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RESEARCH ARTICLE

VALIDATION OF THE FREQUENCY OF DELINQUENT BEHAVIOR SCALING INSTRUMENT (FDBSI) ON NIGERIAN IN-SCHOOL ADOLESCENTS

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ABSTRACT

A cross-sectional survey design was adopted to validate the Frequency of Delinquent Behavior Scaling Instrument (FDBSI) using adolescents from a secondary school in Lagos, Nigeria. A combined purposive and convenient sampling technique was used to select 261 participants made up of 93 males (35.6%) and 168 females (64.4%) from a selected secondary school in Kosofe Local Government in Lagos State Nigeria. The *mean age* was 15.57 ± 1.97. Participants responded to Frequency of Delinquent Behavior Scaling Instrument (FDBSI) and Self-Reported Delinquency (SRD) to determine concurrent validity. Observed internal consistency of FDBSI showed a Cronbach's alpha coefficient of .75, a Spearman-Brown coefficient of .68 and Guttman Split-Half coefficient of .68. All items in the scale reported acceptable goodness-of-fit measures revealing corrected item-total correlations range of .12 to .79. Significant positive correlation was also observed between FDBSI and SRD revealing concurrent validity score of (r = .292, p = .000). Determined new norms for FDBSI were scores of 28.4 for male, and 18.8 for female. FDBSI is observed to be gender sensitive and has acceptable psychometric properties for Nigerian adolescent population.

INTRODUCTION

Conduct disorder (CD) is characterized by a pattern of persistent behaviors in which age-appropriate societal norms and rules are broken (American Psychiatrist Association, 2013). CD consists of a pervasive pattern of behaviors that infringe on the rights of others and/or violate both age and culturally appropriate norms (American Psychiatrist Association, 2013). According to the American Psychiatrist Association (APA), a CD diagnosis is appropriate for individuals typically under the age of 18, who engage in at least three of 15 behavioral criteria within the four categories of aggression directed to people or animals, property destruction, deceit fulness or the ft, and serious rule violations (2013). In accordance with the diagnostic criteria outlined in the DSM-5, additional specifications indicate the onset of the problematic behavior, the severity of the behavior, and whether the youth's presentation is further characterized by callous or unemotional traits (American Psychiatric Association, 2013; Rivera-Hudson & Frick, 2013). Symptoms of conduct disorder include aggression toward people and animals, often bullies, threatens or intimidates others, often initiates physical fights, has used a weapon that could cause serious harm, physically cruelty to people, physically cruelty to animals, stealing while

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confronting a victim, forced sexual activity, property destruction, deliberate fire setting, destruction of property, deceptiveness or theft, breaking or entering a house, car or building, lying for personal gain, stealing without confronting the victim (such as shoplifting), serious rule violation such as staying out at night or being truant before the age of 13 years, has run away from home overnight at least twice, is often truant from school, beginning before the age of 13 and other rule violations include staying out late despite parent's expectations, running away overnight without returning for a lengthy period, and truancy ons et before age 13 (APA, 2013). The future of any nation is largely determined by the wellbeing of their adolescents. Behavioural disorders typically develop in childhood and adolescence. According to Henderson (2009) and American Academy of Child and Adolescent Psychiatry (2010), the specific cause of behavioural disorders (such as conduct disorder) is not known but factors such as genetic or biological factors, environmental factors like family problems, parenting styles, child abuse, peer socioeconomic status, lack of supervision, inconsistent discipline may contribute to its development. Adolescence which corresponds to the period between the ages of 10 and 19 years is often a critical phase in the life cycle of each person because it marks a period of biological, social and psychological transition between childhood and adulthood (WHO,2013). World Health Organization clearly recognizes that "adolescence" is a phase rather than a fixed time period in an individual's life.

As indicated above, it is a phase of development on many fronts: from the appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity; the development of mental processes and adult identity. Education should provide the adolescent student with the necessary skills that allow him/her to adjust easily and smoothly to the rapid physical, emotional, mental and social changes (Garcia & Santiago, 2017). Indeed, this critical phase of their life may also affect the quality of their relationships with educators, the principal, parents as well as with their school mates (Kumari & Kumar, 2017). In addition to the modification of their behaviour due to the transition phase of their life, secondary school students also change their behaviour on account of many other factors that are external. Dupper (2010) maintain that students misbehave because there are mismatches between their needs and the socio-environmental factors that are within their immediate environment. Student misconduct is not only the naughty behaviour of the student but also the behaviour that disturbs the effective teaching and learning process (Ghazi, et al, 2013) and that interrupts the saner and safer school environment (Schleicher, 2015).

According to a study conducted by (Igbo,et al, 2014), exploring the influence of gender on student delinquent behaviour is also of great significance. The target population for their study consisted of the 24,171 senior secondary school, class two students. The results indicated that gender had no significant in fluence on students' delinquent behaviour. Odu et al. (2015) studied the influence of age and gender on behavioural issues, also child mistreatment among secondary school adolescents. The study sampled two hundred students drawn from 5 secondary schools through simple random sampling. The results indicated that gender did not influence hostile behaviour among students. Ondieki and Mokua (2012) conducted a comparative analysis of drug use and abuse among boys and girls in secondary schools. Simple random sampling was employed to sample students from five schools. The study found that boys were more predominant in drug abuse and common users of alcohol. According to the above reviewed literature, researchers have made good attempt to look at gender and delinquency behaviour. Hence there is a need to validate a scale that has a norm for both male and female respondents.

Student misconduct is a source of worry for all school stakeholders (Gutuza & Mapolisa, 2015; Marais & Meier, 2010; Ramjanally, 2015). Augustine (2012) in his study established that delinquent behaviour among secondary school students are of great concern to education stakeholders, psychotherapist and Psychologists since they destabilize the holistic development of students. It is a multifaceted and complex school problem that is manifested in various forms (Ali, et al, 2014). The various common forms of student misconduct are late coming, bunking classes, drug and alcoholic abuse, bullying, love affairs, vandalism, assault on the school prefects, insult on educators, wearing the wrong school uni form, use of the mobile phone, smoking, writing or using foul language in class, work not done, class disruption and immoral acts (Gutuza & Mapolisa, 2015; Ghazi et al., Gulap, et al, 2013; Ngwokabuenui, 2015; Jeeroburkhan, 2016). Muchiri (2012) in his study found that mischief in school is detrimental to individual students because it hinders learning, diminishes chances of graduating, or reduces the chances of entering or completing post high school education. Augustine (2012), further reported that conduct problems has remained

consistently a menace to the peace and tranquility enjoyed by families, schools and communities all over the world. Apart from gradual moral degeneration befalling the society, other problems emanating from adolescents' involvement in delinquent behaviour comprise of security and economic cost. Therefore, Hess and Drowns (2010) in their study concluded that delinquency among juvenile members of communities is one of the leading global common social issues many nations are currently trying to bring under control. To the best of researchers' knowledge there is no indigenous conduct disorder scale developed among Nigerian researchers. Considering the diversity in the socio-cultural setting of the United States of America there is a need to validate this states due to cultural fairness. The scale frequency of delinquent behavior scale was developed in 2005, with no reported psychometric properties nor norms for the instruments. The absence of any psychometric properties and appropriate norms for Nigeria adolescents coupled with the cultural diversities necessitated the validation of the instrument for screening and research purpose among adolescents in Nigeria and nations with similar socio-cultural background.

Objective

The aim of this study is to validate the Frequency of Delinquent Behavior Scaling Instrument (FDBSI) developed by Center for Diseases Control and Prevention (CDCP 2005) with Nigerian adolescent sample in other to derive acceptable psychometric properties for the scale on Nigerian population.

METHODS

Participants and Sampling Techniques: A total of 261 participants of 93 males (35.6%) and 168 females (64.4%) with mean age 15.57 ± 1.97 were conveniently selected from a secondary school in Oworoshoki, Kosofe Local Government in Lagos State Nigeria to participate in the study- of the participants (53%) were in the junior secondary schools, while 123 (47%) were selected from the senior secondary school.

Research Setting: Classrooms of the students were used after their teachings which made it easy to get the number of participants.

Inclusion Criteria: Adolescents between the age range of 10-18 years of age. Adolescents who can read and write effectively

Measurement: Frequency of Delinquent Behavior Scaling Instrument (FDBSI) is a; 25 item instrument with 6 subscale measures, vandalism, the ft, physical aggression, truancy and other school problems, disruptive behavior, and status offence. It was developed by Center for Diseases Control and Prevention (USA) in 2005. The instrument has five response categories of "Never" = 0, "1-2 Times" = 1, "3-6 Times" = 2, "7-9 Times" =3 and "More than 10 times" =4. High scores indicate high rate of delinquent behavior. FDBSI is measured on five factors. Items 1 to 3 measure vandalism, items 4-10measure the ft, items 11 to 15 measures physical aggression, items 16 to 19 measures truancy, 20 to 21 measures destructiveness, 22 to 25 measures Status offense. The inclusion of the other instrument is to pair the FDBSI in other to determine the concurrent validity. The paired instrument is the Self-Reported Delinquency.

S/N		Item	SD	Corrected Item-	Cronbach's Alpha if
	Items	Mean		Total Correlation	Item Deleted
	VANDALISM				
1	On purpose broken or damaged or destroyed something belonging to a school?	1.20	1.14	.145*	.747
2	Gone into somebody's garden, backyard, house, or garage when you were not supposed to be there?	1.21	0.53	.399**	.735
3	Purposely set fire to a building, a car, or something else or tried to do so? THEFT	1.16	0.99	.340**	.740
4	Stolen or tried to steal something?	1.31	1.03	.047	.751
5	Taken som ething from a store without paying for it?	1.13	0.40	.310**	.740
6	Taken money at home that did not belong to you like from your mother's purse or your parents' dresser?	1.50	1.96	.073	.760
7	Taken anything at school from the teacher or other kids that did not belong to you?	1.16	0.78	.251**	.743
8	Taken som ething from a car that did not belong to you?	1.06	0.33	.631**	.742
9	Avoided paying for things such as movies, bus or subway rides, or food?	1.51	3.05	.059	.797
10	Snatched someone's purse or wallet or picked someone's pocket? PHYSICAL AGRRESSION	1.08	0.46	.694**	.732
11	Hit, slapped, or pushed a teacher or another grown-up at school?	1.10	0.45	.681**	.738
12	Hit, slapped, or pushed one of your parents?	1.11	0.48	.626**	.733
13	Hit, slapped, or pushed other kids or got into a phy sical fight with them?	1.28	0.65	.574**	.728
14	Carried a weapon with you?	1.32	2.74	.226**	.756
15	Thrown rocks or bottles at people? TRUANCY	1.11	0.46	.464**	.735
16	Cheated on school tests?	1.32	0.83	.238**	.743
17	Run away from home?	1.21	0.82	.325**	.739
18	Skipped school without an excuse?	1.25	0.51	.336**	.742
19.	Been sent home from school for bad behaviour? DESTRUCTIVENESS	1.14	0.57	.595**	.729
20	Written things or sprayed paint on walls or sidewalks or cars, where you were not supposed to do that?	1.26	0.65	.524**	.730
21	Been loud, rowdy, or unruly in a public place so that people complained	1.15	0.47	.164*	.741
	about it or you got into trouble? STATUS OFFENSE				
22	Consumed any Alcohol?	1.25	1.05	.286**	.738
23	Smoked or che wed tobacco?	1.11	0.45	.543**	.738
24	Smoked Indian hemp?	1.21	1.01	.354**	.742
25	Sniffed glue?	1.09	0.50	.304**	.737

Table 2

	Frequency of Delinquent Behaviour Scale (FDBSI)
Self-Reported Delinquency (SRD)	.292**

^{**} Significant at p =.000

Table 3. Correlation matrix showing the relationship among conduct disorder scales with total

Variables	VA	TH	PA	TR	DE	SO	SRD	
Vandalism	1							
Theft	.297**	1						
Physical Aggression	.411**	.363**	1					
Truancy	.410**	.277**	.591**	1				
Destructiveness	.372**	.215**	.470**	.712**	1			
Status Offence	.454**	.202**	.491**	.532**	.601**	1		
Self-Reported delinquency	.435**	096	.193**	.292**	.448**	265**	1	

^{**}Correlation is significant at the 0.01 level (2-tailed). N=261

Table 3. Calculated New Norm for FDBSI Using Nigerian Samples

Variable	Gender	FDBSI Norm
FDBSI	Male	≥ 28.4
	Female	≥ 18.8

It was developed by Thornberry, et. al, (2003). This index measures the self-reported frequency of 36 delinquent acts. Respondents are asked to indicate if they have engaged in a variety of problem or delinquent behaviors in the past month. Yes" responses are assigned a point value of "1" each and then summed. Higher scores indicate a greater level of delinquency (Thornberry et al. 2003).

Procedure/Data Collection: The researchers obtained permission from the school administration to administer the scale after reviewing my cover letter and ethical approval to conduct the research. Thereafter the purpose of the study was explained to the prospective students and made them realized their right to withdraw from the study, any time during the study. Authors then purposively and conveniently administered questionnaire to those who meet the inclusion criteria.

Students were allowed to read the informed consent form and append their signature for willingness to participate. There was no time restriction. A total of 300 of the students ful filled the inclusion criteria, and were included as participants. Of these, only 261 questionnaires were correctly and completely filled. Completed questionnaires were sorted, coded, and entered into the Statistical Package for Social Sciences for data analysis.

RESULTS

Statistical Analysis: Descriptive statistics including mean and standard deviation were used to determine the new norms for the instrument. To determine the internal consistency/reliability of FDBSI, Cronbach's standardized α , Spearman-Brown coefficient and Guttman Split-Half coefficient were calculated and obtained. Using Pearson's Correlation Analysis, FDBSI was correlated with SRD in order to determine the concurrent validity of FDBSI. The items total correlations were also obtained to test the relationship between each item and the composite / total item score.

Measure of Reliability frequency of delinquent behavior scaling instrument: In other to determine the reliability and verify the internal consistency of the items on Nigerian population, Cronbach's alpha (or alpha coefficient), Spearman-Brown coefficient and Guttman Split-Half coefficient were used. The internal consistency, measured by Cronbach's coefficient was ($\alpha = .75$), with a Spearman-Brown coefficient of .68 and Guttman Split-Half coefficient of .68. The corrected item total correlations ranged from .12 to .79. The result of this analysis in Table 1 shows that FDBSI is reliable for the Nigerian population. All items in the scale resulted in acceptable goodness-of-fit measures

Total Item Correlation: Based on the analysis of the item correlation, the instrument will still have a five response categories of "Never" =0, "1-2 Times" =1, "3-6 Times" = 2, "7-9 Times" = 3 and "More than 10 times" =4. Items 4, 6, and 9 will be expunged out of the scale. This will make the total valid questions to be 22 items. An Appendix has been attached to the latter part of the study.

Measure of Validity of FDBSI: In other to measure the validity of FDBSI, concurrent validity technique was employed to show how well FDBSI compares to other well established related test. Using the Pearson's r, correlations between FDBSI and SRD were investigated. As summarized in Table 2, FDBSI correlated positively and significantly with SRD (r = .292, p = .000). This result shows that it is valid for Nigerian population. Table 2 shows the summary of Pearson Moment correlation analysis of the factors Frequency of Delinquency behaviour scale instrument and self-reported delinquency among adoles cents. Significant positive correlation exists between VA and self-reported delinquency (r = .435, p = .000); PA and self-reported delinquency (r = .193, p =.000); TR and self-delinquent behaviour (r = .292, p=.000), DE and self-delinquent behaviour (r = .448 p = 000), status offence and self-reported (r= 265, p=.000) as well as between FDBSI total and self-reported delinquency (r = .319, p = .000).

Calculation of Norms of FDBSI: The cutoff value of the FDBSI for both male and female Nigerian adolescents is summarized in Table 3. By implication, any individual score equal or greater than the norm is considered as conduct related disorder.

Such individual will require a psychological intervention. This cut offresult shows a significant difference in the score of the male (≥ 28.4) when compared by that of the female participants (≥ 18.8) .

DISCUSSIONS

The focus of this study is to obtain a psychometric property for the Frequency of Delinquent Behavior Scaling Instrument (FDBSI) for the Nigerian adolescent population. The FDBSI reported a high Cronbach's alpha amongst Nigerian population. The implication of this finding shows a good interrelatedness of the items of the FDBSI, unidimensionality and homogeneity of the construct (Cortina, 1993; Bland & Altman 1995) among the Nigerian population. The alpha scores are also not too high to render some items redundant as the alpha values did not exceed the maximum value of 0.90 (Strein er 2003; DeVellis 2003). The high alpha score in our study shows that FDBSI has a strong reliability value. Finally, the obtained norm scores for the Nigerian sample is a novel addition to the scale as the developer and previous users of FDBSI did not indicate a norm for the scale. The norm derived from this study is suggestive of the fact that FDBSI cut off score is gender sensitive.

Conclusion and Recommendations

It was concluded that FDBSI has acceptable psychometric properties for Nigerian population as it fits well to the Nigerian socio-cultural setting as a measure of conduct problems among adolescents. By and large, these results show that the FDBSI is a reliable and a valid scale of conduct related problems in the study population. Individuals who respond to the questions on the scale are given points on each of the scale items and on the six dimensional factor structures. In addition, the scale appears appropriate for general descriptive purposes and our findings shows that quantitative measurement of conduct related problem is possible with relatively simple methods. One limitation of this study is the single location and sample size. Hence studies that cover a wider location and participants from different geopolitical region is recommended.

Ethical Considerations

This study carried out investigations that involved human elements hence ethics of research for human subjects were observed. The researcher reviewed online regulatory and informational documents on human-subject protection and passed the examination on responsible conduct of human studies and was issued a Certificate for Bioethics and Research by the Nigerian National Code of Health Research Ethics. Moreover, the research intention and proposed procedures for carrying the research was subjected to scrutiny by the Internal Research Ethic Committee (IREC) of Redeemer's University, Ede, Osun State Nigeria. Judging that the average age of respondents, the inclusion criteria was ten to eighteen years, students with no special need or deformity and those who were willing to sign the consent form participated in the study.

Contribution to Knowledge

The initial scale was without a norm. This scale has established a norm for the assessment and diagnoses of conduct disorder, reliability and validity was obtained for the study and also the number of questions were reduced from the previous scale.

Conflict of interest: Authors have declared that no competing interests exist.

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GLOSSARY OF ABBREVIATIONS

AACAP - American Academy of Child and Adolescent Psychiatry

APA - American Psychiatrist Association

CD - Conduct Disorder

CDCP - Center for Diseases Control and Prevention

DSM - Diagnostic and Statistical Manual of Mental Disorders

FDBSI - Frequency of Delinquent Behavior Scaling Instrument

IREC - Internal Research Ethic Committee

SRD - Self-Reported Delinquency

WHO - World Health Organization

VA - Vandalism

PA – Physical Aggression

TR - Truancy

DE – Destructiveness

REFERENCES

- Ali, A. A., Dada, I. T., Isiaka, G. A., & Salmon, S. A. 2014. Types, causes and management of indiscipline acts among secondary school students in Shomolu local government area of Lagos State. *Journal of Studies in Social Sciences*, 82,254-287
- Akpunne B, Akinnawo E. 2017. Dom estic Violence Influence on Psychological Distress among Institutionalized Adolescents. *International Journal of Research in Economics and Social Sciences IJRESS*
- American Academy of Child and Adolescent Psychiatry 2010. Your adolescent on conduct disorder.
- American Psychiatric Association 2013. Diagnostic and Statistical Manual of Mental Disorders, 5th ed. Washington, DC: American Psychiatric Association.
- Augustine, O. B. 2012. Juvenile Delinquency in Ghana: A Qualitative Study of the Lived Experiences of Young Offenders in Accra. Master's thesis, Norwegian University of Science and Technology.
- Bland JM, Altman DG. 1995 Comparing two methods of clinical measurement: A personal history. Int *Journal of Epidemiology*;24Suppl 1:S7–14.
- Center for Diseases Control and Prevention 2005 Frequency OF Delinquent Behavior Scaling Instrument. United State of America.
- Cortina, J. M. 1993. What is coefficient alpha? An examination of theory and applications. *Journal of Applied Psychology*, 78, 98-104.
- DeVellis R. 2003 Scale development: theory and applications: theory and application. Thousand Okas, CA: Sage.
- Dupper, D. R. 2010. A new model of school discipline: Engaging students and preventing behaviour problems. Ox ford University Press, New York.
- Garcia, Q. P., & Santiago, A. B. 2017. Parenting styles as correlates to self-esteem of underprivileged adolescents: Basis for a proposed parenting skills program. International *Journal of advanced education and research*, 25, 27-35
- Ghazi, S.R., Gulap, S., Muhammad, T., & Khan, A. Q. 2013. Types and causes of students' disruptive behaviour in classroom at secondary level in Khyber Pakhtunkhwa, Pakistan, 19, 350-354.

- Gutuza, R. F., & Mapolisa, T. 2015. An analysis of the causes of indiscipline amongst secondary school pupils in Nyanga District. *Global Journal of Advanced Research*, 27, 1164-1171.
- Henderson R 2009. National Institute for Clinical Excellence NICE. Young minds: "statistics about children and young people".
- Hess, K. M., & Drowns, R. W. 2010. Juvenile Justice.5th ed.Wardsworth: Cengage Hirschi T., 1969. Causes of Delinquency. Berkeley: University of California Press.
- Igbo, J. N., & Ihejiene, M. A. 2014 Gender Differences, Delinquent Behaviours and Academic Achievement of Secondary School Students in Nigeria. *International Journal of Latest Research in Science and Technology* ISSN Online:2278-5299 Volume 3, Issue 4: Page No. 40-46
- Jeeroburkhan, F. 2016. Indiscipline in schools. Le Mauricien, 2 February: 5-6.
- Marais, P., & Meier, C. 2010. Disruptive behaviour in the foundation phase of schooling. *South African Journal of Education*, 30, 41-57.
- Muchiri, K. M. 2012. Relationship between Perceived Parental Nurturance and Problem Behaviours among Secondary School Students in Selected Counties in Kenya. Kenyatta University Degree of Doctor of Philosophy Thesis.
- Ngwokabuenui, P. Y. 2015. Students' indiscipline: Types, causes and possible Solutions: The case of secondary schools in Cameroon. *Journal of Education and Practice*, 622, 64-72.
- Ondieki, A. G & Mokua, O. Z. 2012 A Comparative Analysis of Drug Use and Abuse among Male and Female Secondary School Students in Kisii County, Kenya. 107 Journal of Emerging Trends in Educational Research and Policy Studies JETERAPS 34, 506-513.
- Odu, B. K., Alokan, F. B., Ibimiluyi, F., Iretor. O., Oluwaseun, B. O., & Olukoya, A. 2015. Influence of Gender and Age on Behavioural Problems and Experience of Child Abuse among Secondary School Students. *British Journal of Education* Vol.3, No. 10, pp.22-34,
- Ramjanally, H. 2015. La discipline, le pire est à venir! L'Express, 12 September: 10-11.
- Rivera-Hudson, N., & Frick, P. J. 2013. Evidence-based assessment of conduct disorder: Current considerations and preparation for DSM-5. *Professional Psychology: Research and Practice*, 441, 56–63
- Schleicher, A. 2015. Schools for 21st-century learners: Strong leaders, confident teachers, Innovative Approaches. *International Summit on the Teaching Profession*, OECD Publishing.
- Streiner D. 2003 Starting at the beginning: an introduction to coefficient alpha and internal consistency. *Journal of personality assessment.*
- Thornberry, T. P., Krohn, M. D., Lizotte, A. J., Smith, C., & Tobin, K. 2003. Gangs and delinquency in developmental perspective. Cambridge, UK: Cambridge University Press.

APPENDIX

Frequency of Delinquent Behavior Scaling Instrument (FDBSI) is a; 25 item instrument with 6 subscale measures, vandalism, theff, physical aggression, truancy and other school problems, disruptive behavior, and status offence. It was developed by Center for Diseases Control and Prevention (USA) in 2005. The instrument has a five response categories of "Never" = 0, "1-2 Times" = 1, "3-6 Times" = 2, "7-9 Times" = 3 and "More than 10 times" = 4. High scores indicate a high rate of delinquent behaviour. FDBSI is measured on five

factors. It ems 1 to 3 measure v and alism, items 4-7 measure the ft, items 8 to 12 measures physical aggression, items 13 to 16 measures truancy, 17 to 18 measures destructiveness, 19 to

22 measures Status offense. The scale has been validated among Nigerian sample by (Kumuyi, Akinnawo, Akintola,2020) and the number of items were reduced to 22 after correlating the items.
