

**CHILDHOOD TRAUMA AND SUBSTANCE USE AS
PREDICTORS OF ANTISOCIAL BEHAVIOURS AMONG
ADOLESCENTS IN LAFIA METROPOLIS, NASARAWA
STATE, NIGERIA**

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ABSTRACT: The study investigated the influence of childhood trauma and substance use on adolescent's antisocial behaviour in some selected secondary schools in Lafia, Nasarawa State. Two hundred and nineteen participants with ages ranging from 11-19 years (Mean= 12.32; SD=6.47) were selected using simple random sampling technique. The cross-sectional survey design was adopted for the study. Three hypotheses were formulated and tested using simple linear regression and multiple regression analysis. Findings indicated that there was a positive predictive relationship between childhood trauma and adolescent's antisocial behaviour [$r(219) = 0.672, P < 0.05$] and there was a positive relationship between substance use and adolescent's antisocial behaviour [$r(219) = 0.367, P < 0.05$]. The findings further indicated that there was a statistically significant joint predictive relationship between childhood trauma, substance use and adolescents' antisocial behaviour [$r(2,217) = 0.714; F = 105.499, P < 0.05$]. The study recommended among others that, the family and society at large should come up with preventive programmes that will reduce the traumatic experiences of adolescents and also aimed at reducing substance use in order to build responsible behaviour among adolescents. Furthermore, more attention is needed to identify other factors that may be influencing adolescent behaviour among secondary school students.

Keywords: Childhood Trauma, Substance Use, Antisocial Behaviour, Adolescents

INTRODUCTION

The increasing rate of anti-social behaviour in the society is alarming. This has become a global phenomenon and the problem is common among youths. The increase rate of this phenomenon in the whole world has put the global world on a time-bomb. Nigeria is not excluded from the increased rate of the problems of anti-social behaviour among her youths. Anti-social problems include armed robbery, kidnapping, rape, murder, and the number of people who commit suicide among others. Behaviour is considered abnormal or anti-social if it is uncommon, different from the norm and does not conform to what society expects. A particular behaviour is not acceptable or is anti-social if any of these three criteria are seen; the behaviour does not allow a person to function effectively with others as members of society, if the behaviour does not permit the person to meet his or her own needs and the behaviour has a negative effect in the well-being of others.

According to Farrington (2005), antisocial behaviour is characterized by a style of interpersonal relations seeking group value and recognition, is manipulative and deceitful, lacks empathy, is socially insensitive, impulsive, irresponsible and disobedient. It thus includes “a wide variety of behaviours which reflect violation of societal norms and/or aggression against others”.

Antisocial behaviour consists of behaviour that violates social norms (Burt & Donnellan, 2009). Antisocial behaviour can also be classified into two different categories: covert and overt behaviours (Willoughby, et. al, 2001; Burt & Donnellan, 2009). Willoughby et al. (2001) stated that overt antisocial behaviour is confrontational behaviour that is not concealed, while covert antisocial behaviour is hidden and non-confrontational.

Antisocial behaviour, personality disorder or conduct disorder, a term synonymous with delinquency was defined by Wachikwu and Ibegbunam (2012) as crimes committed by young people below the age of eighteen years usually characterized by violation of existing social norms and values.

According to DSM-5, Anti-social behaviour is a personality disorder characterized by a long-term pattern of disregard for, or violation of, the rights of others as well as a difficulty sustaining long term relationships.

Childhood trauma is often described as serious adverse childhood experiences (ACEs) (Pearce, et al., 2019) Children may go through a range of experiences that are classified as psychological trauma; these might include neglect, abandonment, sexual abuse, emotional abuse, and physical abuse, witnessing abuse of a sibling or parent, or having a mentally ill parent. These events have profound psychological, physiological and sociological impacts and can have negative, lasting effects on health and well-being such as unsocial behaviours, attention deficit hyperactivity disorder (ADHD), and sleep disturbances (van der Kolk, et al, 1991).

Kaiser Permanente and the Centres for Disease Control and Prevention's (1998) study on adverse childhood experiences determined that traumatic experiences during childhood are a root cause of many social, emotional, and cognitive impairments that lead to increased risk of unhealthy self-destructive behaviours, risk of violence or re-victimization, chronic health conditions, low life potential and premature mortality. As the number of adverse experiences increase, the risk of problems from childhood through adulthood also rises (van der Kolk, et al., 1991).

Complex trauma occurs from exposure to multiple and repetitive episodes of victimization or other traumatic events. Individuals who are exposed to multiple forms of trauma often display a wide range of difficulties compared to those who have only had one of a few trauma exposures. For example, cognitive complications (dissociation), affective, somatic, behavioural, relational, and self-attributional problems have been seen in individuals who have experienced complex trauma (Courtois & Gold, 2009).

Medical trauma, sometimes called paediatric medical traumatic stress, refers to a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. Medical trauma may occur as a response to a single or multiple medical events (Marsac, et al., 2014). In children, they are still developing cognitive skills and because of this, they process information

differently. They might associate pain with punishment and could believe they did something wrong that led to them being in pain or that they somehow caused their injury (Locatelli, 2020).

Children may experience disruptions in their attachment with their caregivers due to their traumatic medical experience. This does depend on the age of the child and their understanding of their medical difficulties. For example, a young child may feel betrayed by their parents if they have had to participate in activities that have caused and contributed to the child's pain such as administering medications or taking them to the doctor. At the same time, the parent-child relationship is strained due to parents feeling powerless, guilt, or inadequacy.

The effects of substance abuse among adolescents highly correlates with anti-social behaviours such as armed robbery, prostitution, rape and gang formation and others which ripe millions of dollars from the country's budget thereby slowing down national development in the long run. Substance abuse and delinquency often share the common factors of school and family problems, negative peer groups, lack of neighbourhood social controls, and a history of physical or sexual abuse (Hawkins et al., 1987; Wilson & Howell, 1993). It is evident that the initiation into the use of substances like cigarette, alcohol, Indian hems and others is most likely to occur during teenage or adolescent; however, the experimentation of substances by older adolescents is common.

Statement of the Problem

Antisocial behaviour is a prominent issue in many different communities. According to Burt and Donnellan (2009), antisocial behaviour consists of destructive actions that are harmful to others in society. These behaviours can include illegal activities as well as harming people in interpersonal manners (Burt & Donnellan, 2009). Antisocial behaviour includes theft, threats, fighting, vandalism, rudeness, using illegal drugs, underage drinking, littering, having anger issues, manipulating others, verbal abuse, and much more. Many researchers have set out to detect what factors lead to this type of behaviour. Even though there has been a lot of research done to detect the factors that are possible contributors to antisocial behaviour, there have only been a few studies that have compared the effects of different factors.

Both childhood trauma and substance use have been shown to play a role in the presence of antisocial behaviour. However, the research is not aware of any study that has been conducted in Nigeria on the subject matter to determine which factor is a stronger contributor to the presence of antisocial behaviour. Therefore, the present study will focus on which of these factors have a stronger association with antisocial behaviour.

According to Bethell (2014), Childhood trauma are described as experiences that include violence; emotional, physical or sexual abuse; deprivation, neglect, family discord and divorce; parent substance abuse and mental health problems; parental death or incarceration; and social discrimination that a child can be exposed to in their primitive years.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the types of traumas include; (1) sexual abuse, (2) physical abuse, (3) emotional abuse, (4) domestic violence, and (5) community violence. Sexual abuse is defined as unwanted or coercive sexual contact or exposure to age-inappropriate sexual material or environments (SAMHSA). Physical abuse is defined as non-accidental physical pain or injury. This may be the result of punching, beating, kicking, biting, burning or otherwise physically harming an

individual. Physical abuse also includes severe forms of corporal punishment (U.S. Department of Health and Human Services, 2006).

According to Thomas (2016), Substance use is abusing any psychoactive compound with the potential to cause health and social problems, including addiction. These substances may be legal (e.g., alcohol and tobacco); illegal (e.g., heroin and cocaine); or controlled for use by licensed prescribers for medical purposes such as hydrocodone or oxycodone (e.g., Oxycontin, Vicodin, and Lortab). These substances can be arrayed into seven classes based on their pharmacological and behavioural effects: Nicotine such as cigarettes, vapor-cigarettes, cigars, chewing tobacco, and snuff. Alcohol: including all forms of beer, wine, and distilled liquors. Cannabinoids like Marijuana, hashish, hash oil, and edible cannabinoids. Opioids such as heroin, methadone, buprenorphine, Oxycodone, Vicodin, and Lortab. Depressants like benzodiazepines (e.g., Valium, Librium, and Xanax) and Barbiturates (e.g., Seconal). Stimulants such as Cocaine, amphetamine, methamphetamine, methylphenidate (e.g., Ritalin), and atomoxetine (e.g., Stratera). Hallucinogens such as LSD, mescaline, and MDMA (e.g., Ecstasy).

Research Questions

This study answered the following questions:

1. How is the relationship between Childhood trauma and Anti-social behaviour among Secondary School adolescents in Lafia metropolis?
2. How is the relationship between Substance use and Anti-social behaviour among Secondary School adolescents in Lafia metropolis?
3. How is the joint and independent influence of Childhood trauma and Substance use on Anti-social behaviour among Secondary School adolescents in Lafia metropolis?

Objectives of the Study

The objectives were to:

1. Examine the relationship between Childhood trauma and Anti-social behaviour among Secondary School adolescents in Lafia metropolis.
2. Examine the relationship between Substance use and Anti-social behaviour among Secondary School adolescents in Lafia metropolis.
3. Examine the joint and independent influence of Childhood trauma and Substance use on Anti-social behaviour among Secondary School adolescents in Lafia metropolis.

Hypotheses

This study tested the following hypotheses

1. There was a significant influence between Childhood trauma and Anti-social behaviour among Secondary School adolescents in Lafia metropolis.
2. There was a significant influence between Substance use and Anti-social behaviour among Secondary School adolescents in Lafia metropolis.

3. There was a joint significant influence of Childhood trauma and Substance use on Anti-social behaviour among Secondary School adolescents in Lafia metropolis.

Empirical Review

Childhood Trauma and Antisocial Behaviour

Several studies have identified the relationship between childhood trauma and antisocial behaviour. For example;

In a study conducted by Ameel and Yassen (2020) to assess the relationship of childhood maltreatment to deviant behaviours among Iraqi adolescents. A cross-sectional study was done from October 2019 to April 2020. A non-random convenient sample that consisted of young adults of age between 18 and 20 years. The participants were 401. There was a positive correlation between Childhood trauma score and antisocial behaviours score. The male subjects had higher mean of antisocial behaviour variety score compare to that of the female subjects. The linear regression model showed that exposure to physical abuse ($\beta = 0.180, p < 0.001$), sexual abuse ($\beta = 0.138, p = 0.003$) during the first 18 years of age significantly predicts the variety of antisocial behaviours.

Another study by Öğretim (2019) investigated the relationship between Traumatic experiences and Juvenile Delinquency, the result showed that the largest group of participants was within their 17 year of age (60%). The majority (85%) was cohabiting with their families at the time of crime, the rest were living alone or with peers. Almost 66% of the juveniles had three or more siblings in the family, and about 35% had six or more siblings. Narcotics crimes (selling or possession of drugs) were the most frequent crimes with 22%, followed by usurpation (17%), homicide (16%) and plundering (14%). Overall, crimes against life and health (narcotics, homicide, injury, terror, murder, deprivation of liberty, and abuse) constituted 55% of all the crimes; while the rest were crimes against property. Eighteen percent of the juveniles who participated in this study had previously been charged for other crimes. 44% percent of juvenile participants reported a personal experience of physical attack.

Similarly, Finkelhor (2017), conducted research on the relationship between trauma and juvenile delinquency, reveals that trauma among our youth goes unrecognized and untreated. This can lead to an increase in juvenile delinquency. Sixty percent of American children were exposed to violence, crime, or abuse in their homes, schools, and communities in 2017. Almost 40% of American children were direct victims of two or more violent acts, and one in ten were victims of violence five or more times.

Substance Abuse and Mental Health Services Administration (SAMHSA 2014), found out that 61% of men and 51% of women experienced at least one traumatic event in their lifetime. All types of traumatic events, experienced in childhood or adulthood, significantly predict interpersonal and self-regulation problems (Wolff & Shi, 2012). These problems are likely to affect the thinking patterns of individuals and may result in negative, criminal, and antisocial thinking patterns.

Furthermore, Horwitz, et al., (2001) found that, after gathering 20 years of documented child abuse and neglect records of court cases, adults who report experiences of abuse and neglect as children report considerably higher rates of virtually every type of psychopathology including

depression, anxiety, drug and alcohol disorders, personality disorders, and generalized distress. Both men and women who were victimized as children report more stressful life events over their lifetimes suggesting that early child abuse and neglect is part of a broader constellation of life stressors.

A less adverse manifestation of childhood maltreatment concerns social functioning. Findings indicate that the intimate relationships of adults maltreated as children differ in stability and quality from those of other adults (Morton & Browne, 1998). Both male and female adults who had been abused and/or neglected in childhood reported significantly higher rates of relationship disruption (walking out and divorce) than adults without abuse histories (Sheridan, 1995).

Substance Use and Antisocial Behaviour

The Millennium Cohort Study (2019) collected data from nearly 10,000 individuals across the UK on a range of risky behaviours when participants were 17 years old in 2018-2019. The behaviours examined in this report include the use of substances (alcohol, smoking, vaping, drugs), and antisocial behaviours (graffiti, vandalism, shoplifting, assault, weapon use). This report shows overall prevalence of engagement in risky behaviours, alongside breakdowns by sex, by parental educational level, and by UK country.

In terms of sample characteristics, 50% were females, 36% had parents with a university degree or above, 13% were of ethnic minority origin, and the UK nations were represented by England (84%), Wales (5%), Scotland (8%) and Northern Ireland (3%). So, figures are nationally representative estimates of risky behaviours among young people born in the UK around the turn of the millennium.

In a study by Aminu, et al., (2015) who investigated drug use and anti-social behaviour as correlates of secondary school students' achievement in Biology in Makurdi Local Government Area of Benue State. The study adopted the ex-post facto method and a sample size of 375 Senior Secondary two (SS II) students was drawn. Students Drug Use Questionnaire (SDUQ), Anti-social Behaviour Influence Questionnaire (ABIQ) and Students Performance Test (SPT) were used for data collection. The data collected were analysed using Pearson Product Moment correlation method to answer the research questions. Also, t-test statistical tool was used to test the six null hypotheses at 0.05 level of significance. The study found that involvements in anti-social behaviour by secondary school students have significant relationship with their achievement in Biology; there was a significant relationship between academic achievement and anti-social behaviour of male students; male students academic performance and drug abuse had no significant relationship; there was significant relationship between academic performance and anti-social behaviour of female secondary students but there was significant relationship between academic performance and drug abuse among female secondary Biology students. Based on these findings, the study concluded that indiscriminate drug use and anti-social behaviour indulged in by both male and female students are strong indices of academic performance by students. Consequently, for a student to be outstanding in his or her performance there is every need to shun indiscriminate drug use and indulgence in anti-social behaviours. The study recommended among others that both secondary school male and female students should desist from anti-social behaviours or social vices that are detrimental to their academic performance, among others.

Also, Fernanda (2012), Conducted an experiment on Drug use and antisocial behaviour among adolescents attending public schools in Brazil. A total of 7,176 adolescents from low-income neighbourhoods and public schools aged 14 to 19 years were assessed in five geographical regions in Brazil. Data on bio sociodemographic characteristics and on drug use and antisocial behaviour were assessed from complete answers to a national survey on risk and protective factors among adolescents. Over 80% of the adolescents who used alcohol and cigarettes were between 14 and 17 years old. The percentage of participants with antisocial behaviours was significantly higher among users of marijuana, cocaine, or crack than among adolescents who were not drug users.

In addition, Miller, et al., (1999) reported that studies of substance abusing parents have largely been focused on the male parent; but mothers provide the predominant child care and their alcohol or other drug (AOD) problems may have a more direct adverse effect on the child. Substance abuse may affect the quality of parenting and increase the risk of neglect or abuse. These authors suggest that there is a connection between a woman's history of physical abuse and childhood sexual abuse and her development of AOD problems. In a study of 170 mothers previously identified with AOD, using five measures to identify mother punitiveness (mother's AOD problem, mother's history of childhood sexual abuse, mother's history of parental severe violence, mother's history of partner violence, and mother's hostility).

Similarly, Miller, et al., (1999) found that women with AOD problems were significantly more likely to report victimization histories and were more likely to be punitive toward their children compared to women without AOD problems. This punitiveness did not necessarily disappear when AOD problems were in remission. These authors concluded that a woman's experiences of violence influence her parenting strategies around discipline. In particular, her experiences with partner violence appear to increase the stresses that produce harsh diplomacy tactics. The association between childhood sexual abuse and subsequent poor parenting could be a result of an internalized model of poor parenting, resulting from intergenerational transmission (common to victims of childhood sexual abuse) being enacted in adult years. More problems of hyperactivity, misconduct, and peer and emotional problems were noted in the children of mothers reporting childhood sexual abuse compared to the children of other mothers (Roberts, et al., 2004).

Research Design

Survey research design was adopted for the study. This kind of research design is more appropriate considering the nature of the problem under study. It also complied with the kind of data that the problem of the study demands.

Population, Sample and Sampling Technique

This study used students from 3 Secondary Schools in Lafia Local Government Area of Nasarawa State, Nigeria. The total adolescent's populations of the selected secondary Schools were; Government Secondary School Shabu (255), Government College Lafia (230) and Government Science Secondary School Lafia (320), which made the total number of adolescents to be 805 from the 3 secondary schools.

The study adopted the simple random sampling technique that gave the participants equal chance of participating in the research.

The sample size for the participants was drawn using Taro Yamane's formula to ascertain the suitable size for the study.

The total population for this study was 805. The sample size used was 268.

Method of Data Collection

The study employed a service of some research assistants that assisted on the distribution and collection of the questionnaires.

The instruments used:

Childhood Trauma Questionnaire

A 28-item version of the "Childhood Trauma Questionnaire developed by David P. Bernstein 2003" was used for this study. Participants were asked how often they had experienced series of traumatic events when they were growing. The answers were given in a five (5) Likert-scale: Never (1), Rarely (2), Sometimes (3), Often (4), Always (5). It has both direct scoring and reverse scoring.

A pilot study was carried out on the instrument by Emmanuel, et al., (2018) at University of Calabar. The Cronbach alpha coefficient was obtained as 0.80 and internal consistency of the subscales obtained are; 0.69 for emotional abuse, 0.60 for physical abuse, 0.60 for sexual abuse, 0.79 for emotional neglect, 0.21 for physical neglect.

Similarly, a test-retest validity was conducted on sample of 30 participants of Government Science Secondary Nasarawa Eggon and the Cronbach alpha coefficient was obtained as (.93) and the internal consistency of the subscales are: emotional abuse (.73), physical abuse (0.83), sexual abuse (0.78), emotional neglect (0.76), physical neglect (0.78) and minimization/denial (0.56)

Substance Use Questionnaire

A 20-item version of the "Substance Use Questionnaire developed by Harvey A. Skinner 1982" was used for this study. Participants were asked how often they used drugs in the past 12 months. The answers were in a Yes/No format. Yes (1), No (0).

The scale has good internal consistency and construct validity. The Cronbach alpha reliability index is (.92)

Antisocial Behaviour Questionnaire

A 32-item version of the "Antisocial Behaviour Questionnaire developed by Burt and Donnell 2009" was used for this study. Participants were asked how often they had performed a series of antisocial acts during the preceding 12 months. The answers were given in a five (5) Likert-scale: Never (1), Rarely (2), Sometimes (3), Often (4), Always (5). The scale has good internal consistency and construct validity. The Cronbach alpha reliability index is (.77) The internal consistency of the subscales is: Physical aggression (.72), Social aggression (.81), Rule breaking (.73)

Method of Data Analysis

The researcher employed the use of various statistical approaches to analyse the data collected such as; Linear Regression Analysis, Multiple Regression Analysis.

To test hypothesis 1: Linear Regression analysis was used to analyse the data collected.

To test hypothesis 2: Linear Regression analysis was used to analyse the data collected.

To test hypothesis 3: Multiple Regression Analysis was used to analyse the data collected.

RESULT

Table 1: Linear Regression analysis showing influence between Childhood Trauma and Antisocial behaviour among Secondary School Adolescents in Lafia metropolis

Variables	<i>R</i>	<i>R</i> ²	<i>F</i>	<i>β</i>	<i>T</i>	<i>P(sig)</i>
Constant	.672	.452	173.173		-.254	.000
Childhood trauma				.672	13.160	.000

Dependent Variable: Anti-social Behaviour

The results presented in table 1 shows that Childhood Trauma significantly influenced Antisocial behaviour among Secondary School Adolescents in Lafia metropolis ($R = 0.672 = R^2 = 0.452$ ($F(1,218) = 173.173$, $t = 13.160$, $p < .05$). This means that childhood trauma contributed 45.2% variation in anti-social behaviour among adolescents in secondary schools in Lafia metropolis. This finding implies that extreme level of childhood trauma is likely to bring about higher level of anti-social behaviour in adolescents' children. Therefore, this hypothesis has been accepted.

Table 2: Linear Regression analysis showing influence between substance use and Antisocial behaviour among Secondary School adolescents in Lafia metropolis

Variables	<i>R</i>	<i>R</i> ²	<i>F</i>	<i>β</i>	<i>T</i>	<i>P(sig)</i>
Constant	.367	.134	33.720		3.811	.000
Substance Use				.367	5.807	.000

Dependent Variable: Anti-social Behaviour

The results presented in table 2 shows that substance use significantly influenced anti-social behaviour among Secondary School Adolescents in Lafia metropolis ($R = 0.367 = R^2 = 0.134$ ($F(1,218) = 33.720$, $t = 5.807$, $p < .05$). This means that substance use contributed 13.4%

variation in anti-social behaviour among Secondary School Adolescents in Lafia metropolis. This finding implies that extreme level of substance use is likely to bring about higher level of anti-social behaviour in adolescents. Therefore, this hypothesis is confirmed in the study.

Table 3: Regression analysis showing the joint and independent influence of Childhood Trauma and Substance Use on Antisocial Behaviour among Secondary School Adolescents in Lafia metropolis

Variable	<i>R</i>	<i>R</i> ²	<i>F</i>	β	<i>T</i>	<i>P</i> (sig)
Constant	.714	.510	105.499		-3.097	.002
Childhood trauma				.622	12.311	.000
Substance use				.234	4.620	.000

Dependent Variable: Anti-social Behaviour

The results presented in table 3 above revealed that childhood trauma and substance use jointly influenced Anti-social Behaviour among Secondary School Adolescents in Lafia metropolis ($R = 0.714 = R^2 = .510$ ($F(2, 217) = 105.499$, $t = -3.097$, $p < .05$). This means that childhood trauma and substance use jointly contributed to 51% change in Anti-social behaviour among Secondary School Adolescents in Lafia metropolis. Therefore, this hypothesis is also confirmed in this study.

Discussion of Findings

Hypothesis 1 which states that there will be a significant relationship between Childhood Trauma and Antisocial Behaviour among Secondary School Adolescent in Lafia, the result of the study has confirmed the hypothesis and its hereby accepted. This means that adolescents who had traumatic experiences tend to have a negative outcome. This finding supports the work of Ameel and Yassen (2020) who believes traumatized children are presumed to exhibit antisocial behaviour in the society.

Also, the finding supports the work of Öğretim (2019) who investigated the relationship between Traumatic experiences and Juvenile Delinquency, the result showed that the largest group of participants was within their 17 year of age (60%). The majority (85%) was cohabiting with their families at the time of crime, the rest were living alone or with peers.

Similarly, the finding is in support of work of Finkelhor, et al., (2017) which conducted research on the relationship between trauma and juvenile delinquency, and the result reveals that trauma among our youth goes unrecognized and untreated. This can lead to an increase in juvenile delinquency. Sixty percent of American children were exposed to violence, crime, or abuse in their homes, schools, and communities in 2017.

Hypothesis 2 which states that there will be a significant relationship between Substance Use and Antisocial Behaviour among adolescents, the result of the study confirmed the hypothesis. This finding collaborated with the work of Aminu, et al., (2015) that believes that adolescents who are addicted to use of Substance would exhibit antisocial behaviour in the society.

Also, the work is in line with the findings of Fernanda et al., (2012), that Conducted an experiment on Drug use and antisocial behaviour among adolescents attending public schools in Brazil. A total of 7,176 adolescents from low-income neighborhoods and public schools aged 14 to 19 years were assessed in five geographical regions in Brazil. Data on bio sociodemographic characteristics and on drug use and antisocial behaviour were assessed from complete answers to a national survey on risk and protective factors among adolescents. Over 80% of the adolescents who used alcohol and cigarettes were between 14 and 17 years old. The percentage of participants with antisocial behaviours was significantly higher among users of marijuana, cocaine, or crack than among adolescents who were not drug users.

Hypothesis 3 which states that Childhood trauma and substance use will jointly influence Antisocial Behaviour among Secondary School Adolescents in Lafia metropolis, the result of the study has confirmed the hypothesis and it is hereby accepted.

Conclusion

The result of this study showed that childhood trauma had a significant influence on adolescents' antisocial behaviour. It revealed that adolescences with adverse childhood experiences showed a similar antisocial behaviour from their responses in the questionnaire. Adolescences whose parents/caregivers maltreat them showed manifestation of antisocial behaviour more than those whose parents/caregivers treat them with care. The study showed significant relationship between childhood trauma and substance use on adolescents antisocial.

Based on the above findings, the researcher concludes that there is a significant relationship between childhood trauma on adolescents' antisocial behaviour. The researcher also concludes that there is a significant relationship between substance use on adolescents' antisocial behaviour. This could be linked to the fact that the parents/caregivers do not take care of their children/wards as expected hence they grow up with negative perception and therefore tend to be lawbreakers in the society.

Recommendations

Based on the findings of this study, the researcher has put forth the following recommendations to curb the menace of antisocial behaviour.

1. The atmosphere in the home should be made conducive to prevent children from seeking comfort outside their home.
2. Proper discipline should be done to students found wanting with the use of illegal drugs. Doing that will serve as a great lesson to others who engage in such.
3. The government should try as much as possible to stop the selling of unprescribed drugs to adolescents. Most of these adolescents use drugs because they access them easily.

REFERENCES

Ameel, F. Al Shawi, & Yaseen, T. Sarhan (2020). The relationship of childhood maltreatment to deviant behaviours among Iraqi adults, 68 (7)
<https://doi.org/10.1177/00207640211023066>

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington (VA): American Psychiatric Association.
- Aminu, S., Emmanuel, E. A., & Comfort, O. (2015). Drug use and antisocial behavior as correlates of secondary school students' achievement. *International Journal of Education and Practice*. 3(4):199-211.
- Amrik, S. & Ajoy, B. (2019). Trauma Studies: Trauma in Early Childhood and its Recuperation. *International Journal of Recent Technology and Engineering*, (7) 2277-3878.
- Baglivio, M.T., & Epps, N. (2015). The interrelatedness of adverse childhood experiences among high-risk juvenile offenders. *Youth Violence and Juvenile Justice*, 14(3), 179-198. doi:10.1177/1541204014566286.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall, Inc.
- Bebbington, P., Jenkins S., & Brugha, T. (Eds.), *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014* (pp. 106–130). Leeds: NHS Digital. [Google Scholar]
- Bellis, M.D. (2014). *The biological effects of childhood trauma* Vol. 2, 23(2): 185-222. Doi: 10.1016/j.chc.2014.01.002
- Berbary, C.M. (2017). *Trauma and Aggression in Juvenile Officers*. Retrieved from <https://dsc.duq.edu/etd/162>
- Bethel, C.D., Hafton, S., Bellis, D., Ethlert, D., & Beyck, R.L. (2014). Adverse Childhood experiences. *Assessing the impact on health and school engagement and the mitigating role of resilience*. Retrieved from <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2014.0914>
- Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and the Mitigation Role of Resilience. <https://doi.org/10.1377/hlthaff.2014.0914>
- Burt, S.A., & Donnellan, M.B. (2009). Development and Validation of the subtypes of Antisocial Behaviour Questionnaire. *Aggressive Behaviour*, 35(5), 376-398. <https://doi.org/10.1002/ab.20314>
- Carlson, E.B., & Lita F., (1997). A conceptual framework for long-term Psychological Effects of Traumatic Childhood Abuse. <http://doi.org/10.1177/1077559597002003009>
- Cloete, M.G.T., & Stevens, R. (editors) (1994). *Book of Criminology*. South Africa: Southern Book Publishers.
- Cohen, J. A., Mannarino, A. P., Jankowski, K., Rosenberg, S., Kodya, S., & Wolford, G. L. (2016). A randomized implementation study of trauma-focused cognitive behavioral

therapy for adjudicated teens in residential treatment facilities. *Child maltreatment*, 21(2), 156-167.

Courtois, C. A., & Ford, J. D. (2013). Treating complex traumatic stress disorders: an evidence-based guide. New York: Guilford Press.

Courtois, C. A., & Gold, S. N. (2009). The need for inclusion for psychological trauma in a professional curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1(1), 3-23. <https://doi.org/10.1037/a0015224>

Cropley, M., Theadom, A., Pravettoni, G. and Vart, G. (2008). The effectiveness of smoking cessation interventions prior to surgery: A systematic review
Doi:10.1080/14622200801888996

De Young A.C., Kenardy, J., & Cobham, V. (2011). Trauma in Early Childhood: A Neglected Population. *Clinical Child and Family Psychology Review* 14(3):231-50
Doi: 10.1007/s10567-011-0094-3

Emmanuel, E., Godwin, A., Olusola, R.A., & Effiong, E.U. (2018). The Childhood Trauma Questionnaire: Validity, Reliability and Factor Structure among adolescents in Calabar, Nigeria. *Journal of the National Association of Resident Doctors in Nigeria*.
Doi: 10.4103/1115-2613.278787

Farrington, D.P. (2005). Childhood origins of antisocial behavior. *Clinical Psychology & Psychotherapy*/ Volume 12, issue 3/p.177-190.

Felitti, V.J. Anda, Robert, R.F., Nordenberg, D., Williamson, D.F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: *the Adverse Childhood Experiences (ACE) Study*. *Am J Prevent Med* 14:245-258.
[https://doi.org/10.16/S0749-3797\(98\)00017-8](https://doi.org/10.16/S0749-3797(98)00017-8)

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2017). Children's Exposure to Violence. A comprehensive National Survey. *Bulletin*. Washington, DC: US. Department of Justice. Office of Justice programs, office of Juvenile Justice and Delinquency prevention. Retrieved from:
<https://www.justice.gov/archives/defendingchildhood/facts-about-children-and-violence>

Fiorentini A, et al. (2011). Substance-induced psychoses: *a critical review of the literature*. *Curr Drug Abuse Rec*. PMID: 21999698

Fitzsimons, E., & Villadsen, A. (2021). Substance use and antisocial behaviour in adolescence: Evidence from the UK Millenium cohort study at age 17. London: Centre for longitudinal studies.

Frick, P. J. (1998). The Nature of Antisocial Behaviours and Conduct Disorders. In: *Conduct Disorders and Severe Antisocial Behavior*. Clinical Child Psychology Library. Springer, Boston, MA. https://doi.org/10.1007/978-1-4615-5343-4_2

- Gaensbauer, T.J. (2002). Representation of trauma in infancy: Clinical and theoretical implications for the understanding of early memory. *Infant Mental Health Journal*, 23(3), 259-277. <https://doi.org/10.1002/imhj.10020>
- Hawkins, D. J., Michael, W. A., & Catalano, R. F. (1995). Preventing Substance Abuse. *Building a Safer Society: Strategic Approaches to Crime Prevention*. Vol. 19, pp. 343-427 (85 pages). University of Chicago. <https://www.jstor.org/stable/1147600>
- Horwitz, A.V., Wisdom, C.S., McLaughlin, J., & White, H.R. (2001). The Impact of Childhood Abuse Mental Health: A prospective study. *Journal of Health and Social Behaviour*, 42, pp. 184-201.
- Howe, M. L., Toth, S. L., & Cicchetti, D. (2016). Memory and developmental psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology neuroscience* (pp. 629-655). Hoboken, NJ: Willey.
- Jill Dando Fund. UCL Jill Dando Institute of Security and Crime Science. Retrieved 31st October 2010.
- Katie, A. P., Derek, C. F. & Melissa, T. M. (2016). "Adverse Childhood Experiences and Sexual Victimization in Adulthood," *Child Abuse & Neglect* (51)313-322.
- Katie, A. P., Derek, C. F. & Melissa, T. M. (2016). "Adverse Childhood Experiences and Sexual Victimization in Adulthood," *Child Abuse & Neglect* (51)313-322.
- Kaya-Ciceralli, L. (2019). Traumatic experiences and juvenile delinquency relationship as moderated by sociodemographic factors. *OPUS–International Journal of Society Research*, 10(17), 79-103.
- Kromann, C.B., & Nielson, C.T. (2012). A case of cola dependency in a woman with recurrent depression. *BCM Research Notes* 5(1):692. Doi:10.1186/1756-0500-5-692
- Kupersmidt, J. B., Griesker, P. C., & Patterson, C. T. (1990). Socioeconomic status, aggression, and affiliation patterns of peers. Unpublished manuscript. Chapel Hill, N. C.: Department of Psychology, University of North Carolina.
- Locatelli, M. G. (2020). Play therapy treatment of pediatric medical trauma: A retrospective case study of a preschool child. *International Journal of Play Therapy*, 29(1), 33-42. <https://doi.org/10.1037/pla0000109>
- Marsac, M. L., Donlon, K., Hildenbrand, A., & Kassam-Adams, N. (2013). Understanding recovery in children following traffic-related injuries: Exploring acute traumatic stress reactions, child coping, and coping assistance. *Clinical Child Psychology and Psychiatry* 19(2). Doi:10.1177/1359104513487000
- Marsac, M., Kassam-Adams, N., Delahanty, D., & Widama, K. (2014). Posttraumatic Stress Following Acute Medical Trauma in Children: A proposed Model of Bio-Psychosocial Processes During the Peri-Trauma Period. *Clinical Child and Family Psychology Review* 17(4). DOI:10.1007/s10567-014-0174-2

- Marsiglio, M.C. (2014). Examining the link between traumatic events and delinquency among juvenile delinquent girls: A longitudinal study *Neglect*, 38(4), 650-663.
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behaviour: A developmental taxonomy. *Psychological Review*, 100(4), 674-701.
<https://doi.org/10.1037/0033-295X.100.4.674>
- Nwanneka, N., Ikediashi, J.A., & Joseph, A.A. (2015). Antisocial Behavior Among *Nigerian Adolescents*. *Journal of Research and Method in Education (IOSR-JRME)* e-ISSN: 2320-7388, P-ISSN: 2320-737X Volume 5, Issue 4 Volume 1, pp 31-36.
www.iosrjournal.org.
- Ogretim, U. (2019). Traumatic Experiences and Juvenile Delinquency Relationship as Moderated by sociodemographic factors. *International Journal of Society Researches*. e-ISSN: 2528-9535. doi:10.26466/opus.491095
- Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: *Implications for prevention and intervention*. *Clinical Child and Family Psychology Review*, 6(3), 161-170. <https://doi.org/10.1023/A:1024958332093>
- Pearce, J., Murray, C., & Larkin, W. (2019). Childhood adversity and trauma: *experiences of professionals trained routinely enquire about childhood adversity*.
<https://doi.org/10.1016/j.heliyon.2019.e01900>
- Porkka-Heiskanen T. (2011): Methylxanthines and sleep. *Hand Exp Pharmacol*, 200:331-48.
- Reissig, C.J., Strain, E.C. and Griffiths, R.R. (2009) Caffeinated Energy Drinks-A Growing Problem. *Drug and Alcohol Dependence*, 99, 1-10.
<https://doi/10.1016/j.drugalcdep.2008.08.001>
- Shahinfar, A., Fox, N.A., & Leavitt, L.A. (2000). Preschool children's exposure to violence: relation of behavior problems to parent and child reports. *American Journal of Orthopsychiatry* 70(1), 115-125. <https://doi.org/10.1037/h0087690>
- Shelley, A.R. (2010). Childhood Emotional Abuse and the attachment system across the life cycle: What Theory and Research Tell Us, *Journal of Aggression, Maltreatment & Trauma*, 19:1, 5-51. doi: 10.1080/10926770903475968
- Shukla, R., Crump, J.L., Chrisco E.S. (2012). An evolving problem: Methamphetamine production and trafficking in United States. *The international journal on drug policy*. 23(6). doi: 10.1016/j.drugpo.2012.07.004
- Skinner-Osei, P., Mangan, L., Liggett, M., Kerrigan, M., & Levenson., J.S., (2019). *Justice-Involved Youth and Trauma-Informed Interventions*. *Justice Policy Journal*, 16(2), pp. 1-25.
- Straus, M.A., & Gelles, R.J. (1990). Physical violence in American families. Risk facts and adaptations to violence in 8,148 families. New Brunswick, NJ: *Transaction. Journal of Psychology*, Vol. 8 No. 9B.

- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). Trauma-informed approach and trauma-specific interventions. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: *Substance Abuse and Mental Health Services Administration*.
- Susan, C., Susan, P.K. (2009). Developmental origins of early antisocial behaviour. *Development and Psychopathology*. 24(4): 1095-109. doi:10.1017/S095457940999006X
- The National Child Traumatic Stress Network (2010). "About Child Trauma"
<http://www.nctsn.org/what-is-child-trauma/about-child-trauma>
- Tossone, K., Wheeler, M., Butcher, F., & Kretschmar, J. (2018). The Role of Sexual Abuse in Trauma Symptoms, Delinquent and Suicidal Behaviors, and Criminal Justice Outcomes Among Females in a Juvenile Justice Diversion Program. *Violence Against Women*, 24(8), 973-993.
- Trickett, P. K., Aber, J L., Carlson, V., & Cicchetti, D. (1991). Relationship of socioeconomic status to the etiology and developmental sequelae of physical child abuse. *Development psychology*, 27(1), 148-158. <https://doi.org/10.1037/0012-1649.27.1.148>
- Tsang, S. (2018). Troubled or Traumatized Youth? The Relations Between Psychopathy, Violence Exposure, Posttraumatic Stress Disorder, and Antisocial Behavior Among Juvenile Offenders. *Journal of Aggression, Maltreatment & Trauma*, 27(2).
- Van der kolk, B. A., Perry, J. C., & Herman, J. L. (1991). Childhood origins of self-destructive behavior. *The American Journal of Psychiatry*, 148(12), 1665-1671 <https://doi.org/10.1176/ajp.148.12.1665>
- Vander kolk, B. A. (1991). Childhood origins of self-destructive behaviour. *Child maltreatment*, 31(3), 165-186.
- Wachikwu, T. & Ibegbunam, J.O. (2012). Psychosocial factors influencing antisocial behavior among Secondary School Students. *International Journal of Educational Development*, 2(1)104-113.
- Widom, C. S., Czaja, S. J., & Dumont, K. A., (2015). Intergenerational transmission of child abuse and neglect: real or detection bias? 2015 Mar 27;347(6229): 1480-5. Doi: 10.1126/science.1259917
- Wiessing, L., Olszewski, D., Thanki, D., & Griffiths, P. N. (2009) ECDDA annual report: Cocaine and heroin maintain firm hold on Europe's drug scene. *European Communicable Disease Bulletin* 14(46)
- Willoughby, M., Kupersmidt, J., & Bryant, D. (2001). Overt and Covert Dimensions of Antisocial Behavior in Early Childhood. *Journal of Abnormal Child Psychology* 29, 177- 187

- Wilson, J.J., & Howell, J.C. (1993). *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Wolff, N., & Shi, J. (2012). Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *International Journal of Environmental Research and Public Health* 9, 1908-1926.
Doi:10.3390/ijerph9051908
- Young, D.A.C., Kenardy, J.A., & Cobham, V.E. (2011). Trauma in early Childhood: A neglected population. *Clinical child and Family psychology Review*, 14(3),231-250.
<https://doi.org/10.1007/s10567-011-0094-3>