

AGGRESSIVE SEXUAL BEHAVIOUR AND ANTI-SOCIAL PERSONALITIES AS  
PREDICTORS OF SEXUAL ABUSE AMONG MALE UNDERGRADUATE

BY

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PSY/14/2045

BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY, FACULTY  
OF SOCIAL SCIENCES, FEDERAL UNIVERSITY OYE EKITI PARTIAL FULFILMENT OF  
THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE (BSc) DEGREE IN  
PSYCHOLOGY.

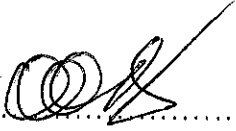
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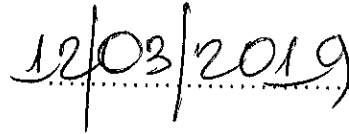
## CERTIFICATION

I certify that this study was carried out by OYEWOLE OLUWATOSIN YEMISI PSY/14/2045  
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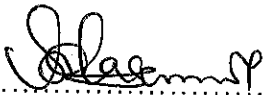


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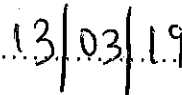


DATE



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DATE

## **DEDICATION**

This research is dedicated to God almighty who has been the one helping me from the beginning of this research to the end.

## ACKNOWLEDGEMENTS

All thanks to God Almighty for the favour I receive towards the completion of this research project. Utmost appreciation goes to my supervisor in person of Dr Mrs Olatunji for her corrections, advices and audience towards the success and completion of this work. I pray the good Lord gives you joy, peace and breakthrough in every aspect of your life. All this work would not have been a success without the help of my Daddies and Mummies Adesida and Oyewole. Mr and mrs Irete Adesida, mr osamoka and his family Dr ojo and his family.so also my friends and co fellow student for their financial and moral support towards the completion of the research project. This work would not have being a success without the help of the (HOD) of the department the person of Dr mrs Owoseni for her support and encouragement. I register my deep appreciation to all the lecturers in the department . prof Omolayo,Dr Lawal,Dr Olawa, Dr omole, Dr Azikuwe, mrs olagunjoye,Mr isreal and Mr Saka for their support towards the completion of the work.

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## ABSTRACT

Sexual abuse is one of the issues that has been affecting many of the children in Nigeria today however Nigerians are overwhelmed with high level sexual abuse in terms of abusing children, rapist, molestation. This study aims to investigate the major causes of sexual abuse the study wants to know whether it is the aggressive sexual behaviour or the antisocial personality as the predictor of sexual abuse 301 undergraduate were used in some Ekiti institutions. Using Ex post facto research design where by data were collected through the use of hypersexual behaviour inventory [HDI] scale by Reid, Garros and Carpenter in 2011 Antisocial disposition scale [ABDS] it was developed based on literature review of Crick and Grotpeter [1995] while for the child sexual abuse scale was an adopted scale for the sexual abuse and violence study in Ireland through cell phone of which more than 1,500 men and women were contacted. No psychometric property for the scale so far convenience sampling techniques were utilized.

Three hypotheses were tested in which multiple regression and T-test were applied. The result showed that male participants with high aggressive sexual report significant higher in sexual abuse than participants with low aggressive sexual behaviour. It was observed that aggressive sexual behaviour and anti-social personality trait jointly predicted sexual abuse among male adults.  $F(2, 298) = 20.594$ ;  $P < 0.05$  with  $R = 0.38$   $R^2 = 0.121$ , this suggests that both variable jointly accounted for 12.16 variation in sexual among male adults. However, only the contribution of aggressive sexual behaviour ( $\beta = .352$ ;  $t = 6.34$ ,  $P < .05$ ) was significant in the joint production.

**(Word count 265)**

**Key word:** - aggressive sexual behaviour, anti-social personality, sexual abuse.

# AGGRESSIVE SEXUAL BEHAVIOUR AND ANTI-SOCIAL PERSONALITIES AS PREDICTORS OF SEXUAL ABUSE AMONG MALE ADULTS

## 1.1 INTRODUCTION

Sexual abuse is an unwanted sexual activity, with the perpetrators using force, making threats or taking advantage of the person or persons concerned, who are not able to give approval or consent. There are quite a number of descriptions pertaining to sexual abuse for example, Akanle, (2010) describes sexual abuse to be "the act of forcing or attempting to force another individual through violence, threat, verbal pressure, deception, cultural expectation and economic circumstances to engage in sexual activity against individual wish. While reflecting on a possible cause of sexual abuse, Eze and Ajayi (2009) established that sexual abuse occurs when individuals go beyond silent and respectful forms of sexual recognition of themselves to impose interactive sexual recognition and gratification on the other person. Such is the main cause of other forms of sexual misconducts to include rape, child sexual abuse, teenage prostitution and early marriage.

In the Nigerian socio-religious society, it was discovered that sexual abuse has been on the increase. Although the Eze and Ajayi (2009) explanations to the cause of the increase in the level of sexual abuse does call for further research, several factors have been advanced to cause sexual abuse. These factors include, low level of education, pornography/bad dressing and bad parenting (ituma 2013). Sexual abuse is an unwanted sexual activity, with the perpetrators using force, making threats or taking advantage of the person or persons concerned, who are not able to give approval or consent. (Ibrahim and Shehu 2009).

Sexual aggression or aggressive sexual behaviours and perversion could be another factor influencing sexual abuse. Sexual aggression is the use of negative sexual tactics to have sexual knowledge of another person. It is not rape that defines sexual aggressive behaviours, it is the use of several means to ensure that an individual is compelled to have sexual



intercourse with another person. It also involve sexual behaviours that do not show similarities with the normal sexual behaviours. Obi (2012) endorses that sexual pervasion is sexual behaviour that deviates from normal sexual intercourse. Deviation is a situation in which sexual excitement or orgasm is associated with acts that are regarded as non-traditional or unacceptable within a given cultural setting". The use of force, isolation, demand for silence, and the use of a weapon are sexual aggressive behaviours portrayed by assaults. Force, isolation, demand for silence, and the use of a weapon are also refereed to power tactics used perpetrators of sexual abuse. The use of isolation or demand for silence as specific tactics to accomplish a sexual assault have not received as much attention as other types of power tactics; however, past research has found evidence of the use of isolation to accomplish a rape. Miller and Marshall (1987) have found that the vast majority of assaults reported by a sample of perpetrators took place in more private or isolated locations (e.g., private house, fraternity house, or parked car) as opposed to locations where help would be more readily available (e.g., dormitory). It is possible that the use of isolation and demand for silence are used primarily in conjunction with other power tactics, rather than used independently. One survey of 304 male college students found that 26.6 percent of their sample admitted to using verbal coercion to obtain sexual activity, and 5.9 percent indicated deliberately getting a woman too drunk to resist (DeGue and DiLillo, 2005). Additionally, 1.6 percent admitted to using physical force to kiss, fondle, or obtain oral sex, but none of the respondents reported using physical force to have sexual intercourse (DeGue and DiLillo, 2005). One survey with 195 community men found that 8.7 percent of the sample admitted to using verbal coercion to obtain sexual intercourse, 3.1 percent admitted to providing alcohol or drugs to incapacitate the victim, and 1 percent used physical force to obtain sex (Senn et al., 2000). In another survey of 115 community men, 16.5 percent of respondents reported using verbal coercion, 21.7 percent admitted to having sex with a woman who was too drunk

to provide consent, and 7.8 percent reported using physical force or threats of physical force (Davis et al., 2008).

Anti-social behaviours although overlooked seem to have it influence on the perpetrators of sexual abuse among male adults. Antisocial behaviour is defined as behaviours resulting from an individual's inability to respect the rights of others (Frick, 1998; cited in Fortin, 2003). These behaviours include assault, vandalism, setting fires, theft, crime and other delinquent acts which conform to social norms. According to Farrington (2005), antisocial behaviour in childhood and adolescence are categorized to behavioural disorders, impulsiveness, stealing, vandalism, physical and psychological aggression, bullying, running away from home and truant. In this paper, antisocial behaviours refer to a set of behaviours which is against any established rules or norms. It could be from the action of spitting in the public and other behaviours that go against the society norms. In the research by Moffitt (1993), it is believed that the early stage of delinquent behaviour is antisocial behaviour. He believes that antisocial behaviour has the potential to cause school failures, impairments in socio-emotional development, peer rejection, delinquency, and adult crimes.

Not many researches have focused on the influence of anti-social behaviours on sexual abuse rather, some researchers over the years have asserted that perpetrators of sexual abuse seem to be linked with certain elements of antisocial behaviours such as substance use and abuse. One of the few studies to examine the relationship between drug use and sexual assault perpetration in the United States surveyed a sample of 851 college men five times over a four-year period about their frequency of drinking, marijuana use, other illicit drug use, and their participation in sexually aggressive behaviour (Swartout and White, 2010). They found that, controlling for alcohol use, increases in drug use immediately before sexual activity over time predicted increases in the severity of sexual aggression.

Meanwhile, females and children bear the brunt of those that are victims of sexual abuse. Nkwegu (2009) observed that the "nature of child exposure to modernity and pornographies and parents attitude towards sex" have led to increase in cases of sexual abuse. Nnachi (2003) echoes that, "sexual abuse appeared to be one of the most serious offences committed by adolescents." "Adolescents" does not necessarily mean the youth. It ranges "between 13 and 18" years of age as explored by Hornby (2010). Adunola (2005) also observed that based on a hospital based research that 80 percent of patients with abortion complications are adolescents. This assertion was based on the fact that over 16 percent of teenage females reports first sexual intercourse by the age of 15 years, while 8.3 percent of boys of age 15 years have also had their first intercourse. Finkelhor (1979) borrowed an insight from the thesis put forward by Adunola by stating that sexual abuse includes "fondling and all forms of oral genital, or anal contact with the victim(whether the victim is clothed or unclothed), as well as non-touching abuses such as exhibitionism, voyeurism, or involving the child or youth in pornography."

## 1.2 STATEMENT OF PROBLEM

There are quite a number of problem associated with sexual abuse. The effect can be observed in the victim which will in turn affect those related to the victim. The problems associated with sexual abuse include psychological trauma, transmission of sexual transmitted infections and maternal and infant morbidity.

In Nigeria, "violence absolutely affects children. A child who has undergone or witnessed violence may become withdrawn, anxious or depressed on one hand; on the other hand, the child may become aggressive and exert control over younger siblings

Victims of sexual abuse sometimes get infected with Sexually transmitted disease which also affects them negatively. Characterized by stigmatization and discrimination, they also reduce these abused human beings to objects of pity thereby reducing them into the status of

unhealthy consumers in a consumerist society. Also, stigmatized persons do not seem to contribute significantly to societal development.

Some of the victims of sexual abuse usually resort to suicide while there are number of cases where victims loss their lives during the abuse. Some other victim of sexual abuse are so young to deliver babies and therefore loss their lives in the process. This is called maternal mortality.

The major problem of sexual abuse is that there is a development effect on the victims causing a disruption in their social development as indicated from research findings.

In line with the problems highlighted above, the research wants to answer the following questions.

### **RESEARCH QUESTIONS**

- In what way Will aggressive sexual behaviour predict sexual abuse?
- To what extent will anti-social personality predict sexual abuse?
- In what way will aggressive sexual behaviour and anti social personality will jointly predict sexual abuse.

### **1.3 RESEARCH OBJECTIVES**

- 1) To find out whether aggressive sexual behaviour will predict sexual abuse
- 2) To test if anti-social personality will predict sexual abuse
- 3) To investigate the extent to which the joint effect of aggressive sexual behaviour and anti-social personality will predict sexual abuse

### **1.4 SIGNIFICANCE OF STUDY**

This study is a significant study to various subfield in the psychological discipline such as behavioural psychology, developmental psychology, clinical psychology among others. In the field of behavioural psychology, the study presents experts in this field with the cause-effect relationship between child sexual molestation and abuse and other behavioural deficits such

as aggressive sexual behaviours and anti-social personality. This is highly similar to what this research presents to the field of developmental psychology.

## CHAPTER TWO

### 2.1 THEORETICAL FRAMEWORK

#### 2.1.1 Psycho-analytic theories of Aggression

In his early psychological papers, Freud (1894; 1896) frequently described the aggressive thoughts and feelings his patients reported to him in the course of their free associations. In his first published discussion of the Oedipus complex (Freud, 1900), he described the little boy's aggressive jealousy of his father, and the same work details many dreams with aggressive features. In 'Three Essays on Sexuality' (1905), the existence of aggression is again recognized in the phenomenon of sadism, although in this context it is considered a perverse manifestation of libido, the sexual instinct. Freud's later clinical observations forced him to deal increasingly with the aggressive impulse as an important factor in the formation of symptoms; this was evident in his discussion of the role of Oedipal rivalry with the father in the production of phobic symptoms in a young boy (1909), and in his recognition of the central position that the conflict between love and hate (ambivalence) occupied in the formation of symptoms and in the motivation for behaviour of an obsessional patient who underwent psychoanalysis (1909). In view of these numerous observations, it is curious that aggression had no place in the basic framework of Freud's first major formulation of the nature of psychic structure – the so-called topographical theory. In this scheme there were two fundamental instinctual drives: the sexual drive (or libido) and the ego instinct for self-preservation. Whenever the libido and its associated affects and fantasies were unacceptable to the ego, the latter repressed the former, forcing them into the unconscious, whence they could achieve discharge only in the disguised and modified form of neurotic symptoms, dreams, or sublimations. In the topographical model, the focus of interest was almost entirely on the libido. Freud's clinical investigations led to an extensive description of the nature of the libido and its component parts; little attempt was made to

define further the self-preservative instincts of the ego (Nemiah, 1966). In 1908, Alfred Adler first proposed the idea that aggression was an innate, primary instinctual drive. The concept of an aggressive drive provided Adler with the cornerstone of a new theory according to which all behaviour stemmed from an aggressive 'masculine protest' against feelings of inferiority, sexuality being reduced to the man's aggressive attempt to master the woman. Adler's failure to take into account the discoveries of the unconscious and childhood sexuality led to a sharp disagreement and an irrevocable break between him and Freud and his followers, who failed to see that, despite the narrowness of his theoretical formulations, Adler's introduction of the concept of aggression as an innate drive was a significant addition to the growing body of theory. The publication in 1914 of Freud's paper 'On Narcissism' was, as his editors comment in their introduction to his essay, "One of the pivots in the evolution of his views", for it marked the first turning of Freud's serious attention to the nature and structure of the ego. From his observations concerning the phenomenon of megalomania, Freud became aware that libido could be directed toward the self as well as toward external objects, and he proposed that this self-directed narcissistic libido formed the "libidinal component to the egoism of the self-preservative instincts". A year later, a second element was added to the ego when, in dealing with the problem of hate in 'Instincts and Their Vicissitudes' (1915), Freud suggested that aggressiveness, too, was a component of the ego instincts – aggression, in other words, was at last given a formal place in the theoretical scheme, though not yet as a full-fledged, separate instinctual drive in its own right (Nemiah, 1966). It was not until five years later, with the publication in 1922 of 'Beyond the Pleasure Principle', that Freud finally abandoned altogether the concept of the ego instincts for self-preservation, when he became aware that these instincts were really synonymous with narcissistic libido. Simultaneously, for the first time he raised aggression to the level of a distinct and independent drive – or, more accurately, the external manifestation of a more

basic drive, the death instinct. In trying to understand the phenomenon of aggression turned against the self in suicide (which he had initially attempted to explain in 'Mourning and Melancholia' (1917)), and of the compulsion to repeat past emotional traumatic experiences (the 'repetition compulsion'), Freud proposed that there was 'an urge inherent in organic life to restore an earlier state of things', that is, through death the organism reverts to an inorganic state. Despite this inherent biological impetus toward death, organisms continue to live for a period of time because the aggression stemming from the basically self-destructive death instinct is partially redirected outward onto external objects, and because the death instinct is itself opposed by the forces of Eros, or the life instinct. It is important to emphasize that the concept of primary life and death instincts is a second-order metapsychological construct that goes way beyond the clinical observations concerning sexuality and aggression and the concepts of a sexual and an aggressive drive derived directly from the clinical phenomena. For Freud, the theory of opposing life and death instincts became a central feature in his final 'structural model' of personality organization; the earlier dualism of a conflict between libido and ego instincts for self-preservation was replaced by the dualism of the conflicting life and death instincts (Nemiah, 1966). In the further development of the theory, there has been no unanimous agreement concerning the life and death instincts. Some – for example, Federn (1932; 1952), Klein (1948; 1949), and Menninger (1938), the latter two viewing it in a more clinical than biological light – have followed Freud in his postulate of a primary death instinct and have elaborated the concept further. Others, for example, Fenichel (1945; 1953) and Jones (1957), consider such a high order of meta-psychological abstraction unnecessary and believe that the clinical observations are adequately dealt with by a simpler concept of an aggressive instinctual drive – a concept inferred directly from observations – without implying that the drive is inherently self-destructive or based on biological characteristics of living cells. In the current literature there is still little consensus, either as to the definition of



the word 'aggression' or concerning its ultimate nature and origins (Lipton, 1951; Ostow, 1957). In 1915, Freud had suggested that the frustration of behaviour aimed at gaining pleasure or avoiding pain led to aggression. In 1939, this hypothesis was further developed by Dollard, Doob, Miller, Mowrer & Sears, who were interested in integrating the concepts arising from learning theory and psychoanalysis. They proposed that "the occurrence of aggressive behaviour always presupposes the existence of frustration and, contrariwise, the existence of frustration always leads to some form of aggression". A year later, Miller (1941) pointed out that the latter half of the proposition was inaccurate, since frustration does not, in fact, always lead to aggressive behaviour; the 'frustration-aggression hypothesis', stated thus, failed to distinguish between an 'instigation to aggression' and aggressive behaviour. Miller suggested as a modification of the hypothesis that "frustration produces instigations to a number of different types of response, one of which is an instigation to some form of aggression".

Mowrer (1960) has commented that, because of their behaviouristic bias, learning theorists have generally ignored the variables intervening between the stimulus of frustration and the response of aggression; as a consequence they have not paid attention to the inner, subjectively experienced, affective and ideational components of aggression, which form a central focus of interest in the psychoanalytic approach. Their orientation has led them away from the conception of aggression as an innate, biologically determined, instinctual drive and toward the idea that aggression is a response to frustration – and what is more, a response that is learned by the organism. Their attention, therefore, has been drawn to the various types of responses to frustration that may be learned and to the variables determining them, and many of their experimental studies concerning aggression have been designed to investigate the factors determining the strength of the instigations to aggression, the direction and form that aggression takes, and the factors leading to an inhibition of it. Nemiah (1966) attempts to

reconcile these theoretical developments by pointing out that in many ways the two conceptual schemes are complementary rather than conflicting. On the one hand, psychoanalysis, with its interest in the inner, subjective events of mental life, provides a wealth of material about fantasies and feelings that permits detailed investigation of many aspects of aggression that are not carried over into overt behaviour. This, in addition to its fundamental concept of unconscious mental processes, provides the basis for a scientific explanation of many clinical phenomena that would be inexplicable in the purely stimulus-response framework of learning theory; for the same reasons, psychoanalysis points the way toward effective therapeutic measures and supplies a rationale for their use. Learning theory, on the other hand, precisely because of its concern with the stimulus and the response segments of the larger spectrum of aggressive phenomena, has focused interest on the events that provoke aggression. An understanding of the nature and structure of such precipitating events and an awareness of the fact that these may be dangerous situations for the individual who has major conflicts over aggression form an important dimension of crisis theory and the techniques of preventive intervention (Lindemann, 1962).

### **2.1.2 SOCIAL DEVELOPMENT THEORY**

This theory was proposed by Catano in 1996. The social development model seeks to explain a broad range of distinct behaviours ranging from the use of illegal drugs to homicide. Crime, including violent and nonviolent offending and drug abuse, is viewed as a constellation of behaviours subject to the general principles incorporated in the model. By considering evidence from research on the etiology of both delinquency and drug abuse, it is possible to identify general constructs that predict both types of behaviour and to use this knowledge in specifying predictive relationships in the development of antisocial behaviour. Used here, the terms delinquency and drug use refer to behaviours. All behaviours are subject to influence from a variety of forces. The same principles, factors, or processes that influence one

behaviour should predict other behaviours. At the least, this suggests that a theory of antisocial behaviour should be able to predict both drug use and criminal behaviour, whether committed by children or adults. More ambitiously, it suggests a search for universal factors, mechanisms, or processes that predict all behaviour. This implies a general theory. Gottfredson and Hirschi (1990), for example, have proposed "A General Theory of Crime," which attributes all criminal behaviour to a single theoretical construct: low self-control. It is clear empirically that multiple biological, psychological, and social factors at multiple levels in different social domains that is, within the individual and in the family, school, peer group, and community all contribute to some degree to the prediction of delinquency and drug use. Risk factors for drug abuse and criminal behaviour include community norms favourable to these behaviours, neighbourhood disorganization, extreme economic deprivation, family history of drug abuse or crime, poor family management practices, family conflict, low family bonding, parental permissiveness, early and persistent problem behaviours, academic failure, peer rejection in elementary grades, association with drug-using or delinquent peers or adults, alienation and rebelliousness, attitudes favourable to drug use and crime, and early onset of drug use or criminal behaviour. (For reviews, see Hawkins, Catalano, & Miller, 1992b; Loeber, Stouthamer-Loeber, Von Kammen, & Farrington, 1991; Simcha-Fagan et al., 1986). Investigators have also noted variability in responses to risk exposure and have sought to identify protective factors that enhance the resilience of those exposed to high levels of risk and protect them from undesirable outcomes. Three broad categories of protective factors against stress in children have been identified: (1) individual characteristics, including resilient temperament, positive social orientation, and intelligence (RadkeYarrow & Sherman, 1990); (2) family cohesion and warmth or bonding during childhood; and (3) external social supports that reinforce the individual's competencies and commitments and provide a belief system by which to live (Garmezy, 1985; Werner, 1989). As distinct from

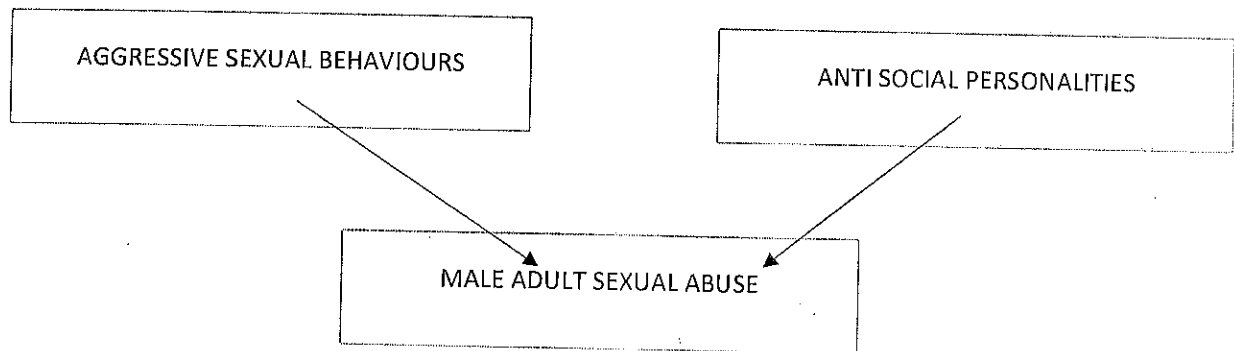
risk factors, protective factors are hypothesized to operate indirectly through interaction with risk factors, mediating or moderating the effects of risk exposure (Hawkins P.t al., 1992b; Rutter, 1990).

The social development model incorporates these key features to include; Inclusion of both delinquency and drug use. Both delinquency and drug abuse are predicted by the theory; Developmental, perspective. Four distinct, developmentally specific sub models incorporate notions of age-specific problem and prosocial behaviour.

The theory identifies salient socialization units and etiological processes for each of four phases of social development preschool, elementary school, middle school, and high school. The phases are separated by major transitions in the environments in which children are socialized; they are not conceived as stages of cognitive or moral development (Kohlberg, 1969, 1976; Piaget, 1965). Transitions from the home environment to elementary school and from the relatively self-contained classrooms of elementary school to the modularized environments of middle school are nearly universally experienced transitions accompanied by shifts in the balance of influence among socializing units of families, schools; and peers. The four sub models delineate specific predictors for each developmental period. The theory describes reciprocal processes of causation between developmental periods in which behaviours at one period are expected to subsequent social development processes.

The theory organizes the evidence regarding risk and protective factors for delinquency and substance use by hypothesizing the theoretical mechanisms through which these factors operate to increase or decrease the likelihood of antisocial behaviour.

## 2.2 CONCEPTUAL FRAMEWORK



The diagram above shows the conceptual framework of this research. The research intends to predict male adult sexual abuse from aggressive sexual behaviours and antisocial personalities.

## 2.3 RELATED EMPIRICAL STUDIES

### 2.3.1 Males' Aggressive Sexual Behaviour

Drawing from gender role strain theory by Agnew (2006), which is based on the concept that male sexual behaviours are influenced by cultural norms females may even be afraid to negotiate safe sex. Males believe that risk taking is an expression of masculinity and permits them to have casual sexual relationships, practice unsafe sex and indulge in alcohol use (Jewkes, 2012). Owing to cultural influences, poor parental supervision, peer pressure and substance abuse, an alarming proportion of adolescent males tend act impulsively and violate the rights of others (Jewkes, 2012; Lussier & Healey, 2010). Slotboom, Hendrik and Verbruggen (2011) are of the opinion that sexual aggression of adolescent males emanates from unresolved childhood experiences of sexual exploitation, neglect and physical abuse, which lead to feelings of worthlessness. As postulated by Sigmund Freud's psychoanalytic theory, lack of support and toilet training during the second stage of psycho-sexual development, may give rise to an anal- aggressive personality formation. In other words, while children advance with age, they may be sadistic, hostile, disorderly and impulsive

(Swartz et al., 2008). To derive sexual pleasure and compensate for emotional inadequacy, such youth tend to sexually coerce their counterparts without considering the possible consequences (e.g HIV/Aids, unplanned fatherhood, imprisonment) (Schultz & Schultz, 2013). No wonder in South Africa, one of the causal factors of aggressive sexual behaviour which results to rape, is influenced by gender based violence and precipitates the spread of HIV (Phaswana, Seage, Peltzer, Jooste & Mkhonto, 2010). Abroad and in the African continent, aggressive sexual behaviour is a rising concern especially for rural adolescent males. In Canada, a quantitative study of 100 adolescent students by Lussier and Healey (2010) revealed that sexual violence represents the persistent and escalating antisocial route. In Swaziland, majority of females are not capable to enforce the use of neither condoms in consensual sex nor abstinence in their sexual relationships until marriage. Based on the cultural precepts, females are expected to remain subservient and not to exercise their autonomy. This notion is perpetrated by patriarchy as part of culture and this, in turn, conditions adolescent males to model their male adults in the society and aggressively coerce their female counterparts (Ziyane & Ehlers, 2006). Jeriphanos, Kudakwashe and Phinias (2004), confirm that, in African cultures, majority of males tend to misinterpret woman or a girl if she says "no" to sex, and end up raping them. Furthermore, Petersen, Bhana and McKay (2005), found that, in relation to cultural or environmental influences, boys were reportedly socialized from an early age into traditional patriarchal notions of masculinity, which promote and legitimize unequal gendered power relations. Also, in Zimbabwe, Gwirayi (2013) found that the high rate of child sexual abuse is not only linked to adults, but adolescent males as well. They were reported having interpersonal problems, low self-esteem and raised in poverty-stricken environment characterised by alcohol and drugs. Thus, they displaced their frustration, anger and emotional inadequacy on the female sexual partners. In the Eastern Cape, aggressive sexual behaviour of adolescent boys has gradually

become under spotlight due to the negative consequences it has on the youth (Swart et al., 2008). Eastern Cape is predominantly rural, consequently has increased the probability of male adolescents to engage in aggressive sexual activities. In support of this, Mwinga (2012) revealed that sexual aggressive behaviour is a common practice amongst rural secondary school adolescent males.

### **2.3.2. Factors associated with Antisocial Behaviour**

According to Patterson (1992), environmental factors are the main causes of antisocial behaviour. These factors include parents, peers, and schools which believed to be able to influence the wholesome development in the child, either in the aspects of physical, affective, social, and spiritual. Sociologist and psychologists (Farrington, 1978; Loeber, 1982) came to view family variables as the prime determinants for antisocial and delinquent behaviour. These family processes are embedded within contexts that affect the family such as employment changes, divorce (Capaldi & Patterson, 1991), large family size, criminality of parents (Farrington, 1979), psychiatric disorder of parents, urban residence and disorganized and high-crime neighbourhoods. Hence, family environment is strongly associated with the stability of aggressive behaviours among the children subject to this risk factor. As the literature goes on, family variable is one of the main environmental factors that have been identified as a consistent variable for early forms of antisocial behaviour. These include inconsistent discipline, little positive parental involvement with the child, poor monitoring and child's activities (Patterson et.al, 1990). Parenting is generally known as an important risk factor linked with antisocial behaviour. Previous studies list out many various important parenting practices that have been associated with antisocial behaviour such as punitive discipline (yelling, nagging, threatening), inconsistent discipline, lack of warmth and positive involvement, physical aggression, insufficient monitoring and ineffective problem-solving modeling (Patterson, 1986; Patterson and Stouthamer-Loeber, 1984; Weiss et al., 1992) As

children move into adolescence, monitoring becomes an important aspect of parenting. Patterson (1985) found a strong correlation between parents monitoring practices, adolescent delinquent behaviour and deviant peer associations. It is proven that an inadequate parents monitoring seems to be important in the emergence and maintenance of antisocial behaviour in children from middle childhood through adolescence. Furthermore, Patterson et al., (1998) in his research agreed that lack of parental involvement in the child's activities and inadequate supervision are strongly associated with externalized behaviour disorders. Meanwhile, according to Aguilar et al., (2000), those who come from a broken home and a single parent family are two factors related to the family structure which increase the risk of developing antisocial behaviour. Besides that, marital conflicts can contribute to the development of internalized and externalized behaviour disorders. Certain problems related to the parents such as criminality depression and alcohol and drug abuse, are also associated with antisocial behaviour by their children. Those functional variables related to the family context which can trigger of antisocial behaviour, since they directly affect the child's self-regulation and reactivity (Farrington, 2005). Child raising styles also consider as the most influential factor in the development of antisocial behaviour as indicated by several studies (Prinzle, Onghena, Hellinckx, Grietens, Ghesquiere & Colpin, 2004). Negative child raising styles or inconsistent control and low parental supervision negatively affect the child's behaviour. Studies support the affirmation that parents of aggressive children show coercive parental styles that have a negative effect on the child's development. Olweus (1993) identifies three specific factors of child raising styles that are conducive to an aggressive reaction pattern. The first identified factor is a negative basic attitude of the parents, especially the mother that is characterized by a lack of warmth and involvement. Previous studies found that low family socioeconomic status is strongly associated with antisocial and aggressive behaviour (Aguilar et al., 2000; Farrington, 2001; Patterson et al., 1998). Patterson



et al. (1992) reported that poor families undergo great stresses and the parents are subject to negative experiences over which they have little control. Under such conditions, the parents are not very available to their child and they tend to use coercive and punitive parenting practices. Study supports the affirmation that parents of aggressive children show coercive parental styles that have a negative effect on the child's development. Moreover coercive parents lack of positive reinforcement skills and they fail to eliminate unsuitable behaviours. According to Patterson (1992), parents at this stage unconsciously model and reinforce the coercive behaviour exhibited by their children as the children learn that aggressive behaviour normally leads to get what they want. Family variables are important and consistent for early forms of antisocial behaviour and for later delinquency. Although many studies prove that poor monitoring, poor supervision, and harsh discipline are the cause of the child's antisocial behaviour; family demographic variables such race, neighbourhood and parental education also related to the antisocial behaviour (Elliott et al., 1985). Attachment has been defined as an intimate and affectionate relationship between two people (Ainsworth, Blehar, Waters, & Wall, 1978). According to Bowlby (1982), attachment is also an emotional bond whereby it comprises comfort, safety, and support. Bowlby (1982) further defines attachment as a child being "strongly disposed to seek proximity to and contact with a specific figure". Attachment behaviour has its own dynamics and is distinct from both feeding and sexual behaviour. It is a person's basic needs of emotion. Thus, during the course of a healthy development, attachment behaviour leads to the development of affection bonds between a child and a parent (Goodwin, 2003). This theory has been used within developmental psychology for studying individual differences child adjustments. Bowlby (1982), states that based on the quality of early parent-child interactions, children build internal representational working models; a set of internalized beliefs and expectations about oneself and others. This working model in turn determines or influence the way individuals interact with their environment.

Attachment has often been considered as a categorical construct distinguishing different sets of behaviours by Ainsworth (1978).

### **2.3.3 Early Trauma and Subsequent Antisocial Behaviour in Adults**

Horwitz, Widom, McLaughlin, and White (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. Childhood physical abuse in the general population is approximately 15%, with childhood sexual abuse estimated at 20%–30% for females and 10%–15% for males (Adams, 2002). These rates are somewhat higher among psychiatric outpatients and psychiatric emergency room patients and are even higher among forensic populations. Adams (2002) discovered that many forensic clients have histories of multiple abuse and therefore suffer from complex posttraumatic stress disorder (PTSD), anxiety disorders, and dissociative disorders, which are often misdiagnosed as malingering, overlooked, or neglected by forensic mental health professionals largely unfamiliar with child abuse and trauma issues. Many of the “thinking errors” and “core beliefs” cited in manuals for criminal thinking groups are directly traceable to childhood abuse experiences (Adams, 2002). 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 and 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). Abused and/or neglected

women were also less likely than controls to perceive their current romantic partners as supportive, caring, and open to communication and were less likely than other women to be sexually faithful to their partners and spouses. Parental risk of using severely punitive discipline is increased by exposure to abusing parents as a child. Knutson (1995) found that of referred children who had one parent reporting an abusive childhood, 32% have been abused. A small number of children who reported a childhood history characterized by physical abuse had two parents; of those children, 50% had been physically abused (Knutson, 1995). In a recent study comparing the relationships of indicators of childhood abuse and neglect to changes in the symptoms of mental disorders over the period from early adolescence to adulthood, youths with an official record of victimization of child physical abuse showed elevated levels of disorders and symptom rates for almost every Axis I and Axis II disorder (Cohen, Brown, and Smailes, 2001). The children who had been victims of neglect by official records had elevations in anxiety, depression, Cluster A personality disorders, and in disruptive and depressive symptoms (Cohen, Brown, and Smailes, 2001). Physical abuse added significantly to other risk factors in accounting for lifetime diagnoses of major depression, dysthymia, conduct disorder, and drug use. Although parental substance abuse is found to be directly related to child maltreatment, it is suggested that it may also be indirectly associated through its relationship with family of origin competence. The negative impact of parental substance abuse may be best understood as having adverse consequences on family dynamics that, in turn, increases the likelihood of exposure to child abuse and neglect. When a parent or both parents are substance misusers, the child's needs and well-being become secondary to the parents' needs. Offspring of substance abusing parents are shown to have lower self-esteem and a lower sense of self, creating higher needs for affirmation and nurturance and increasing vulnerability to victimization by others external to the family (Sheridan, 1995). Miller, Smyth, and Mudar (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), Miller, Smyth, and Mudar (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, O'Connor, Dunn, and Golding, 2004).

#### **2.3.4 Aggressive sexual behaviours and sexual assaults**

In reference to college student behaviours, sexual assault on college campuses is prevalent, with a recent national study of university students demonstrating that 20% of female respondents reported having had sex forced on them against their will at some point

during their lives (Brener, McMahon, Warren, & Douglas, 1999). Perpetrator reports of sexual assault, however, vary greatly from victim reports, with only 4% of college men in a national study reporting having engaged in rape (Koss, Gidycz, & Wisniewski, 1987). Given the high rate of sexual assault on college campuses, it is important to understand the tactics used by perpetrators to carry out various types of coercive behaviors and the acceptability of such tactics by college men in general. Cleveland, Koss, and Lyons (1999) defined rape tactics as "behaviors used by a male perpetrator to increase the chance of coercing his potential victim into unwanted sexual intercourse and to decrease the chance that she will report him for his behavior" (p. 533). One group of tactics, drug tactics, includes drug and alcohol use by the victim and the perpetrator, as well as the tactical use of drugs or alcohol on the perpetrator's part to obtain intercourse. A large body of research substantiates the frequent presence of drugs and alcohol by victims and perpetrators of sexual assaults (for recent reviews, see Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Testa, 2004). For example, Koss (1989) found that 55% of sexual assault victims reported drinking or using drugs prior to the assault; however, percentages as high as 79% have also been reported (Copenhaver & Grauerholz, 1991). Drug and alcohol use on the part of the perpetrator prior to an incident of sexually aggressive behavior has also been found to be pervasive, with reports ranging from 55% (Muehlenhard & Linton, 1987) to 74% (Koss, 1989). In addition, environments in which sexual assaults are more frequent generally tend to include greater amounts of heavy drinking than those where no assaults occur (Abbey, Ross, McDuffie, & McAuslan, 1996). Differing patterns of alcohol usage have also been found among perpetrators, however, in that men who report engaging in more serious acts of sexual aggression are more likely to consume alcohol in greater quantities (Koss & Gaines, 1993) and at a higher frequency (Koss & Dinero, 1988) than men reporting fewer severe acts. Brecklin and Ullman (2002) similarly noted the significance of men's drinking behaviors in

their finding that the greatest predictor of victim injury and utilization of medical care was offender alcohol use prior to the assault. In addition to a perpetrator's typical drinking behavior, several studies have also found evidence of a tactical use of alcohol among sexually aggressive men. Kanin (1985) found that 76% of rapists, compared to 23% of controls, reported having attempted to intoxicate a woman with alcohol to have sex with her. Men have also reported using alcohol to lower a potential victim's inhibitions to increase their chances of obtaining sex (Muehlenhard, Goggins, Jones, & Satterfield, 1991). Similarly, the tactical use of drugs, also termed drug-facilitated sexual assaults, tend to be carefully orchestrated but could also include taking advantage of a victim's decision to use a drug that might later incapacitate her. When combined, the use of alcohol and/or drugs not only increases the likelihood of a sexual assault occurring but also works to decrease the perpetrator's feelings of responsibility. By labeling substance use as a tactic instead of merely a "causal mechanism," some researchers hope to place the blame back onto the perpetrator (Koss & Cleveland, 1997). DeKeseredy, Schwartz, and Tait (1993) took a similar approach, describing a perpetrator's own use of alcohol as "instrumental," such that the perpetrator may enter a situation with the intent to commit a sexually aggressive act but can later blame his behavior on the fact that he was drunk. The second group of rape tactics, referred to as power tactics, can include the use of force, isolation, demand for silence, and the use of a weapon. A review of the literature regarding college students reveals that the use of power tactics does not appear to be as prevalent as the use of drug tactics (e.g., Koss, 1989; Miller & Marshall, 1987; Petty & Dawson, 1989); however, this could be due in part to the greater proportion of acquaintance rapes that take place on college campuses. The use of isolation or demand for silence as specific tactics to accomplish a sexual assault have not received as much attention as other types of power tactics; however, past research has found evidence of the use of isolation to accomplish a rape. Miller and Marshall (1987) have found that the vast majority

of assaults reported by a sample of perpetrators took place in more private or isolated locations (e.g., private house, fraternity house, or parked car) as opposed to locations where help would be more readily available (e.g., dormitory). It is possible that the use of isolation and demand for silence are used primarily in conjunction with other power tactics, rather than used independently. A variety of other variables related to beliefs and personality characteristics have also been found to contribute to sexually aggressive behavior. For instance, sexually aggressive and coercive behavior has consistently been linked to hypergender ideologies, such as adherence to extreme, stereotypical gender roles (e.g., Locke & Mahalik, 2005; O'Donohue, McKay, & Schewe, 1996) and the acceptance of the sexually coercive behavior of others (e.g., Kanin, 1985; Petty & Dawson, 1989). Psychopathy has also been found to be an indicator of risk for sexual coercion (DeGue & DiLillo, 2005; Lalumiere & Quinsey, 1996), and sexually aggressive men endorse a greater number of sensation-seeking characteristics than nonsexually aggressive men (Seto, Lalumiere, & Quinsey, 1995). Research regarding all-male peer groups, such as social fraternities and athletic teams, has been mixed. Although some studies have found an increased rate of sexually aggressive behavior among fraternity members (e.g., Boeringer, 1996; Loh & Gidycz, 2006) and members of athletic teams (Frintner & Rubinson, 1993; Koss & Gaines, 1993), other studies have failed to find any significant differences between these groups and broader samples of college men. Finally, links have been found between increased exposure to pornography and sexual abuse in dating relationships (DeKeseredy, 1997) and sexually aggressive behavior (for a review, see Oddone-Paolucci, Genius, & Violato, 2000); however, any findings of a direct link between sexual aggression and pornography usage could also be attributed to the interaction between individual characteristics and pornography exposure (Seto, Maric, & Barbaree, 2001).

### **2.3.5 Factors influencing Sexual Aggressive behaviours**

In their influential confluence model of sexual aggression, Malamuth and colleagues (1991) posit endorsement of hostile masculinity and an impersonal approach to sexual relationships as two primary proximal and mutually reinforcing pathways to sexual assault perpetration, factors that are preceded by and perhaps mediate earlier risks including childhood maltreatment. Hostile masculinity is typically operationalized as an attitudinal construct reflecting the endorsement of traditional, rigid notions of masculinity, coupled with hostility toward, suspiciousness of, and/or a need for dominance over women (Malamuth et al., 1991; Murnen, Wright & Koluzny, 2002). Impersonal sex is characterized as a non-intimacy based, 'scoring' approach to pursuing sexual partners in which obtaining frequent sexual contact is prioritized over emotional connection. Impersonal sex as a composite construct has been related to self-reported perpetration (Parkhill & Abbey, 2008), as have its contributing elements such as higher numbers of sex partners (Abbey et al., 2012) and positive attitudes towards casual sex (Zawacki, Abbey, Buck, McAuslan & Clinton-Sherrod, 2003). Although both proximal pathways consistently predict perpetration, there are mixed findings across studies regarding their relative contribution. Consonant with the original conceptualization of these constructs as interacting to produce risk, some research demonstrates that the presence of high levels of both hostile masculinity and impersonal sex carries particular risk for sexual aggression (e.g. Wheeler, George & Dahl, 2002). Several studies have found that either alone predicts sexual assault perpetration (Abbey et al., 2011) or discriminates between non-aggressive men and those who initiate a pattern of sexual assault or repeat sexually aggressive behavior (Abbey & McAuslan, 2004). Other research suggests that hostile masculinity may be the more potent risk pathway. In a latent profile analysis of sexual assault perpetration risk factors among a national, online sample, Greene and Davis (2011) found four distinct sub-groups of men. A group with high scores on hostile masculinity only, and a



group with high scores across multiple risk factors (including hostile masculinity, impersonal sex, and alcohol use) reported significantly more sexual aggression than groups characterized by endorsement of none of these or of impersonal sex alone. Although the impersonal sex group had elevated rates of sexual aggression compared to the “no risk” group, this rate was significantly “well below the levels of the two other groups”, suggesting that hostile masculinity, but not an impersonal approach to sex, is a sufficient condition for sexual aggression risk. Similarly, Thompson, Swartout & Koss (2013) found that hostile masculinity and perceived peer support for sexual coercion more consistently differentiated between sexually aggressive and non-sexually aggressive men over time than did number of sexual partners. This result suggests that pursuing more frequent, casual sexual partnerships does not preclude these sexual encounters from being mutually desired and respectful, and that impersonal sex may not be a sufficient precipitate of perpetration in the absence of domineering, callous, or misogynistic attitudes towards women. In a similar vein, Greene and Davis (2011) suggest that an impersonal sex orientation, on its own, may somewhat elevate risk of aggression through opportunity, while hostile masculinity may represent a more powerful or sufficient kind of risk for sexual aggression. Over time, the contribution of other factors to sexual violence has been increasingly recognized in theory and included in etiological research, including alcohol and drug use. Because alcohol consumption by the perpetrator, victim, or both is present in over 50% of sexual assault situations (see for review, Abbey, Zawacki, Buck, Clinton & McAuslan, 2004), research on the alcohol-sexual aggression link has examined both situation-specific and more general drinking. Heavy or otherwise problematic alcohol use has been associated with self-reported sexual assault perpetration among men in some studies (see for review, Testa, 2002) but in some research general measures of heavy drinking do not reliably distinguish perpetrators from non-perpetrators (e.g., Thompson et al., 2013). Abbey and colleagues (2011) point out that men

who drink heavily generally are likely to also drink heavily in sexual situations, and that the relationship between alcohol and sexual violence is likely to be related to situation-specific cognitive impairment because of drinking. Indeed, men who use alcohol concurrently with sexual situations are more likely to report sexual aggression (Parkhill & Abbey, 2008). Similarly, a controlled lab-based study (Davis et al., 2012) found that intoxicated men were more likely to perceive a female character in a story as sexually aroused, and reported more sexual entitlement and greater sexual aggression intentions than men receiving an alcohol placebo. Although this finding provides support to Abbey's suggestion that alcohol use is related to perpetration through situation-specific cognitive impairment, further testing of the roles played by alcohol and drug use in the context of other risk factors for sexual aggression is needed, particularly across a variety of populations.

## **2.4 HYPOTHESIS**

- Aggressive sexual behaviour would predict sexual abuse among male undergraduates in Ekiti State Institutions.
- Anti-social personality would predict sexual abuse among male undergraduates in Ekiti State Institutions.
- Aggressive sexual behaviour and antisocial personality would jointly predict sexual abuse among male undergraduates in Ekiti State Institutions.

## **2.5 OPERATIONAL DEFINITION OF TERMS**

### **AGGRESSIVE SEXUAL BEHAVIOUR**

Obi (2012) asserts that sexual pervasion or aggressive sexual behaviour is sexual behaviour that deviates from normal sexual intercourse. Deviation is a situation in which sexual excitement or orgasm is associated with acts that are regarded as non-traditional or unacceptable within a given cultural setting. In this study, aggressive sexual behaviours are

perceived to be sexual behaviours that involves engaging in forceful sexual acts. It is not rape, it includes all bullish behaviours an individual engage in to have sexual intercourse with another person. It includes forceful sexual stimulation and engagement in too much sexual activities. The aggressive sexual behaviour is measured using the Hyper sexual behaviour inventory developed by Reid, Garros and Carpenter in 2011. In this scale, high scores indicate high level of sexual perversion or aggressive sexual behaviours.

### **ANTI-SOCIAL PERSONALITIES**

Antisocial behaviour is defined as behaviours resulting from an individual's inability to respect the rights of others (Frick, 1998; cited in Fortin, 2003). These behaviours include assault, vandalism, setting fires, theft, crime and other delinquent acts which conform to social norms. Anti-social personality in this study refers to the pattern of behaviour or trait features in an individual that are against the norms of a given society. In this study, anti-social behaviours is measured using the antisocial behaviour disposition scale developed by Crick and Grotmeter in 1995. The higher the score of an individual, the higher the indication of anti-social traits in the individual.

### **SEXUAL ABUSE**

Sexual abuse is the process of having sexual knowledge of another person with use of negative tactics such as intimidation, harassment, force and others. It also includes having sexual intercourse with another person without the consent of the person in question. Sexual abuse in this study is defined as the forceful sexual intercourse with another person. It extends to sexual victimization and sexual torture. Sexual abuse in the current study is measured using the adult sexual abuse scale which was adopted in a sexual abuse and violence study in Ireland through cell phone.

## **MALE ADULTS**

Male adults in this study refers to any matured male above the age of 20 and is identified in one way or the other as a sexual offender or perpetrator.

## CHAPTER THREE

### METHODOLOGY

#### 3.1 Research Design

This study adopts the ex-post facto survey research design. This was deemed suitable because the study gathered information from research respondents without necessarily manipulating any of the variables of interest in the study. The predictive variables in this study includes aggressive sexual behaviours and anti-social personality while the dependent variable is sexual abuse.

#### 3.2 Setting And Participants

The current study was carried out among male undergraduates in Ekiti State institutions. The undergraduates are 301 male participants with the age range of 15-35 and mean age of 20.79 (SD = 2.79). in terms of religious affiliation, 246(81.7%) research participants are Christian, 49(16.3%) are Moslems and 6(2%) are traditional worshippers. 241(80.1%) belonged to the Yoruba ethnic group, 34(11.3%) belong to the Igbo ethnic group, 11(3.7%) belong to the Hausa ethnic group while 15(5%) belong to other ethnic groups.

#### 3.3 Sampling Technique

This research employed two major research techniques which includes random sampling and convenience sampling. First, the researcher randomly selected male participants. After this, the researcher conveniently sampled the research participants through the administration of research instruments to research participants.

#### 3.4 Research Instruments

The instrument used for the measurement of variables in this study were self-report measures pertaining to key demographic variables within the population of study and significant other variables.

### 3.4.1 Section A

Section A consists of items measuring socio-demographic information of the participants, such as age, religion, ethnicity and marital status. Actual age was given; religion was reported as Christianity, Islam and Traditional. Ethnicity is reported as Yoruba, Igbo, Hausa and any other ethnic group in Nigeria.

### 3.4.2 Section B

#### **Hyper sexual Behaviour**

#### Hypersexual Behaviour Inventory (HDI)

Hypersexual Behaviour Inventory was validated by Reid, Garros and Carpenter in 2011. The definition of hypersexual behaviour used in their study was consistent with DSM-V proposed HDI criteria, which require evidence of a pattern of persistent symptoms spanning a minimum of six consecutive months and including (a) an excessive or disproportionate amount of time consumed by sexual thoughts, urges, and behaviours; (b) using sex in response to unpleasant affective states or to cope with stress; (c) multiple unsuccessful attempts to reduce or control sexual thoughts, fantasies, and behaviour; (d) continued preoccupation with and pursuit of sex despite negative consequences to self or others; and (e) volitional impairment in interpersonal, social, or occupational domains of life (Kafka, 2010; Reid & Carpenter, 2009a, 2009b). Reliability analysis of the final scale, calculated using Cronbach's alpha coefficient, found high internal reliability for the overall scale ( $\alpha = .95$ ) and subscales (Control  $\alpha = .94$ , Coping  $\alpha = .90$ , and Consequences  $\alpha = .87$ ). Preliminary evidence for the construct validity of the HBI is derived from statistical evidence that supports the factor structure. 19 items were retained for this scale and response format is ranked from 1-5 as 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often.

### **3.4.3 Section C**

#### **Antisocial Behaviour Disposition Scale (ABDS)**

The ABDS was developed based on literature review of Crick and Grotpeter (1995), Claes and Lacourse (2001). The scale initially had 26-items. Face and content validation of the instrument by 3 lecturers in the Department of Psychology UNN reduced the items to 22. Item analysis of the instrument yielded an alpha coefficient of .89. The scale is a multiple-choice scale (Likert-type), and it ranges from Never = 1, through rarely = 2, Sometimes = 3, to Always = 5.

### **3.4.4 Section D**

#### **Adult Sexual Abuse Scale**

This is an adopted scale for the sexual abuse and violence study in Ireland through cell phone of which more than 1,500 men and women were contacted. Psychometric property for the scale is still under testing.

### **3.5 Procedure**

The researcher proceeded to the field to administer the research instruments which was received immediately respondents attempted the survey. Data was received and analysed using appropriate data analysis technique.

### **3.6 Statistical Technique**

Data analysis was done with the use of Statistical Package for Social Science (SPSS 20.0). Demographic data is analysed using descriptive statistics such as mean median and mode of the information provided by the research participants. However hypothesis one is tested with inferential statistics, multiple regression analysis. However, the hypotheses two and three were tested using the t-test for independent groups.

## CHAPTER FOUR

### RESULTS

Hypothesis one states that there would be a joint or independent influence of sexual abuse among male adults by anti-social personality traits and aggressive sexual behaviours. This hypothesis is tested using multiple regression. The result is presented in table 4.1

**Table 4.1 Multiple Regression Analysis of sexual abuse among male adults by anti-social personality traits and aggressive sexual behaviours**

Variables	B	T	P	R	R <sup>2</sup>	F	P
Aggressive sexual behaviours	.352	6.34	<.05	.348	.121	20.594	<.05
Anti-social personality traits	-.023	-.41	>.05				

From Table 4.1, it can be observed that aggressive sexual behaviours and anti-social personality traits jointly predicted sexual abuse among male adults.  $F(2, 298) = 20.594$ ;  $p < .05$  with  $R = 0.38$   $R^2 = 0.121$ . This suggests that both variables jointly accounted for 12.1% variation in sexual abuse among male adults. However, only the contribution of aggressive sexual behaviours ( $\beta = .352$ ;  $t = 6.34$ ,  $p < .05$ ) was significant in the joint production. Therefore, the hypothesis was partially confirmed.

Hypothesis two states that male adults who with high aggressive sexual behaviours will report higher sexual abuse than male adults with low aggressive sexual behaviours. The hypothesis is tested with t-test for independent groups. The result is presented in table 4.2



**Table 4.2: T-test for independent groups showing the effect of aggressive sexual behaviours on sexual abuse among male adults**

Aggressive Sexual Behaviours		N	Mean	SD	Df	T	P
Sexual Abuse	High	123	13.80	3.01	299	4.637	<.05
	Low	178	12.42	1.59			

In Table 4.2, the result showed that male participants with high aggressive sexual behaviours ( $M = 13.80$ ,  $SD = 3.01$ ) report significantly higher in sexual abuse than male participants with low aggressive sexual behaviours ( $M = 12.42$ ,  $SD = 1.59$ ), ( $t(299) = 4.637$ ;  $p < 0.5$ ). The result implies that aggressive sexual behaviours have a significant influence on sexual abuse among male adults. The hypothesis was accepted.

Hypothesis two states that male adults who with high anti-social personality traits will report higher sexual abuse than male adults with low anti-social personality traits. The hypothesis is tested with t-test for independent groups. The result is presented in table 4.3

**Table 4.3: T-test for independent groups showing the effect of anti-social personality traits on sexual abuse among male adults**

Anti-social personality traits		N	Mean	SD	Df	T	P
Sexual Abuse	High	142	13.11	2.65	299	.811	>.05
	Low	159	12.87	2.10			

In Table 4.3, the result showed that male participants with high anti-social personality traits ( $M = 13.11$ ,  $SD = 2.65$ ) report significantly higher in sexual abuse than male participants with low anti-social personality traits ( $M = 12.87$ ,  $SD = 2.10$ ), ( $t(299) = .811$ ;  $p > .05$ ). The result implies that anti-social personality traits does not have a significant influence on sexual abuse among male adults. The hypothesis was rejected

## CHAPTER FIVE

### 5.1 Discussion

Discussion here are based on the comparison of the current study with previous study on similar topic or field. One of the finding in the current study indicates that aggressive sexual behaviours and anti-social personality traits jointly predicted sexual abuse among male adults. This finding is compared with studies with similar discoveries and those that asserted differently. In terms of aggressive sexual behaviours, Kanin (1985) found that 76% of rapists, compared to 23% of controls, reported having attempted to intoxicate a woman with alcohol to have sex with her.

Men have also reported using alcohol to lower a potential victim's inhibitions to increase their chances of obtaining sex (Muehlenhard, Goggins, Jones, & Satterfield, 1991). DeKeseredy, Schwartz, and Tait (1993) took a similar approach, describing a perpetrator's own use of alcohol as "instrumental," such that the perpetrator may enter a situation with the intent to commit a sexually aggressive act but can later blame his behaviour on the fact that he was drunk. More vigorous sexual abuse called rape is performed by the assaults using what is called power tactics. Power tactics is a form of sexual aggressive behaviours which includes the use of force, isolation, demand for silence, and the use of a weapon.

A review of the literature regarding college students reveals that the use of power tactics does not appear to be as prevalent as the use of drug tactics (Koss, 1989; Miller & Marshall, 1987; Petty & Dawson, 1989); however, this could be due in part to the greater proportion of acquaintance rapes that take place on college campuses. The use of isolation or demand for silence as specific tactics to accomplish a sexual assault have not received as much attention as other types of power tactics; however, past research has found evidence of the use of isolation to accomplish a rape. Miller and Marshall (1987) have found that the vast majority of assaults reported by a sample of perpetrators took place in more private or

isolated locations (e.g., private house, fraternity house, or parked car) as opposed to locations where help would be more readily available (e.g., dormitory).

There are relatively few researches that have considered the influence of anti-social personality traits on sexual abuse. However, researches have highlighted several behaviours linked with anti-social personality traits and linked it with sexual abuse. Anti-social behaviours which interactively predict sexual abuse among male adults may involve drug and substance usage. A large body of research substantiates the frequent presence of drugs and alcohol by victims and perpetrators of sexual assaults (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Testa, 2004). For example, Koss (1989) found that 55% of sexual assault victims reported drinking or using drugs prior to the assault; however, percentages as high as 79% have also been reported (Copenhaver & Grauerholz, 1991). Drug and alcohol use on the part of the perpetrator prior to an incident of sexually aggressive behaviour has also been found to be pervasive, with reports ranging from 55% (Muehlenhard & Linton, 1987) to 74% (Koss, 1989).

In addition, environments in which sexual assaults are more frequent generally tend to include greater amounts of heavy drinking than those where no assaults occur (Abbey, Ross, McDuffie, & McAuslan, 1996). Differing patterns of alcohol usage have also been found among perpetrators, however, in that men who report engaging in more serious acts of sexual aggression are more likely to consume alcohol in greater quantities (Koss & Gaines, 1993) and at a higher frequency (Koss & Dinero, 1988) than men reporting fewer severe acts. Brecklin and Ullman (2002) similarly noted the significance of men's drinking behaviours in their finding that the greatest predictor of victim injury and utilization of medical care was offender alcohol use prior to the assault. In addition to a perpetrator's typical drinking behaviour, several studies have also found evidence of a tactical use of alcohol among sexually aggressive men.

## **5.2 Conclusion**

The study concludes based on the findings from the study that aggressive sexual behaviours and anti-social personality traits interactively predict sexual abuse among male adults. This means that potential perpetrators of sexual assault can be predicted from aggressive sexual behaviours and traits of anti-social personality. However, aggressive sexual behaviours independently influence sexual abuse among male adults. This means that male adults who exhibit high level of sexual aggressive behaviours are sexual assaults than male adults who exhibit low level of aggressive sexual behaviours. Also, anti-social personality does not independently predict sexual abuse among male adults as such must interact with aggressive sexual behaviours to influence sexual abuse among male adults

## **5.3 Suggestions and Recommendation**

The study focusses on the aspect of human sexual behaviours and therefore proffer certain suggestion as related to human sexuality. There is a need for the reduction in the exhibition of high aggressive sexual content on social media. It was suggested that people gain sexual experience from the contents of social media posts and as such tend to be influence by what they have seen on this platform. The owners of this platforms need to reduce the sexual contents posted by her users as some of these contents contain some highly aggressive sexual behaviours.

It is also of a general opinion to reduce the tendency of anti-social behaviours in young adults from the childhood stage particularly when the child exhibits some traces of conduct disorders or other ill-mannered behaviours. Sex educationist should also provide orientation as to what sexual behaviour should be termed appropriate. Several sexual activities of today seem to be highly aggressive almost leading to sadistic-masochist relationship. It is advisable that people are oriented to desist from such acts as activities in that form affect the human general sexual perceptions.

#### **5.4 Limitation of Study**

Findings from the research is open for further studies as other study should consider a wider scope of research population. In this regard, the research actually focused on the use of male undergraduate which serve as a limitation in the current study. Also, the study failed to get sample of the research population from a large setting rather focused on male undergraduate in some institution.

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## **APPENDIX**

### **FEDERAL UNIVERSITY OYE-EKITI**

### **DEPARTMENT OF PSYCHOLOGY**

### **QUESTIONNAIRE**

#### **INFORMED CONSCENT FORM**

This study is being conducted by an Undergraduate student of Federal University Oye-Ekiti; Ekiti. The study is self-sponsored as part fulfillment of the award of B.Sc. Psychology.

Please note that your answers will be confidential and NOT release to anyone else. Result obtained from this result will be made available to authorities for prompt intervention.

Your honest answers will be highly appreciated. You are free to refuse and withdraw at any given time if you choose to.

Consent: now that the study has been well explained to me and I fully understand the consent of the study process. I will be willing to take part in the study.

**SECTION A**

Age .....

Religious Affiliations: Christianity ( ) Islam ( ) Traditional ( )

Ethnicity: Yoruba ( ) Igbo ( ) Hausa ( ) other ethnic group ( )

**SECTION B**

**Instructions:** The statements below are concerned with how you feel about yourself. Please use the given scale to indicate the extent to which you agree or disagree with each statement. Response format is from 1-5 as 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often.

1	I use sex to forget about the worries of daily life.
2	Even though I promised myself I would not repeat a sexual behaviour, I find myself returning to it over and over again.
3	Doing something sexual helps me feel less lonely.
4	I engage in sexual activities that I know I will later regret.
5	I sacrifice things I really want in life in order to be sexual.

6	I turn to sexual activities when I experience unpleasant feelings (e.g., frustration, sadness, anger).
7	My attempts to change my sexual behaviour fail.
8	When I feel restless, I turn to sex in order to soothe myself.
9	My sexual thoughts and fantasies distract me from accomplishing important tasks
10	I do things sexually that are against my values and beliefs.
11	Even though my sexual behaviour is irresponsible or reckless, I find it difficult to stop.
12	I feel like my sexual behaviour is taking me in a direction I don't want to go.
13	Doing something sexual helps me cope with stress.
14	My sexual behaviour controls my life.
15	My sexual cravings and desires feel stronger than my self-discipline.
16	Sex provides a way for me to deal with emotional pain I feel.s
17	Sexually, I behave in ways I think are wrong.
18	I use sex as a way to try to help myself deal with my problems.
19	My sexual activities interfere with aspects of my life, such as work or school.

## SECTION C

**Instructions:** The statements below are concerned with your behaviour. Please use the given scale to indicate the extent to which you relate to each of the statements. Below. Never = 1, rarely = 2, Sometimes = 3, to Always = 4

S/N	
1	It is certainly best to keep my mouth shut when I'm in trouble
2	When I was young, I stole things
3	It would be better if laws were thrown away
4	I think most people would lie to get ahead
5	I was suspended from school for bad behaviour
6	People are honest chiefly because they are afraid of being caught
7	People use somewhat unfair means to gain profit or an advantage rather than to lose it.
8	Criticism or scolding hurt me terribly
9	I blame a person for taking advantage of people who leave themselves open to it.
10	I have been so entertained by cleverness of some criminals that I have hoped they would get away with it.
11	People make friends because friends are likely to be useful to them
12	When people find themselves in trouble, the best thing for them to do is to agree upon a story and stick to it.
13	The person who provides temptation by leaving valuable properties unprotected is about as much as to blame for its theft as the one who steals it.
14	When I was young, I did not go to school when I should have
15	It is all right to get around the law if you don't actually break it
16	I feel good when I cheat others and get away with it.

## SECTION D

**Instructions:** The statements below are concerned with your behaviour in the past. Please sincerely respond to these set of questions by ticking yes or no.

S/N	
1	I have showed or persuaded a child to look at pornographic materials in a way that the child is uncomfortable
2	I have persuaded a child to take of his clothes in order to photograph or video the child
3	I have showed my sexual organs to a child
4	I have masturbated in front of a child
5	I have touched a child's breast and sexual organs in a sexual manner
6	I have once aroused a child by touching the child in a sexual manner
7	I have rubbed my genital on a child in a sexual way
8	I have attempted to have sexual intercourse with a child
9	I succeeded in having sexual intercourse with a child
1 0	I have persuaded a child to have oral sexual intercourse with the child
1 1	I have persuaded a child to have anal sexual intercourse with the child
1 2	I have placed an object on the genitals of a child.

Result

Frequencies

S t a t i s t i c s		ReligiousAffiliation			ETHNICITY		
N	Valid	3	0	1	3	0	1
	Missing			0			0

Frequency Table

R e l i g i o u s A f f i l i a t i o n							
		Frequency		Percent	Valid Percent	Cumulative Percent	
Valid	Christianity	2	4	6	81.7	81.7	81.7
	Islam	4		9	16.3	16.3	98.0
	Traditional			6	2.0	2.0	100.0
	T o t a l	3	0	1	100.0	100.0	

E T H N I C I T Y							
		Frequency		Percent	Valid Percent	Cumulative Percent	
Valid	Y o r u b a	2	4	1	80.1	80.1	80.1
	I g b o	3		4	11.3	11.3	91.4
	H a u s a	1		1	3.7	3.7	95.0
	Other Ethic group	1		5	5.0	5.0	100.0
	T o t a l	3	0	1	100.0	100.0	

Descriptives

D e s c r i p t i v e S t a t i s t i c s						
		N	Minimum	Maximum	Mean	Std. Deviation
A	G E	3	0	1	20.79	2.793
Valid N (listwise)		3	0	1		

## Reliability for Aggressive Behaviour scale

Scale: ALL VARIABLES

### Case Processing Summary

	N	%
Valid	301	100.0
Cases Excluded <sup>a</sup>	0	0
Total	301	100.0

a. Listwise deletion based on all variables in the procedure.

### Reliability Statistics

Cronbach's Alpha	N of Items
.944	9

### Item Statistics

	Mean	Std. Deviation	N
SEXB1	1.72	1.187	301
SEXB2	2.25	1.393	301
SEXB3	2.03	1.334	301
SEXB4	1.80	1.250	301
SEXB5	1.53	1.088	301
SEXB6	1.66	1.076	301
SEXB7	2.19	1.419	301
SEXB8	1.77	1.194	301
SEXB9	1.78	1.130	301
SEXB10	2.12	1.321	301
SEXB11	1.99	1.332	301
SEXB12	1.86	1.283	301
SEXB13	1.88	1.221	301
SEXB14	1.55	1.144	301
SEXB15	1.78	1.163	301
SEXB16	1.84	1.203	301
SEXB17	1.95	1.282	301
SEXB18	1.66	1.106	301
SEXB19	1.66	1.160	301

**I t e m - T o t a l S t a t i s t i c s**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
SEXB1	3 3 . 3 2	2 4 8 . 1 4 3	. 6 2 2	. 9 4 2
SEXB2	3 2 . 7 9	2 4 1 . 4 3 3	. 6 8 0	. 9 4 1
SEXB3	3 3 . 0 1	2 4 2 . 2 2 3	. 6 9 4	. 9 4 1
SEXB4	3 3 . 2 4	2 4 5 . 3 3 6	. 6 6 2	. 9 4 2
SEXB5	3 3 . 5 0	2 5 0 . 7 9 1	. 6 0 5	. 9 4 3
SEXB6	3 3 . 3 7	2 4 9 . 2 8 1	. 6 5 9	. 9 4 2
SEXB7	3 2 . 8 5	2 4 0 . 0 3 0	. 7 0 0	. 9 4 1
SEXB8	3 3 . 2 7	2 4 5 . 4 9 7	. 6 9 2	. 9 4 1
SEXB9	3 3 . 2 5	2 4 8 . 3 9 6	. 6 5 0	. 9 4 2
SEXB10	3 2 . 9 2	2 4 3 . 7 9 6	. 6 6 1	. 9 4 2
SEXB11	3 3 . 0 4	2 4 0 . 6 1 5	. 7 3 7	. 9 4 0
SEXB12	3 3 . 1 8	2 4 3 . 4 1 9	. 6 9 3	. 9 4 1
SEXB13	3 3 . 1 5	2 4 6 . 3 2 3	. 6 5 3	. 9 4 2
SEXB14	3 3 . 4 9	2 5 0 . 3 0 4	. 5 8 6	. 9 4 3
SEXB15	3 3 . 2 6	2 4 5 . 7 6 4	. 7 0 5	. 9 4 1
SEXB16	3 3 . 2 0	2 4 5 . 0 9 8	. 6 9 7	. 9 4 1
SEXB17	3 3 . 0 8	2 4 5 . 2 9 6	. 6 4 4	. 9 4 2
SEXB18	3 3 . 3 7	2 4 6 . 8 3 4	. 7 1 2	. 9 4 1
SEXB19	3 3 . 3 8	2 4 8 . 0 0 2	. 6 4 3	. 9 4 2

**S c a l e S t a t i s t i c s**

M e a n	Variance	Std. Deviation	N of Items
3 5 . 0 4	2 7 2 . 8 1 5	1 6 . 5 1 7	1 9



Reliability for Antisocial Personality Trait scale

Reliability for Antisocial Personality Trait scale

Scale: ALL VARIABLES

**Case Processing Summary**

	N	%
Valid	301	100.0
Cases Excluded <sup>a</sup>	0	0
Total	301	100.0

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

Cronbach's Alpha	N of Items
.664	6

**Item Statistics**

	Mean	Std. Deviation	N
CR11	2.61	1.124	301
CR12	2.44	1.030	301
CR13	2.12	1.126	301
CR14	3.00	.998	301
CR15	1.36	.814	301
CR16	2.68	.943	301
CR17	2.82	.932	301
CR18	2.77	1.070	301
CR19	2.78	1.028	301
CR10	2.13	1.040	301
CR11	3.15	.863	301
CR12	2.56	.942	301
CR13	2.43	1.045	301
CR14	1.60	.924	301
CR15	2.56	1.056	301
CR16	1.63	.990	301

### Item - Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
CR11	3 6 . 0 3	3 9 . 1 7 6	. 1 3 2	. 6 6 9
CR12	3 6 . 2 1	3 7 . 6 9 3	. 2 8 1	. 6 4 8
CR13	3 6 . 5 2	3 8 . 2 3 0	. 2 0 1	. 6 6 0
CR14	3 5 . 6 5	3 7 . 5 6 9	. 3 0 5	. 6 4 5
CR15	3 7 . 2 9	3 9 . 7 8 6	. 1 8 0	. 6 5 9
CR16	3 5 . 9 6	3 7 . 8 7 8	. 3 0 4	. 6 4 5
CR17	3 5 . 8 2	3 7 . 3 4 6	. 3 5 9	. 6 3 8
CR18	3 5 . 8 7	3 6 . 6 1 7	. 3 5 1	. 6 3 8
CR19	3 5 . 8 6	3 7 . 2 6 0	. 3 1 8	. 6 4 3
CR10	3 6 . 5 1	3 6 . 6 7 7	. 3 6 1	. 6 3 7
CR11	3 5 . 5 0	3 8 . 7 4 4	. 2 6 2	. 6 5 1
CR12	3 6 . 0 8	3 7 . 8 6 0	. 3 0 7	. 6 4 5
CR13	3 6 . 2 2	3 7 . 5 1 8	. 2 8 8	. 6 4 7
CR14	3 7 . 0 4	3 8 . 8 7 2	. 2 2 4	. 6 5 5
CR15	3 6 . 0 9	3 7 . 8 2 6	. 2 5 9	. 6 5 1
CR16	3 7 . 0 2	3 9 . 1 5 6	. 1 7 5	. 6 6 1

### Scale Statistics

Mean	Variance	Std. Deviation	N of Items
38.64	42.303	6.504	1 6

### Reliability for Sexual Abuse scale

Scale: ALL VARIABLES

### Case Processing Summary

	N	%
Valid	3 0 1	100.0
Cases Excluded <sup>a</sup>	0	0
Total	3 0 1	100.0

a. Listwise deletion based on all variables in the procedure.

### Reliability Statistics

Cronbach's Alpha	N of Items
. 9 1 7	1 2

**Item Statistics**

	Mean	Std. Deviation	N
SEX1	1.08	2.76	301
SEX2	1.08	2.71	301
SEX3	1.11	3.13	301
SEX4	1.07	2.55	301
SEX5	1.12	3.25	301
SEX6	1.11	3.13	301
SEX7	1.09	2.86	301
SEX8	1.07	2.61	301
SEX9	1.05	2.18	301
SEX10	1.07	2.49	301
SEX11	1.07	2.49	301
SEX12	1.07	2.49	301

**Item - Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
SEX1	1.190	4.843	.589	.913
SEX2	1.190	4.734	.702	.908
SEX3	1.187	4.584	.712	.907
SEX4	1.191	4.773	.716	.907
SEX5	1.186	4.611	.659	.910
SEX6	1.187	4.631	.674	.909
SEX7	1.189	4.702	.687	.908
SEX8	1.191	4.822	.652	.910
SEX9	1.193	5.009	.594	.913
SEX10	1.192	4.836	.672	.909
SEX11	1.192	4.816	.692	.908
SEX12	1.192	4.903	.607	.912

**Scale Statistics**

Mean	Variance	Std. Deviation	N of Items
12.98	5.636	2.374	2

**Correlations**

**D e s c r i p t i v e S t a t i s t i c s**

	Mean	Std. Deviation	N
A G E	20.79	2.793	301
AggressiveBehaviour	35.0365	16.51712	301
AntisocialPersonalityTrait	28.5880	6.58101	301
SexualAbuse	12.9834	2.37411	301

**C o r r e l a t i o n s**

			A G E	AggressiveBehaviour	AntisocialPersonalityTrait	SexualAbuse
A G E	Pearson Correlation		1	.159**	-.005	-.020
	Sig. (2-tailed)			.006	.933	.728
	N		301	301	301	301
AggressiveBehaviour	Pearson Correlation		.159**	1	.200**	.348**
	Sig. (2-tailed)		.006		.000	.000
	N		301	301	301	301
AntisocialPersonalityTrait	Pearson Correlation		-.005	.200**	1	.048
	Sig. (2-tailed)		.933	.000		.407
	N		301	301	301	301
SexualAbuse	Pearson Correlation		-.020	.348**	.048	1
	Sig. (2-tailed)		.728	.000	.407	
	N		301	301	301	301

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Regression for Hypothesis One**

**V a r i a b l e s E n t e r e d / R e m o v e d <sup>a</sup>**

Model	Variables Entered	Variables Removed	Method
1	AntisocialPersonalityTrait, AggressiveBehaviour <sup>b</sup>		Enter

a. Dependent Variable: SexualAbuse

b. All requested variables entered.

**M o d e l S u m m a r y**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.348 <sup>a</sup>	.121	.116	2.23275

a. Predictors: (Constant), AntisocialPersonalityTrait, AggressiveBehaviour

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	205.331	2	102.666	20.594	.000 <sup>b</sup>
	Residual	1485.586	298	4.985		
	Total	1690.917	300			

a. Dependent Variable: Sexual Abuse  
 b. Predictors: (Constant), AntisocialPersonalityTrait, AggressiveBehaviour

Coefficients		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
Model		B	Std. Error	Beta		
1	(Constant)	11.442	.598		19.143	.000
	AggressiveBehaviour	.051	.008	.352	6.357	.000
	AntisocialPersonalityTrait	-.008	.020	-.023	-.407	.685

a. Dependent Variable: Sexual Abuse

### T-Test for Hypothesis Two

Group		Statistics			
	AggressiveBehaviour	N	Mean	Std. Deviation	Std. Error Mean
SexualAbuse	High	123	13.7967	3.01352	.27172
	Low	178	12.4213	1.58631	.11890

Independent Samples Test		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
SexualAbuse	Equal variances assumed	85.557	.000	5.147	299	.000	1.37540	.26725	.84947	1.90133
	Equal variances not assumed			4.637	168.924	.000	1.37540	.29660	.78989	1.96091

**T-Test for Hypothesis Three**

G r o u p		S t a t i s t i c s						
AntisocialPersonalityTrait		N	Mean	Std. Deviation	Std. Error Mean			
SexualAbuse	H i g h	1 4 2	13.1127	2.65271	.22261			
	L o w	1 5 9	12.8679	2.09615	.16624			

**Independent Samples Test**

		Levene's Test for Equality of Variances		t - t e s t f o r E q u a l i t y o f M e a n s						
		F	Sig.	t	d f	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower		Upper
SexualAbuse	Equal variances assumed	2.963	.086	.893	299	.373	.24475	.27421	-.29488	.78438
	Equal variances not assumed			.881	267.788	.379	.24475	.27783	-.30226	.79176

**T-Test for Hypothesis Four**

G r o u p		S t a t i s t i c s				
A G E		N	Mean	Std. Deviation	Std. Error Mean	
SexualAbuse	Older	1 3 6	13.0294	2.53258	.21717	
	Younger	1 6 5	12.9455	2.24221	.17456	

**I n d e p e n d e n t S a m p l e s T e s t**

		Levene's Test for Equality of Variances		t - t e s t f o r E q u a l i t y o f M e a n s						
		F	Sig.	t	d f	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower		Upper
SexualAbuse	Equal variances assumed	.300	.584	.305	299	.761	.08396	.27538	-.45797	.62588
	Equal variances not assumed			.301	272.246	.763	.08396	.27862	-.46457	.63249