

Full Length Research Paper

A survey on violent behaviours among adolescents and bereaved children in South West Nigeria

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Accepted 3 May, 2016

This study investigated the relationship that existed between certain identified factors of violent behaviours among bereaved children and adolescents. The descriptive research design of the survey type was used for the study. The population of the study are all the children and adolescents in South West Nigeria. A research instrument titled "Violent Behaviour Questionnaire" (VBQ) was used for gathering data. The instrument's validity was ensured by subjecting it to experts in the Departments of Guidance and Counselling, Psychology, Tests and Measurement, Sociology and Human Kinetics. A reliability coefficient of 0.74 was obtained using Test-re-test Reliability and Pearson Product Moment Correlation analysis. A sample of 584 was selected using simple and multistage sampling techniques. Copies of the instrument were personally administered by the research and trained research assistants. The result of the analysis revealed that the identified factors of violent behaviours, parents, residence, morality and teachers correlated significantly. It was recommended that the curriculum planners should incorporate bereavement counselling into the education curriculum to enable teachers, counsellors and students to learn and teach areas that will enhance identification of bereaved children and adolescents and to reduce the intensity and consequences of bereavement. The mass media and religious organisations and leaders should be able to counsel and educate the members of the society on areas that could alleviate the intensity of grief and bereavement.

Key words: Children, adolescents, bereavement, violent behaviour.

INTRODUCTION

Grief is a sorrowful state of mental anguish whenever people experience loss especially the one related to death of loved ones they cry, wail, and inflict injury on self, objects in the surrounding and people in their vicinity. It is customary or normal to grief the loss of loved ones and get over the problem within a limited time or duration. It becomes pathological when grief is prolonged. Whenever grief is prolonged it impacts on the health status, emotion, performances relationship and behaviours of the bereaved. Grief is individual and the processes of mourning and bereavement are not uniform between two people. This depends on the age of the bereaved, level of comprehension relationship with the person who has died and the emotional resilience of the mourner.

Clinical research identified manifestation of grief among children and these are manifested in the following ways. These are in forms of:

- Manifold fears, separation anxiety, fear of abandonment, fear that others close to them will die or they themselves will die, death fantasies.
- Guilt due to magical thinking.
- Learning difficulties lowered school grades.
- Somatic complaints, eating disorders.
- Regressive behaviours like bedwetting, thumb-sucking.
- Aggressive behaviour, temper tantrums, explosive emotions, acting out behaviours, social withdrawal.
- Sadness, crying, despair, depression.
- Overdependent behaviour, helplessness.

- Sleep disorders.

Bereaved children exhibit various kinds of negative behaviours (Fink et al., 1994). Elizur and Kaffman (1983) found that bereavement symptoms were more intense in children who had a history of poor pattern of withdrawal in other relationships and higher levels of adjustment difficulties. Children's experience of bereavement is painful and on-going. Grieving children do not seem to be as all consuming as it is for adults. Children cannot be sad one minute. Engaging in play may be the child's way of coming to terms with the loss and may provide a much needed catharsis of emotions to allow mastery of a particular concept. The child's play serves a function similar to an adult's preoccupation with work.

Children generally have short attention spans and are quite easily distracted (Cook and Oltjenbruns, 1998); adults perceive them as having resolved their grief. This misconception causes premature withdrawal of support.

Adolescents are bewildered by different kinds of losses that are related to death. These include the death of parents, a sibling, and a friend. Meshot and Leither (1993) note that adolescents facing the death of a close loved one may add considerable upheaval to this time of life characterised by ambivalence, struggle and confusion. The bereavement process for adolescents may be different than for children. Balk (1996) observed that the actual manifestations of grief as manifested in behavioural, cognitive and affective responses are linked to the adolescents' current stage of maturation. The strong desire to belong is peculiar to this stage, in that some adolescents are fearful of seeming to be different from their peers by outwardly showing their grief. Many younger adolescents camouflage their feelings so that those around them do not truly understand the intensity of their reactions to loss (Fleming and Balmer, 1996).

Adolescents' grief is multifaceted and manifested in the following ways:

- Sleep disturbances.
- Dysphoric mood, fear, guilt, anger and sense of powerlessness.
- Diminished social competency and loneliness.
- Feeling different.
- Preoccupation with the death event of the person who died, and inability to concentrate diminished study habits.
- Aggressive behaviours, acting out behaviours (Balk, 1983; Davies, 1991; Farios and Nickerson, 1991; Itogan and Greenfield, 1991; McCown and Davies, 1995; Miller, 1996).

Hogan et al. (1996) observed that most of the reactions dissipate over time, whereas some may linger over an extended period. Hogan and Greenfield (1991) studied 127 adolescents aged 13 to 18 who had experienced the death of a sibling. Most of this group showed similar bereavement reactions during the first 18 months

following the death, though significant differences were apparent beyond 18 months. The researcher found that 18 months or more after the death, those young people who had a low self-concept showed significantly more intense grief reactions than those with a high self-concept. They concluded that there is a strong relationship between lingering bereavement symptomatology and a relatively low self-concept.

Martinson et al. (1987) studied 29 young persons aged 8 to 18 following the death of a sibling. Comparing the self-concept scores of the bereaved sibling group to the scores used to norm the self-concept instrument, it was found that the self-concept scores were significantly higher. This finding may further confirm the fact that a crisis such as death can serve as a catalyst for many positive outcome. For some there is a risk that the death of a sibling may contribute to a lowered self esteem due to the fact that if the surviving children are always compared to the special child who died, they may have difficulty reconciling their own value to comparison of the child who is gone (Adams and Deveau, 1987; Pettle-Michael and Lansdown, 1986); parents who overprotect surviving siblings may have a negative impact on their children's self-esteem in that they find it difficult to display their own independence and prove their own capability.

Adolescence is a vulnerable time to suffer the loss of a sibling. The sibling and parents contribute to the adolescents' role and identity consolidation. A drastic change in these relationships resulting from the death of a sibling has the potential to interfere with these important developmental processes (Hogan and Greenfield, 1991). When one child becomes terribly ill, parents have a diminished amount of time to spend with others in the family; as such, other children who are healthy become hurt, angry or jealous when parents are unable to give them the same attention they receive earlier (Kinrade, 1985). Many children believe their own personal needs are being neglected and are overwhelmed by many well-meaning individuals who tell them to be strong for their parents.

Whenever children and adolescents are bereaved, members of the school staff and other pupils may be the first to recognise changes in the bereaved child or young person's behaviour outside of their immediate family who may not have noticed if they are also grieving. Young children unlike adults do not possess emotional reserves to grieve continuously and they will need respite from their grief albeit for a short while until they are sufficiently mentally restored to commence grieving.

Grieving is an exhausting process for children and young people alike, therefore school staff may become aware of how tired and listless the bereaved child or young person appears. Bereavement appears to dramatically affect the sleeping patterns of a child or young person and if they are experiencing nightmares or engaging in hyper vigilance. Children that grieve manifests sleeping disorders and are hyper vigilant, in

other words, they feel lethargic and lack energy. The state of exhaustion affects the bereaved child ability to concentrate on their work.

Bereaved children and young persons are found dosing or falling asleep during lessons. They display mood swings and appear to display polar behaviours to their bereavement for example a previously gregarious and popular pupil might become sullen and withdrawn following the death of someone close. A normally confident academic achiever can become agitated, anxious and despondent as they grieve; it can become alarming for a member of the school staff to observe a bereaved pupil develop stutter or similar speech impairment, and it can prove equally worrying to observe a pupil revert to using baby talk or sucking their thumbs. The loss experienced by the bereaved pupil throw them into doubt, fear and "insecurity".

School staff may also notice a bereaved child or young person's academic skills diminish or deteriorate, their spelling may become poor, they might not be able to understand certain mathematical equations that they were adept at prior to bereavement. The school staff may become aware that the bereaved becomes angry, frustrated and aggressive. Such challenging behaviour may be observed in older pupils particularly as they assume puberty. The maelstrom of emotions experienced by many young people as they enter adulthood can be difficult enough and the death of someone close can heighten and complicate these feelings further. A good natured and amiable pupil may become aggressive following the death of someone close and their frustration can become apparent, if a bereaved child is displaying physically or verbally threatening behaviour. They are enough symptoms to diagnose the effect of bereavement.

In some circumstances, a bereaved young person may demonstrate high risk behaviours in response to their grief. Such high risk behaviours include excessive alcohol consumption substance misuse and self harm or suicidal attempts like reckless driving or attempting suicidal events. The researcher observed that bereaved young people may use or drive vehicle recklessly as coping mechanisms endeavouring to anaesthetise the emotional pain they are experiencing. In some cases, the bereaved children and young person may not present any behaviours associated with grieving or to deny their grief altogether. Some bereaved persons act or appear to behave as if the death has not occurred. The bereaved may exhibit compensatory behaviours such as all consuming academic pursuits or an overly keen engagement in sporting activities. This is not because the bereaved child or young person does not intellectually comprehend the death of their loved one, but rather they are trying to throw themselves into tasks that will serve to facilitate their denial of the death. Denial in such instances can serve as a protective mechanism allowing the bereaved child or young person tune to process the death and its consequences.

It is not uncommon for some bereaved children and young people to delay their grief for months or years. Life challenging incidents such as moving home, acquiring a step parent or experiencing a further bereavement can serve to release the bereaved child or young person's delayed or unresolved grief. There is no way to divert grief and ultimately regardless of how long the child or young person has managed to deny their grief, they will have to go through the grieving process eventually.

The feelings of the children and young people who have been bereaved whilst they are on the cusp of adulthood can find the emotions that they are experiencing to be frighteningly intense. Some children and young people who have been bereaved want to return to school fairly soon after the death as this offers some sort of normality and routine. The teaching staff and counsellors should be suitably prepared to recognise the impact the bereavement would have had upon the child or young person and be equipped to support them.

It is not uncommon for some bereaved children and young people to feel like they are going mad as the process of grieving takes a toll. The schools' staff need to reassure the bereaved child or young person that they are not going mad and that the feelings they are experiencing are a very normal and natural reaction to the death of someone close. The bereaved children and young person also transfer and project their emotions on others. The school staff, that is, the teachers and counsellors need to shower empathy and compassion on the bereaved; in fact there must be moderation in reactions to the bereaved.

Research rationale

The researcher observed that children and adolescents in South West Nigeria are neglected by peers, parents, teachers and counsellors. Children and adolescents grieving the death of their loved ones appear not to be acknowledged in the school and at home. Children and adolescents that are grieving manifest various kinds of negative behaviours like running away behaviours such as lateness to school, absenteeism from school, and poor class attendance, all these have profound influences on academic performances of students by lowering concentration and decreasing study habit of students. Whenever parents are grieving children are at the receiving end. Whenever an adolescent is bereaved they appear to demonstrate high risk behaviours in response to their grief; this is manifested in consumption of alcohol, substance misuse and self harm. This is done by driving recklessly in order to anaesthetise the emotional pain they are experiencing. Unfortunately teachers, parents and significant others do not recognise that the state of bereavement could be accountable for this. All these negative behaviours seem to account for most of the crime committed by children and adolescents.

Youth restiveness which constitutes security threats

Table 1. Correlation Matrix showing the co-efficient of relationship among the selected factors of violent behaviours in South West Nigeria.

Factor	Parents	Residential	Morality	Violence	Teachers	Propensity for negative behaviours
Parents	1.000					
Residential	0.056	1.000				
Morality	185**	289**	1.000			
Violence	0.029	163**	373***	1.000		
Teachers	0.041	121**	355**	504**	1.000	
Propensity for negative behaviours	0.109**	105*	286**	386**	226*	1.000

*Significant at $P < 0.05$; r-table = 0.164.

that disobeys the weapons of sanitation of security in Nigeria results from negative behaviours of children and youth.

METHODOLOGY

The study investigated the relationship that existed among certain identified factors of bereavement in the bereaved children and adolescents and violent behaviours that result from the death of loved ones in Yoruba land, Nigeria. It examined the relationship that existed among selected factors of violent behaviours and sex of students. The descriptive research design of the survey type was used. A sample of 584 children and adolescents were randomly selected using simple and multistage sampling technique. A research instrument titled "Violent Behaviour Questionnaire" (VBQ) was used for collecting data. The face and content validity of the instrument was ensured by relevant experts in the Department of Guidance and Counselling, Psychology, Human Kinetics and Sociology. The reliability coefficient of the instrument was estimated at 0.74 using Test-re-test Reliability method and Pearson Product Moment Correlation Coefficient. Copies of the final instruments were personally administered by the researcher and trained assistants. The data generated were administered using correlation matrix and t-test analysis for the hypothesis postulated:

H₁: There is no significant relationship among the factors engendering violent behaviour in children and adolescents.

Table 1 shows the correlation matrix of the selected factors (parents, residence, morality, violence and teacher) of propensity for crime among children and adolescents in South West Nigeria. There is high level of correlation between parental factors and morality, due to the fact that parental factor correlates with violence factors. There is also correlation between residential and morality factors. There is correlation between morality

factor and parental factor; likewise, there is correlation between morality factor and violence factors. There is also correlation between morality and teachers factors. It is also revealed in the table that there is a slight correlation among violence factors, parent factors and residential factors. It is also evident from the table that there are correlations between violent factors and morality/teachers factor. It is equally evident that there are correlations between teacher factors and morality factor/violence factors.

DISCUSSION

There is significant relationship among identified violent behaviours and propensity for crime by the bereaved children and adolescents.

The correlation that existed agrees with the study of Ahlston and Havighust (1971) that adolescents who engage in criminal acts and violent behaviours are likely to have been subjected to erratic and overly strict discipline with physical punishment instead of making appeal to their reasoning.

They also observed that relationship between children and adolescents exhibiting violent behaviours and their parents are frequently characterised by violence, mutual hostility and apathy and the children from such violent homes are more prone to crime than students from homes where parents show empathy, affection and provide support.

The finding of this study also agrees with the finding of Hogan and Greenfield (1991) that there is a strong relationship between lingering bereavement symptomatology and a relatively low self concept.

Conclusion

It can be concluded that there are significant relationships among identified factors of violent behaviours and propensity for negative behaviours among bereaved children and adolescents in South West Nigeria.

Significance of the study

This study could benefit students, teachers, counsellors, parents, religious organizations and curriculum planners. Students could learn that relationships exist among certain identified factors of violent behaviours. Teachers could teach and alleviate factors of violent behaviours. Counsellors could assist in counselling and reducing violent acts. Parents would be able to understand and handle children manifesting violent behaviours. Religious leaders could preach to their congregations the evil effect of violent behaviours. The curriculum planners could incorporate into the school curriculum subjects to be taught and that would reduce violent behaviours.

RECOMMENDATIONS

Based on the aforementioned findings, teachers, parents and counsellors should handle bereaved children and adolescents with patience and compassion.

Counsellors and teachers should be trained about how to recognise the potential behaviours exhibited by the bereaved children and adolescents. The curriculum planners should incorporate bereavement counselling into the state and national curriculum. This will enable would be teachers, counsellors and students to learn and to teach and counsel the bereaved students and adolescents in the school and society. The religious organisations and leaders could understand and preach to the congregation areas that could reduce intensity of grief. The mass media could understand and be able to inform Nigerians about the agonies and challenges being faced by the bereaved children and adolescents.

LIMITATIONS

The researcher experienced some hindrances in the administration of the instruments. Respondents did not cooperate in the process of ensuring the reliability of the instrument and administration of the instruments. They thought and expressed their concerns that the researcher was infringing on their confidentiality and that their responses could be used against them. The researcher also encountered some difficulties in the process of selection of respondents or sample for the study.

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