Gender and paternal psychological abuse on psychopathology symptoms among children and adolescents in Akwa Ibom State, Nigeria

Abiodun Gesinde1*

Abstract: The third goal of the Sustainable Development Goals (SDGs) aimed at guaranteeing healthy lives and the promotion of well-being for all at all ages by 2030. Quite a number of health-related challenges, such as psychopathological challenges, could hinder the attainment of this laudable goal if not curtailed. Psychopathological difficulties among children and adolescents have been reported worldwide in various empirical studies. Children and adolescents from homes exemplify with parental abuse have been identified to reflect symptoms of psychopathology. Biological fathers have been indicted in some studies for perpetrating four significant dimensions of abuse. However, the extent to which these impact on children and adolescents is yet to be supported empirically. This study, therefore, examined the predicting value of paternal psychological abuse and gender on children and adolescents’ psychopathology symptoms. Participants for the study were 120 purposively sampled children and adolescents from secondary schools in Akwa Ibom, State, Nigeria. An Ex-post facto design was utilised for the study.

ABOUT THE AUTHOR
Abiodun Gesinde is a Professor of Counselling Psychology in the Department of Psychology, Covenant University, Ota, Nigeria. His research focus includes human abuse, counselling persons with disabilities, truant behaviour and academic dishonesty among, others. He has several articles in local and international peer-reviewed journals.

PUBLIC INTEREST STATEMENT
Psychopathological symptoms are common occurrences among children and adolescents in developing and developed countries. Existing pieces of the literature revealed that they have impacts on some psychological and sociological variables but, these variables did not include or combine the impact of gender and paternal psychological abuse in most of the existing studies, especially in Africa. This study, therefore, sought to determine the extent to which gender and paternal psychological abuse will significantly influence psychopathological symptoms. The study concludes that the combination of gender and paternal child abuse to psychopathological symptoms is statistically insignificant. It is, therefore, imperitive that Sustainable Development Goal of ensuring healthy lives and promotion of the well-being of children and adolescents should place less emphasis on the contribution of these two variables to incidences of psychopathological symptoms among children and adolescents. It should instead focus on other significant factors whenever an attempt is made to address factors that are preventing children and adolescents from healthy living devoid of psychopathological challenges.
Adolescent Personal Data Inventory (APDI) and Parental Psychological Abuse Multidimensional Scale (PPAMS) were used to gather data. Analysis of data through linear regression showed that paternal psychological abuse predicted psychopathological symptoms (adjusted $R \leq 2\%$, $p < 0.05$) and t-test statistic revealed that there were no significant gender differences in participants who were psychopathologically challenged and psychologically abused by fathers. These findings imply that for the third goal of SGDs to be attained, contributory variables making a significant impact on psychopathological symptoms must be identified and kept at bay.

**Subjects:** Environmental Psychology; Health Psychology; Counseling Psychology; Developmental Psychology; Mental Health

**Keywords:** paternal psychological abuse; psychopathology; father; children; adolescents; Nigeria

1. Introduction

The Sustainable Development Goals (SDGs) adopted by the United Nation’s Assembly in 2015 aimed to achieve 17 sustainable goals. The third goal principally focused on the need to ensure healthy lives and promote well-being for all at all ages. Although the target date for the attainment of these laudable goals is 2030, specific actions tailored towards the realisation must be made from now. One of such is to ascertain the degree to which certain factors/variables contribute to or sustain ill-health. For instance, psychopathological challenges among children and adolescents have been reported worldwide in several empirical studies. Some of the variables that have been found to sustain them include mental health problems, age, gender, personality traits, problematic Instagram use (Brudkowska et al., 2016; De Rose et al., 2016; Taiwo, 2011; Yurdagul et al., 2019). There is no doubt that these contributing variables will hinder the attainment of ensuring healthy lives for all, especially children and adolescents, if not addressed.

Karl Jaspers founded Psychopathology in 1913 as a scientific discipline which focuses on the manifestation of psychological disorder or syndrome that tampers with an individual’s capability to function effectively in the society (Thome, 2014). Since then, the prevalence of psychopathological symptoms among children and adolescents has become a subject or field of study to be accorded special attention in most countries of the world.

The term “psychopathology” is used in the context of this study to signify behaviours or experiences which are suggestive of mental illness or psychological impairment (Butcher & Hooley, 2018). Symptoms, Ormel et al. (2013) contend, must be understood to be a sign of behavioural or psychological or biological dysfunction in a person. The prevalence rates of psychopathological experiences among children and adolescents have been reported to be dissimilar in different empirical studies. For instance, Robert et al. (1998) reviewed 52 studies carried out in over 20 countries over 40 years. They found out that the participants’ age ranged from 1 to 18. Also, the pervasiveness estimates of psychopathology challenged oscillated from almost 1% to nearly 51% with a mean value of 15.8% and median rates of 8%, 12%, 15% for preschoolers, preadolescents, adolescents, respectively. In the United States of America, Robert et al. (1998) and Bhur et al. (2005) concur that studies have shown that 18% prevailing rate is the most consistent. In Nigeria, Taiwo’s (2011) study among 889 adolescents in Ibadan, Southwest of the country indicated a total of 15.2% prevalence rate among the sampled adolescents.

The occurrence of psychopathology among children and adolescents is made plausible by the activities of significant others in their life. Psychologists have long recognised the contributive part of both parents in the normative growth of children and adolescents. Osborn (2014) believes that...
fathers have a substantial influence on the welfare, growth and outcomes of their children irrespective of whether they live together with them or not. Similarly, Makusha and Richter (2014) declare that biological father is seen as the authority figure, consultant on important domestic decisions, protector and leader of children, provider and source of moral guidance and psychological support for the household. Based on these contributive roles, Flouri and Buchanan (2003) assert that fathers may be principally influential in the growth of certain facets of child behaviour. Scourfield (2014) has pointed out that research findings from a range of disciplines reveal that fathering is connected with outcomes for children. Specifically, decent fathering is concomitant with the emotional well-being of the child in the future, while the negative result is associated with father effects (Wilcox & Dew, 2008).

Fathers support mothers to be improved parents in various ways, according to Wilcox and Dew (2008), such as caring for children in a way that will give mothers break from parenting troubles and stresses and engaging in household tasks to decrease the danger of child abuse. In addition to these, they also participate in monitoring and preventing mothers from child’s neglect and maltreatment and providing emotional support and strategies for effective parenting.

There is no gainsaying the fact that fathers are doing a lot for the normative development of their children and families in general. Despite all the positive things they do, they are not always an asset to households according to Makusha and Richter (2014). In an attempt to bolster this point, Makusha and Richter (2014) observe that in South Africa, as a reference point, the rate at which men abuse substance and maltreat female partners and children is unsatisfactorily high. In this same vein, Rosenberg and Wilcox (2006) aver that just as a father can be a sturdy protective figure for children so also can they play a role in child abuse and neglect. Several reports from empirical studies have indicted fathers as perpetrators of child abuse and neglect. For instance, in 2003, Child Protective Services report, as cited in Rosenberg and Wilcox (2006), fathers were the lone perpetrators of child abuse in 18.8% of the substantiated cases of abuse, while in 16.9% they were perpetrators in conjunction with mothers and in 1.1% they collaborated with somebody to abuse or neglect the child. Fathers’ maltreatment in this context, though not clearly stated, likely covers all the four significant dimensions of child abuse, namely, physical, emotional/psychological, sexual and neglect.

Psychological abuse, which this paper focuses on and which fathers are a perpetrator of, is any act that has the latent for or has actively triggered severe emotional, intellectual or behavioural disorders on the child (Isangedighi, 2004). Kingman in Thomson Corporation (2004) described it as the rejection, ignoring, criticising, isolating or terrorising of children with the consequences of eroding their self-esteem. Emotional abuse is difficult to identify or prove (Thomson Corporation, 2004; Uzoezie, 2004) because it does not leave any physical injuries but can only be recognised when the child begins to show signs of emotional problems (Uzoezie, 2004). Emotional abuse, in the submission of Ubong et al. (2004), can range from simple verbal assault to a life-threatening form of punishment such as ignoring, removal of attention or rejection; lack of physical fondness such as hugs; lack of praise, reinforcement or comments such as “I love you” to fastening child to a chair for an extended period or terrorising a child. Emotional abuse, in Gordon (2020)’s perspective, is a subtle and manipulative behaviour which can occur in any relationship with the underlying goal of controlling the victim through the acts of discrediting, isolating and silencing the victims. He further observed that victims are often too wounded to endure but also too afraid to leave. Gesinde (2018) posits that psychological or emotional abuse should rather be referred to as a psychological virus because it is a virus-like abuse. When the virus is injected to the human soul, it tends to cause excruciating pain to the soul and weakens or paralyses the normal activities of the soul. It has been observed that generally, maltreatment, of which psychological abuse or virus is included, is expensive on a societal level (Berker-Blease & Kerig, 2016). The lifetime cost of maltreatment per substantiated mistreatment case is put at 210, USD 012 per nonfatal incident, and 1,272, USD and 900 per serious incident (Fang, Brown, Florence, & Mary as cited in Berker-Blease & Kerig, 2016). The exact figure of children and adolescents that have suffered or suffering
from diverse forms of maltreatment is challenging to estimate in most countries of the world, but Jaffee (2017) argues that it is declining in the USA with more than 600,000 substantiated sufferers of abuse and neglect. The World Health Organization (1998), as cited in De Rose et al. (2016), declares that child maltreatment varies from 3 to 6 children out of 1000.

Several variables have been found to exert acute or minimal effects on children and adolescents’ psychopathology and paternal abuse such as stress, gender, age, neuroticism (Jeronimus et al., 2016; Kuipers, 2004; McGranahan et al., 2018; De Rose et al., 2016). The impact or moderating role of gender in children and adolescents’ psychopathology has fascinated scholars’ consideration. Gender is all about how we are to perceive, reason and perform as men and women as a result of the manner society is organised and not primarily because of biological variances (World Health Organization, 1998). The moderating role of gender in psychopathology, according to Browne et al. (2010), might be as a result of gender variances in socialisation history and the pervasiveness of psychiatric disorders. Seeman (1997) and Zahn-Waxler et al. (2008) equally posit that since boys and girls manifest many genetic similarities, gender role ought to be explored. It has also become imperative to evade sex-stereotyping mental health difficulties (Zahn-Waxler et al., 2008). Consequently, male-like and female-like features are given adequate consideration and exploration in children and adolescents’ behavioural misconduct. Studies like that of McCabe et al. (2002) showed that female adjudged delinquents experienced significantly greater rates of psychopathology, history of ill-treatment and familiar risk issues than females.

The relationship between parental psychological abuse and mental health problems has also been established through various studies just as a study has revealed sturdy associations between parenting and child psychopathology (Browne et al., 2010; Jaffee, 2017). For instance, Iram and Najam (2014) among 300 (boys: 57%; girls: 43%) participants with an age range of 13–17 in Lahore indicated that parental psychological abuse significantly linked with mental health difficulties in adolescents, for both the abuse from the mother (r = .24 to .67, p < .05) and father (r = .20 to .70, p < .05). Additionally, parental psychological abuse factors also contributed to mental health difficulties in adolescents from 10% to 49% of the variance.

Several theories have made attempts to elucidate the parental abuse of children. These include Analytical theory, Behavioral theory, Constructivist Functional Theory, Economic theories, Feminist theory; Social learning theory, Sociobiological theory and Integrated-environmental pattern (Al-Anani, 2015; Guterman. & Lee, 2005). Al-Anani (2015) posits that none of these theoretical models gave a comprehensive account of fathering factor. Green et al. (1974) identifies the three potential factors of child abuse to be the abuse-prone personality of the parents; child’s characteristics which escalate his susceptibility to mistreatment; and environmental stress which takes full advantage of the burden of child care.

On the part of the development of psychopathological symptoms, four basic approaches have been propounded, and these are biological or medical, psychodynamic, cognitive and behavioural. This paper anchored the evolution of psychopathological symptoms and paternal abuse on behavioural theory or approach. Behavioural theory propounds that underlying pathology noticeable in an individual or the abuses suffered by children and adolescents are a result of faulty learning and conditioning. The environment tends to shape the normal and abnormal behaviours of individuals. From behavioural approach, the father that abuses children must have learned that from his father just as the origin of psychopathological symptoms in children and adolescents could be traced to modelling the behaviour of parents or peers in the environment.

From the preceding, paternal psychological abuse, in whatever form, could hinder the psychological make-up of children and adolescents and result in an economic waste of societal resources. In the last three decades, Flouri (2010) asserts that psychological works on how behaviour of fathers may be connected to children’s psychopathology have developed considerably. She observes that the growth is as a result of an attempt to provide answers to three all-encompassing
questions bordering on the link between family structure (most especially biological fathers’ non-residence and children’s psychopathology; fathers’ parenting and children’s psychopathology; and fathers’ psychopathology and children’s psychopathology).

The ill effect of psychopathology in children and adolescents is numerous, and this explains the interest of scholars in the identification of factors associated with it. Children and adolescents’ physical, emotional and sexual abuses have been recognised as some of the associated factors. In fact, McCrory et al. (2012) assert that childhood mistreatment is connected with later psychopathology (that include depression, conduct disorder, anxiety and antisocial personality disorder) as well as a reinforced risk of health and social difficulties. Jaffee (2017) identifies the three underlying mechanisms by which child ill-treatment may proliferate the risk for innumerable forms of psychopathologies. These are hypervigilance to threat, shortfalls in emotion identification and understanding and little responsivity to recompense.

Studies have documented the extent to which abuse from home could impact on child psychopathology. For instance, Kaplan et al. (1998) recruited 99 adolescents whose age ranged from 12 to 18 years and have been officially confirmed to suffer from physical abuse by the New York State Department of Social Services to participate in the research. The study aimed to investigate whether physical maltreatment functions as an additional risk factor for adolescent psychopathology. Findings showed that physical maltreatment not only added importantly to other risk factors in explaining lifetime diagnoses of major depression, drug abuse, dysthymia, cigarette smoking and conduct disorder but also contributed substantially to the determination of existing adolescent disruptive disorders, unipolar depressive disorders and smoking of a cigarette. Similarly, the study of MacMilan et al. (2001) which compared participants who reported a childhood history of either physical or sexual maltreatment and those who did not reveal that the former had significantly higher lifetime rates of anxiety disorders, antisocial behaviour and alcohol abuse/dependence. Additionally, they were more likely to have one or more disorders than those without such a history. In the same vein, the relationship between sexual abuse history and lifetime psychopathology was found, although not statistically significant. However, the correlation between a childhood history of physical mistreatment and lifetime psychopathology was found to be different significantly by gender for all classifications of disorder apart from anxiety disorders.

1.1. Statement of the problem
While it is evident from the above and other studies that child maltreatment has been linked with children and adolescents’ psychopathology (Berker-Blease and Kerig (2016); (Iffland et al., 2012; Jaffee, 2017; McCrory et al., 2012)) it is essential to note that available studies did not explore all the dimensions of abuse (see Gesinde, 2011). Specifically, a shortage of empirical information exists on the effect of emotional abuse and neglect on psychopathology. Aside from this, the correlates of paternal and maternal abuse on children and adolescents’ psychopathology have not received adequate research attention. Findings from most studies on emotional or psychological maltreatment of children and adolescents have shown that abuse ‘emanating from the father and that of the mother are combined which made it impossible to detach the contribution of either of the two. Phares and Compas (1992) reviewed and analysed studies from 1984–1991 involving parents and adolescents’ psychopathology. A total of 577 articles were analysed, and it was discovered that fathers were underrepresented in the literature of psychopathology studies. Specifically, 48% of the studies involved mothers, 26% involved fathers and mothers analysed separately, 25% involved parents not analysed separately, and only1% for fathers. It has also been observed by Hartung (2019) that sex and gender in mental disorders or psychopathology have not been adequately researched. The former, she further observed, is problematic since it limits understanding of mental illness in all people. Gender approach to health matters, according to Afifi (2007), would differentiate between biological and social factors while exploring their relations. It will also be considerate to how gender inequality influences health consequences and offers guidance to the recognition of appropriate
responses from the mental healthcare structure and public policy. With a view to closing these gaps, this study has its focus on the extent to which gender and paternal abuse perpetrated by father would influence psychopathology in children and adolescents in Akwa Ibom State, Nigeria.

2. Methods

2.1. Research design
The study employed the ex-post facto design because the phenomenon of interest had already occurred.

2.2. Sample and sampling technique
Sample for the study comprised of 120 children and adolescents purposively selected from Uyo Local Government in Akwa Ibom State of Nigeria. Uyo Local Government is located in the State Capital of Akwa Ibom and is acknowledged to be the most developed city in the State. Participants’ ages ranged from 12 to 19 years. Professional sampling technique was initially used to select 153 prospective participants. This method involved recognising individuals who meet inclusion criteria, gaining their cooperation, and after that, requesting them to recruit other respondents with the same conditions (Heckathorn, 2002). Inclusion criteria, in the context of this study, that made participants eligible for participation included being a registered student of the school, staying with both parents or the father, ability to read and communicate in English Language and availability of professional guidance counsellor in the participants’ schools. Professional guidance counsellors in the schools assisted the research assistant to select the participants in all the 20 participating schools. Adolescent Personal Data Inventory (APDI) and Parental Psychological Abuse Multidimensional Scale (PPAMS) were administered on all the 153 prospective participants, but the final 120 participants were, however, selected through judgmental sampling technique. The sampling technique is judgmental because participants were only selected for the study when it has been established via scores obtained from the instruments that they showed mild or severe cases of paternal psychological abuse and symptoms of psychopathology.

2.3. Variable measurement
The instruments for this research were Adolescent Personal Data Inventory (APDI) by Akinboye (1977) and Parental Psychological Abuse Multidimensional Scale (PPAMS) developed by the researcher. APDI was found suitable for data collection because it has been established that personal views or opinion about one’s mental health status are a central aspect in research and practice (McGranahan et al., 2018). APDI has diverse sections for different aspects of adolescents’ life, but the section for psychopathology was employed for this study. It has 30 items on a 5-point scale with which respondents could rate the items most descriptive of their behaviours. Some of the items are: I may be hopelessly off my mind most of the time; I lack concentration on anything I think or do; I find it difficult to face the realities of life; I am often tense in thoughts. Thought disorders have been recognised and found to be an important domain of psychopathology (Jeronimus et al., 2016). Similarly, Rashid and Seligman (2019) assert that the central concept of psychopathology in positive psychotherapy rests on the notion that positives (such as positive emotions, character strength etc) are as vital as symptoms in the assessment and treatment of psychopathology. Items most descriptive of behaviour are at the high end and are to be rated 5, and those least descriptive of the participants’ behaviour are recognised to be at the low end and are rated 1. The highest score obtainable for the 30 items in APDI is 150 while the lowest is 30. Scores’ obtained by the participants will determine the distribution of the participants into any of these three groups, namely zero or low, moderate and severe psychopathological symptoms. The moderately and severely psycho-pathologically challenged participants’ score ranged from 51–100 and 101–150, respectively. The test–retest reliability index was found to be 0.92 for this study.

PPMAS measures seven dimensions of psychological abuse by fathers and mothers. Each dimension has seven items for father and mother separately with Likert response of never = 0, sometimes = 1, often = 2, very often = 3. The sub-section for fathers was utilised for this study. The
followings are some of the items in PPMAS: My father used parts of my body to abuse/belittle me; My father lied against me in the presence of other people; My father has vowed to abandon or disown me; When certain tasks were not carried out my father attempted to harm me; I watched pornographic films/magazine unhindered by my father. The main index, paternal psychological abuse, was derived from respondents’ scores that were summed up to determine participants who are moderately and severely abused by fathers. The higher the score, the more emotionally abused by fathers. The highest score obtainable for the 49 items in PPMAS is 147 while the lowest is 0. Scores’ obtained by the participants will determine the distribution of the participants into any of these three groups, namely zero or low, moderate and severe experience of psychological abuse by fathers. The moderately and psychologically abused participants’ score ranged from 50–98 and 99–147, respectively. The split-half reliability index for the pilot testing was 0.89. The two instruments were collected on the day of administration from the participants.

2.4. Ethical consideration
The full consent of the principals and schools’ guidance counsellors was sought for and obtained in a formal pre-consultation meeting. The principals and the guidance counsellors were recognised as “in loco parentis” of the participants.

2.5. Procedure for data analysis
It was hypothesised that paternal psychological abuse will not predict symptoms of psychopathology in children and adolescents and that no significant gender differences will exist among children and adolescents’ that are psycho-pathologically challenged and psychologically abused by fathers. Demographic variables were analysed and presented with frequency distribution while the hypotheses were analysed with regression and t-test statistic.

| Item                        | Number | Percentage |
|-----------------------------|--------|------------|
| Gender                      |        |            |
| Male                        | 64     | 76.8%      |
| Female                      | 56     | 67.2%      |
| Total                       | 120    | 100%       |
| Living Arrangement          |        |            |
| Living with Father alone    | 4      | 4.8%       |
| Living with both parents    | 116    | 95.2%      |
| Total                       | 120    | 100%       |
| Religion Affiliations       |        |            |
| Christianity                | 116    | 4.8%       |
| Islam                       | 4      | 95.2%      |
| Total                       | 120    | 100%       |
| Nature of School            |        |            |
| Students in Public School   | 15     | 75%        |
| Students in Private School  | 5      | 25%        |
| Total                       | 120    | 100%       |
| 5. Class of Sec. School     |        |            |
| (a) Students in Junior Sec. School | 32 | 38.4%       |
| (b) Students in Senior Sec. School | 88 | 61.6%       |
| Total                       | 120    | 100%       |
3. Results
The demographic profile of respondents is provided in Table 1. There are more males (76.8%) than female (67.2%) students just as students living with both parents (95.2%) and Christian religion (95.2%) outnumbered those living with father alone (4.8%) and Islamic religion (4.8%). Most of the students are from public schools (75%) while the majority of students are from senior secondary schools.

Table 2 shows the values of parameters of regression analysis between the independent and dependent variables. From the table, the predictor variable against the criterion variable shows $R = 0.49; R^2 = 0.002$ and adjusted $R \text{(adj)} = -0.015$. When $R^2$ of 0.002 is translated into a percentage, it changes 2%. This implies that the predicting variable cannot account for 98% of the variance.

Table 3 shows the t-test comparison between male and female participants. The hypothesis which proposed that there will not be a significant gender difference in the psychopathology of children and adolescents is retained since the t-observed is less than the t-table of 1.96.

Table 4 shows the t-test comparison between male and female participants. The hypothesis which proposed that there will not be a significant gender difference in paternal psychological abuse of children and adolescents is retained since the t-observed is less than the t-table of 1.96.

4. Discussion
The findings of this study have shown that paternal psychological abuse and gender could not significantly predict children and adolescent psychopathology. The low prediction level of .002 came as a surprise because one would have expected a higher prediction level since childhood abuse or emotional

| Variable          | Group | N  | Mean | SD  | t   | df  | p     |
|-------------------|-------|----|------|-----|-----|-----|-------|
| Psycho pathology  | Male  | 64 | 1.65 | 22.16 | .152 | 118 | .762  |
|                   | Female| 56 | 1.64 | 16.97 |     |     |       |

| Variable          | Group | N  | Mean | SD  | t   | df  | p     |
|-------------------|-------|----|------|-----|-----|-----|-------|
| Paternal Abuse    | Male  | 64 | 72.14| 3.79 | .350 | 118 | .763  |
|                   | Female| 56 | 71.88| 4.53 |     |     |       |
regulation has been found to be associated with later psychopathology (Iffland et al. (2012); Jaffee, 2017; McCrory et al., 2012; Werner et al. (2016)). When Iffland et al. (2012) even compared subjects with a history of childhood emotional abuse and others with physical abuse, the former had higher rates of psychopathology. Secondly, one would have expected paternal abuse to predict psychopathology as the case was for other dimensions of abuse such as physical and sexual. Similarly, the fact that participants were victims of abuse by their fathers and pathologically challenged ought to have made even the slightestest contribution. However, it is essential not to overlook the fact that predictors of psychopathology are numerous. Be that as it may, it may be plausible to say that other variables outside the purview of this study are responsible for psychopathological symptoms noticeable in the participants used for this study. Aside from this and to the best of the knowledge of the researcher, this study is probably the only study, especially in this part of the world, that has attempted to predict psychopathological symptoms with gender and paternal psychological abuse utilising seven dimensions of psychological abuse. The inability to predict could be as a result of failure to combine psychological abuse from both the father and the mother for the study which has been the prerogative of most previous studies. The limitation of the study in terms of relatively sample size could also influence the statistical power. This finding has implication for the implementation of the third goal of SDG. It shows that other factors that are statistically significant are sustaining psychopathological symptoms among children and adolescents. Such factors/variables must be identified, and interventions that will combat their contributory role develop to ensure healthy lives for children and adolescents.

Findings from hypotheses II and III revealed no significant gender differences with respect to paternal abuse and psychopathological experiences. This outcome is consistent with Willhite et al. (2008); Lemos-Giraldez et al. (2009); Ezinwa (2011); Ziermans et al. (2011); Gonzalez-Rodriguez et al. (2014) studies which discovered no significant gender differences in the psychopathology symptoms of participants used for their research. It is, however, worthy of note that the mean rating of male is higher than that of female for psychopathology symptoms. In contrast, female participants have a higher mean than their male counterparts for paternal psychological abuse. Put succinctly; males displayed more symptoms of psychopathology than females, while females suffered psychological abused from their fathers than males.

5. Conclusion and recommendations
The analysis of data collected for this study revealed a low and insignificant contribution of gender and paternal psychological abuse to psychopathology symptoms among children and adolescents. It was also established that no significant gender differences existed with respect to paternal abuse and psychopathological experiences. The male participants, however, exhibited more psychopathological symptoms and paternal psychological abuse than their females’ counterpart. Based on these outcomes, the attainment of the third goal of SDG will require that contributory variables making a significant impact on psychopathological symptoms of children and adolescents must be identified and kept at bay. In addition to this, future studies should expand the research scope for further clarifications and confirmations of these findings. Psychological counselling should be made easily accessible to children and adolescents and their parents since it has been established that female participants have higher mean than male participants for paternal psychological abuse while males displayed more symptoms of psychopathology than females. Enabling environment that will make them seek counselling intervention should be created by governments and non-governmental organisations. This becomes necessary because Gesinde and Sanu (2015) have revealed that ample proofs are backing the fact that people have underutilised counselling intervention to alleviate life trepidations.

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Author details
Abiodun Gesinde
E-mail: abiodun.gesinde@covenantuniversity.edu.ng

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