rank with 8%.

This study represented the types of violence within the total sample Table (1) shows that low physical violence was the most representative among the total sample members by 42%, followed by moderate and severe physical violence by 29% each, while low verbal violence was the most representative among the sample members by 35%, followed by violence Acute verbal violence at 31%, followed by moderate verbal violence at 30%, followed by very severe verbal violence at 4%. We find that moderate social violence at 43% was the most representative, followed by low social violence at 28%, followed by acute social violence at 27%, followed by very severe social violence at 2%. We also find that moderate economic violence was the most representative among the members of the total sample at 43%, followed by low economic violence at 33%, followed by severe economic violence at 23%, followed by very severe economic violence at 4%. We find that the threat of moderate violence was the most representative among the total sample members at 34%. The threat of violence, low at 33%, followed by the threat of acute violence at 29%, followed by the threat of very severe violence at 4%.

Conduct disorder s		
	N	%
negative	50	50
positive	50	50
Total	100	100

Table 1: Adolescents with Conduct Disorder: The group of cases versus the control group in the sample

Table (2) shows that there are statistically significant differences between behavioral disorder and the male and female gender variable among the total sample members, as conduct disorder in male adolescents is higher than in females, and the results are statistically significant and can be interpreted. The result is that there are social norms, and this is consistent with some studies that have shown that the prevalence of conduct disorder in male adolescents is higher than in females by a rate that may reach in some studies the prevalence rate of 3 to 4 times in males than in females as in the study.

Degree		Data					
Average±standard deviation	Term	Very sharp	Sharp	Average	Low		
15.43 ± 4 27.31	58_3	0	29	29	42	Repetition	Physical violence
		0.00%	29.00%	29.00%	42.00%	The ratio	
18.426 ± 29.38	3_72	4	31	30	35	Repetition	Verbal violence
		4.00%	31.00%	30.00%	35.00%	The ratio	
9.636 ± 18.36	2_40	2	27	43	28	Repetition	Social violence
		2.00%	27.00%	43.00%	28.00%	The ratio	
9.276 ± 14.82	_0-38	4	23	40	33	Repetition	Economic violence
		4.00%	23.00%	40.00%	33.00%	The ratio	
14.750 ± 22.33	2_51	4	29	34	33	Repetition	The threat of violence
		4.00%	29.00%	34.00%	33.00%	The ratio	
59.619 ± 112.91	230_15	0	29	40	31	Repetition	Total
		0.00%	29.00%	40.00%	31.00%	The ratio	

Table 2: types of domestic violence among the sample members

By conducting more statistical analyses on the questionnaire results, we note that there are differences between the behavioural disorder and smoking variable, as a result, was statistically significant in adolescent smokers, as shown in Table 3.

Conduct disorders					total		Conformity test	
	negative		positive				Ca 2	value
	Repetition	The ratio	Repetition	The ratio	Repetition	The ratio		
Smoked	2	4.00%	15th	30.00%	17	17.00%	10.206	0.0014
Non-smoker	48	96.00%	35	70.00%	83	83.00%		
Total	50	100.00%	50	100.00%	100	100.00%		

Table 3: statistical relationship between smoking behaviour and conduct disorder

While studying the relationship between the behavioural variable and smoking among the sample

As shown in Table 4 that there were no statistically significant differences between the behavioural disorder variable and the age group over 15 years or less than 15 years between the total sample members. Besides, we also note that there are statistically significant differences between the conduct disorder variable and the types of violence (physical - verbal - social - economic - the threat of violence) for all individuals. (Table 5).

Conformity test		Total		Behavior disorders				Age
indication	Ca 2	%	N	positive		negative		
		%	N	%	N	%	N	
0.317	1.002	51.0%	51	46.0%	23	56.0%	28	<15
		49.0%	49	54.0%	27	44.0%	22	> 15
		100.0%	100	100.0%	50	100.0%	50	Total

Table 4: statistical relationship between the behavioral disorder variable and the age group

Age		The link
indication	R	
0.412	0.083	Physical violence
0.805	0.025	Verbal violence
0.332	0.098	Social violence
0.046 *	0.200	Economic violence
0.106	0.162	The threat of violence
0.225	0.122	Total

Table 5: statistical relationship between types of violence and age

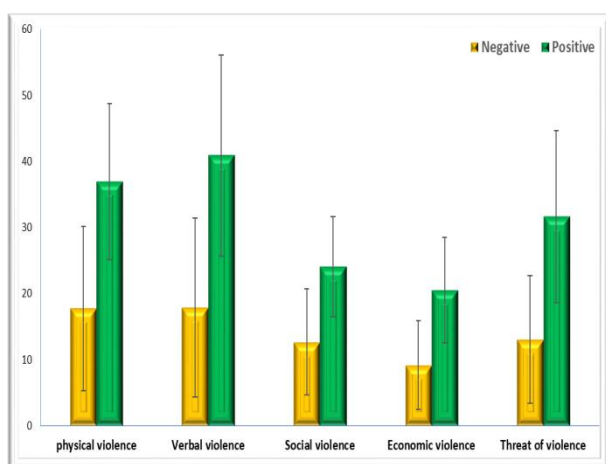


Fig. 1: Examine the relationship between the variable of Conduct disorders and domestic violence.

From the above, the study showed the relationship between the conduct disorder variable and domestic violence; we note that there are statistically significant differences between the conduct disorder variable and the types of violence (physical - verbal - social - economic - the threat of violence) for all the sample members. Hence, the results showed statistical significance between the variable. Conduct disorder and the overall degree of domestic violence among all members of the sample

DISCUSSION

The study found that males have a higher degree of impulsive behaviour than females, meaning that males are more impulsive, and the results are statistically significant.

This result can be explained by the fact that some societies tend to accept impulsivity, excessive movement, and some behaviors from males. In contrast, they do not accept females, as the girl should be quiet, shy, and need care and protection. Some behaviors are rejected and not socially acceptable to girls compared to boys, such as physical violence and fights.

While the results differ from that, conduct disorder in females is higher than in males, especially in some behaviors such as theft, running away from home, and sexual relations. The study's author advises that

the variation in the prevalence rates between males and females in conduct disorder needs more research and understanding. The researcher believes that the difference in the assessment of Rates of conduct disorder may be due to the approved diagnostic method, the age group in which the research was conducted, or the communities and cultures in which the research was conducted. The current study shows that aggressive behavior at home may bring about various social issues for young men and young ladies. The CBCL absolute score and subscale scores of uneasiness/discouragement, social cooperation issues, consideration issues, misconduct, hostility, and externalizing practices of young men presented to aggressive behavior at home were altogether higher than those of the benchmark group. However, the distinctions of the entirety of the CBCL scores in young ladies between the two gatherings were not critical. This demonstrates that the young men presented with aggressive behavior at home would, in general, experience the ill effects of more mental and conduct problems. Domestic viciousness forced an unfavorable impact on conduct in children and adolescents.

CONCLUSION

Researchers studying parent-adolescent relationships are increasingly investigating the significance of parenting influencing adolescent development and how experiences in the family and other contexts interact with genetic factors to influence behavioral and developmental outcomes.

Adolescence is a transitional period from childhood to adulthood, with its onset by the maturation and compensation of puberty characterized by parents' independence. The paradox noted for human teens is that while they are stronger, faster, and more disease-resistant, they have better reasoning and decision-making skills than children.

The study was conducted on two samples. The first (the control sample) consisted of 50 adolescents from the reserved cases in the orthopedic department at Al-Hussein University Hospital and Sayed Galal University Hospital Cairo, Egypt, and their ages ranged from 12 to 18 years. They were subject to the conditions of inclusion in the sample.

And the second (cases) consists of 50 adolescents who suffer from Conduct disorder according to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM5.)

The low physical violence was the most represented among the total sample members by 42%, followed by moderate and severe physical violence by 29% each, while low verbal violence was the most represented among the sample members at 35%, followed by severe verbal violence by 31%, followed by moderate verbal violence by 30%, followed by verbal violence. Very severe, at 4%, and we find that moderate social violence, at 43%, was the most representative, followed by low social violence, at 28%, followed by acute social violence, at 27%.

From the abovementioned, the investigation showed the connection between the social problem variable and aggress behavior we note that there are measurably huge contrasts between the conduct issue

variable and the sorts of viciousness such as physical, verbal, social, financial and danger of savagery for all the example individuals. Thus, the outcomes showed measurably critical between the variable. Direct confusion and the general level of aggressive behavior at home among all individuals from the study population.

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