NEAR EAST UNIVERSITY

ART&SCIENCES

DEPARTMENT OF PSYCHOLOGY

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GRADUATION PROJECT

CONDUCT DISORDER IN NEAR EAST UNIVERSITY ABOVE THE AGE 18

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THANKS

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INTRODUCTION

In this research, my aim is determine the conduct disorder above the age of 18 in Near East University students in different departments in about 100 students.

Conduct disorder is a serious behavioral problem involving repeated violations of rights of other, or violation of basic age-appropriate social rules expected of a person. (1)

Diagnostic criteria for Conduct Disorder in DSM IV is:

Aggression to people or animals

- often bullies, threatens, or intimidates others
- often initiates physical fights
- has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- has been physically cruel to people
- has been physically cruel to animals
- has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- has forced someone into sexual activity

Destruction of property

- has deliberately engaged in fire setting with the intention of causing serious damage
- has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft

- has broken into someone else's house, building, or car
- has often lies to obtain goods or favors or avoid obligations ('.e., "cons" others)
- has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering, forgery)

Serious violations of rules

- often stays out at night despite parental prohibitions, beginning before age 13 years
- has run away from home overnight at least twice while living in parental or parental surrogate home(or once without returning for a lengthy period)
- is often truant from school, beginning before age 13 years

The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
If the individual is age 18 years old or older, criteria are not met for Antisocial Personality Disorder. (2)

WHAT IS CONCUT DISORDER

Conduct disorder is defined as behavior that violates the basic rights of another person or fundamental age-appropriate social norm, value or rule. A child or young person with conduct disorder is aggressive to people or animals, destroys property, lies regularly, steals or runs away from home.(1)
Conduct disorder divides into 3 subtypes:

1- Childhood-onset conduct disorder:

Such children are likely to have difficult temperaments from infancy a diagnosis of attention deficit hyperactivity disorder before the conduct problems emerged and display high levels of aggression early childhood. Anger, stubbornness, touchiness and defiance gradually develop into physical assault, fighting and cruelty. Fighting correlates significantly with lying, and lying tends to lead to stealing by adolescents, more than half of the chronic delinquents can be predicted by age from 7 the child's aggressive behavior when their families also show ineffective child-rearing practices.(3)

2- Adolescent-onset conduct disorder:

The frequency of nonaggressive antisocial behaviors increases from early childhood to late teenagers years. Moreover, specialists know that conduct disorder problems are likely to persist from early to late childhood from childhood to adolescence and from adolescence to adulthood. Physical aggression, however, decreases with age except in small minority of children conduct disorder.
Conduct disorder increase the risk of the child having substance misuse. Minor criminal acts are likely to precede the use of alcohol. The use of marijuana and other illegal drugs often precedes more serious offending.(3)

3- Adults with conduct disorder:

When they enter adulthood. Conduct disorder children usually continue to have many problems including alcoholism, drug dependence and antisocial personality disorder. The most serious consequence of childhood conduct disorder is adult antisocial behavior (theft, violence to people and property, drunk driving and the use of illegal drugs, the carrying of illegal weapons and group violence, participation in gangs and vandalism). About three-quarters of children with conduct disorder will continue to have pervasive and persistent social malfunctioning although far fewer are likely to meet the diagnosis of antisocial personality disorder.(3)

There is widespread agreement in the literature on conduct disorder that whatever role biological causes might play the social environment is enormous importance (Moffitt 1993: Lyons et.al 1995) (4). Studies from several different national populations indicate that among environmental causes, family disruption, discord and abusive behavior and peer effects are especially significant (Oxford et al. 1986: Vellemen 1992a. b)(5). Moreover, is some reason to believe that the prevalence of conduct disorder among young

people has been increasing (Loeber 1990: Robins and McEvoy 1990: Moffitt 1993: Achenbach and Howell 1993? Hinshaw 1994)(6). The causes may have to do with changes in family organization as well as with long-term changes in the economy of developed nations. For example, Mooffitt (1993) has proposed that the growing gap between the increasingly early age of physical maturation and the increasingly late age at which adult roles are may have been an associated increased in conduct disorder itself.

WHAT CAUSES CONDUCT DISORDER

The causes of conduct disorder remain unknown. The relative importance of biological, social, relationship and child-related factors is widely debated. None of the risk factors alone will cause conduct disorder. A combination of factors seems to necessary for others to have an effect. For example, specialist know that genetic factors play a role but many conduct disorder problems appear to be associated with person's early environment. Genetic factors can produce a special vulnerability to conduct disorder if the person is also placed into an emotionally harsh environment. Specialists know that the risk factors are additive: a child who has more risk factors is more likely to develop CD (7).

Biological Factors of Conduct Disorder:

The following list identifies important biological risk factors for CD:

- Male gender is strongly associated with conduct disorder
- Difficult temperament, particularly resistance to control, that becomes apparent in first or second year of life
- Hyperactive children particularly when they also have problems of attention are more likely to develop conduct problems before the age 10.
- Children who have language or other cognitive difficulties also face a greater risk of CD.(8)

The risk factors are often connected to others. For example boys have more trouble than girls at language and those boys with attention problems are more likely to have CD problems.

Social Factors of Conduct Disorder:

There are many social problems that predispose a child to CD. These include:

- Low socioeconomic status
- Minority ethnic status
- Living in overcrowded conditions
- Stressful events in parents' lives
- Bad neighborhoods

Each of these social factors can limit the parents' capacity to give the child the attention he needs to develop in a relatively problem-free way. Other forms of family adversity, such as depression or alcoholism in mother, substance abuse in father or intense discord in the family, can undermine effective parenting. At its worst, these problems can create a harsh, erratic and abusive social environment for the child.

Biological and social factors combine to determine the child's social understanding. Specialists know that people with CD are more likely to misinterpret others' actions as hostile, when these actions are in reality neutral or even friendly. People with CD have trouble resolving social problems particularly those that involve conflict. A limited ability to understand complex social situations in combination with hostile environments can create a toxic mixture of confusion, suspicion and understanding. The CD person then believes that hitting and hurting are reasonable solutions to frustrating social problems (9).

Relationship Factors of Conduct Disorder:

Having a secure emotional attachment to one caring individual can contribute toward protecting the person. Close relationships create a context in which social behavior can be safely learned and help the person to feel valued by another person.

Delinquency and CD rates have been reduced in programs that help parents cope with having a young child by offering home visitation and emotional support. Similarly, using an enriched has reduced antisocial behavior in adolescence preschool environment together with home visitation by a qualified nurse or volunteer (10).

DIAGNOSIS OF CONDUCT DISORDER

Conduct disorder was indicated by the person of symptoms such as tantrums, destructiveness, lying, stealing, truanting and fighting (11), CD is defined as behavior that violates the basic rights of another person or fundamental age-appropriate social norm, value or rule. A child or young person with CD is aggressive to people or animals, destroy property, lies regularly, steals or runs away from home. For example: aggressive in nature (assault, currently, blaming other), oppositional behavior (anger, stubbornness)(12). Clinical diagnosis was based on detailed school-based questionnaires and screen data but primarily on data form semi structured parent interviews by research psychiatrists (8.9). There is satisfactory interrater reliability for dimension of CD disturbance (n: 41. r:0. 89) (13). There are some criteria's of CD. These are:

Aggressive behaviors toward people or animals: These people are may bully other people, or repeatedly get into fights. Some children and adults have even used weapons in fights, or used weapons to intimidate others. In the extreme, there is a history of crimes involving violence, including mugging, extortion or forced sexual activity.

Destruction of property: some people have intentionally set fires with the intention of destroying property property, while others have vandalized property. In conduct disorder, the person destroys the property of others, rather than destroying his/her own property. (1)

Serious violations of social rules: Beginning at young age, the child stays out at late, without parental permission, or skips school, even before age 13. In the extreme, the child or adolescent/adult has run away from home multiple times, staying away at least one overnight.
As you can see, these criteria represent serious behavior problems. These behaviors may occur in approximately %10 of males and%5 of females. It really begins after age 16 and a large percentage continue to show antisocial personality disorder. Such individuals usually have lifelong social adjustment problems, with frequent arrests and periods of incarceration. (1)

Specific Culture, Age, And Gender Features:

Concerns have been raised that the Conduct Disorder diagnosis may at times be misapplied to individuals in settings were patterns of undesirable behavior are sometimes viewed as protective (e.g., threatening, impoverished, high crime). Consistent with the DSM – IV definition of mental disorder, the Conduct Disorder diagnosis should be applied only when the behavior in question is symptomatic of underlying dysfunction within the individual and not simply a reaction to immediate social context. Moreover, immigrant youth from war-ravaged countries who have a history of aggressive behaviors that may have been necessary for their survival in that context would not necessarily warrant a diagnosis of Conduct Disorder. It may be helpful for the clinician to consider the social and economic context in which the undesirable behaviors have occurred. Symptoms of the disorder vary with ages as the individual develops increased physical strength, cognitive abilities, and sexual maturity. Less severe behaviors (e.g., lying, shoplifting, physical fighting) tend to emerge first, whereas others (e.g., burglary) tend to emerge later. Typically, the most severe conduct problems (e.g., rape, theft while confronting a victim) tend to emerge last, however, there are wide differences among individuals, with some engaging in the more damaging behaviors at an early age (2).

Conduct Disorder, especially the childhood-onset type, is much more common in males. Gender differences are also found in specific types of conduct problems. Males with diagnosis of Conduct Disorder frequently exhibit fighting, stealing, vandalism, and school discipline problems. Females with diagnosis of conduct disorder are more likely to exhibit lying, running away, substance use and prostitution. Whereas confrontational aggression is more often displayed by males, females tend to use more nonconfrontational behaviors.

WHO'S AT RISK FOR CONDUCT DISORDER

Between 2 or 9 % of children and adolescent are likely to develop conduct disorder. Although severe conduct problems are more common in

adolescence, perhaps as many as one-third will have experience these problems from early childhood.

Incidence in Boys vs. Girls:

In the childhood-onset group, the children are far more likely to be boys to have attention-deficit hyperactivity disorder and to be highly aggressive. The adolescents-onset group has more girls than boys, aggression is rarely a central problem, and there is unlikely criminality in the background of either parent. Youths under the age of 18 years account for 30% of all arrests in United States including 19% of arrests for violence crimes-and most of these young people have CD. The chronic offender (about 15% of young offenders) accounts for over half of all youth crime and is very likely to have a CD diagnosis. (14)

Other Disorders Associated to Conduct Disorder:

CD usually appears in people with a number of other disorders. The most common association is between CD and ADHD. Girls with ACHD are particularly likely to develop CD. ADHD usually appears before CD and it seems that when ADHD is properly treated. CD does not emerge. ADHD can also contribute to serious academic problems that strongly associated with CD. Children with CD are also likely to be depressed and anxious, but it is thought that these emotional problems are the consequences of their behavior difficulties rather than the cause of them. Many children with CD also show signs of post-traumatic stress disorder. (15)

Conduct Disorder And Family Background:

The background of the child with CD is very similar to the child with ODD. They are likely to have a disadvantage background with overcrowded housing, deprived neighborhoods, inadequate schools parents with criminal histories of alcohol or substance misuse, mothers with depression and interparental conflicts including domestic violence, divorce and remarriage. Children with CD commonly experience parenting that is, at least in the early stages, coercive, with harsh, erratic and discipline and possible maltreatment. Despite the strong nature of the discipline often becomes ineffective and lax in the CD child, which then leads to parental disinterest and lack of child supervision. (16)
For most adolescents with CD the family environment often lacks emotional warmth, affection and predictability. Children in such a family environment are likely to have poor interpersonal relations difficulties with social problem-solving and e range of other social and educational problems. Children from similar background who are highly intelligent have an easy disposition from birth and retain good relationship with parent's siblings and teachers are less likely to develop CD.

Conduct Disorder And Peer Relationship:
Another risk factor for CD concerns the association with antisocial friends. Children with CD often drift toward deviant peer groups because their

better-behaved peers frequently reject the CD child. They associate with other aggressive children, which leads to an escalation of their behavior problems. Their academic performance is poor and they were at-risk to drop out of school. Poor quality schools add to their problems. Within their neighborhoods there is usually a strong criminal; subculture, high crime rate, high mobility and little school support from neighbors or other social networks.(1)

TREATMENT FOR CONDUCT DISORDER

Parenting training problem-solving skills training and family-based approaches can be successful even when a child lies, regularly gets into fights, steals from and physically threatens other children or uses stimulant drugs. Psychotherapy for CD children might not be as successful. Often these children cannot adequately engage in psychotherapy and they or their parents are likely to discontinue therapy too soon.

Other children with CD are more likely to benefit from treatment improvement rates are nevertheless relatively low. Perhaps no more than one-third of those who are offered treatment are likely to show significant benefit. More successful treatment methods require the active participation of the young person, are oriented toward solving social problems and are relatively intense and long-term.
The intensive of the program should match the severity of the problems. Structured programs work better than unstructured or didactic (simply teaching) ones. Programs that include a close integration of the youth and his community tend to work better. Traditional methods of intervention based on the principles of deterrents (shock incarceration, "boot camps" transfer of the young person into criminal court) are not very effective and can in fact have negative, rather than therapeutic, effects, individuals with specific training in working with this group of adolescents should deliver the treatments. (16)

Psychotherapy:

Group treatments:

Adolescents with CD should not be treated in groups. Group treatments frequently aggravate, rather than improve, their problems. Adolescents with CD often use the group to teach one to another how to be more effective in their antisocial pursuits and offers an explanation of why incarceration is relatively ineffective at shopping CD.(17)

Parenting training:

As the child enters adolescence, the importance of parents decreases while peer relationships acquire a more central role. This might help explain why adolescents appear to be less responsive when their parents receive such training. Alternatively, it is possible that they simply have more severe and

chronic symptoms and parenting training no longer works. In general, youths referred in adolescence for CD suffer from a more chronic and severe disorder. (17)

Family treatment:

There are number of forms of family therapy that helps adolescents with CD. In these treatments, the entire family is treated. The family model assumes that the CD child's behavior is some way "necessary" for the family. For example, it might be that a father will only give support to his wife when she is critical of their CD son, or it might be that arguments with the adolescents are only way the family can " let off stream" and express conflict or hostility. The focus of the treatment is only on family communication patterns as observed in the consulting room. Family treatment helps change these patterns of interaction and communication, eliminating maladaptive patterns where family members (particularly the adolescent with CD) are negatively labeled, scapegoat and excluded.

Positive family therapy results have been reported with Functional Family Therapy (FFT) and Family Effectiveness Training (FET). The best intervention for CD adolescents appears to Multi-Systemic Therapy (MST), an approach that tackles the multi-determined nature of serious antisocial behavior. The MST program includes the following techniques:

- family therapy (such as trying to see the adolescent as a scapegoat rather than as the cause of the family's problems).
- role-playing
- assigning specific family tasks
- parent training
- marital therapy
- supportive therapy for interpersonal problems
- social skills training for the child
- training the child to understand other people's point of view
- behavioral methods (such as contracting with adolescence)
- cognitive therapy techniques (such as training to control behavior by constructive self-tasks)

Medications are offered if necessary. In addition, there is active case management, with the therapist acting as an advocate to outside agencies and available to the family at any time. The treatment generally lasts three to five months with sessions held in family's home and the community locations.
Early studies showed that among groups of young offenders. MST could reduce by half the number of youths arrested two years after treatment. Later studies of individuals receiving MST therapy have continued to show encouraging reductions in re-arrest rates. Moreover, MST appears to specially reduce the arrest rate for violent crimes, reduce psychiatric

symptoms in parents and adolescents and generally improve adolescent behavior. A particular strength of MST is low dropout rate when compared to other approaches with this population.

Social and problem-solving skills training:

Social and problem-solving skill training is two main forms of cognitive-behavioral therapy used to treat offending in young people. These approaches address the deficits in social skills that are common in CD adolescents. Although these approaches do lead to desirable short-term changes within the therapeutic program (such as improving social functioning and reducing aggressive behavior), there is little evidence that these programs produce lasting changes in behavior outside of the program or reduce the re-offending rate.

Individual-oriented interventions: Other approaches

Many treatment approaches based on the individual child have been tried but none is effective as MST. For example, anger management training is popular approach. This program teaches the adolescent to respond more appropriately than by hitting someone when he feels angry. However, significant behavioral problems.

Moral reasoning training:

Which teaches adolescents how to think about actions in terms of the interests of others, has also had limited results. A number of treatment packages combine these individual skills techniques and they appear promising, but the most effective combination of specific techniques has not been identified. There is still no clear evidence that these approaches produce lasting change.

School-based programs:

Much has been written about the relation between delinquency and school performance including performance including attendance. Recent studies indicate that alternative education programs have small positive effects on school performance, attitudes to school and self-esteem; however, the alternative education programs have no impact on delinquency. Scholl-based programs that tackle gang involvement have shown significant reductions on levels of delinquency and antisocial behavior but long-term follow-up studies are needed to see whether these gains last.

Community- based programs:

There is a similar lack of evidence of effectiveness for many community-based programs, despite the large number of programs currently being introduced. The most promising approach appears to be Treatment Foster Care (TFC), in which local families are recruited and trained to provide

placements for chronic juvenile offenders. The program uses carefully selected foster parents in conjunction with individual therapy and case management.
The most effective version of this therapy was developed by the Oregon Social Learning Center Model. They offered pre-service training for foster parents, ongoing support through individual consultations, school advocacy skill training, group meetings and 24- hour crisis management. Family therapy was offered to the biological parents to ease the transition period. If necessary individual therapy- particularly problem-solving skills training and anger management- was offered to the child.
TFC significantly reduced running away, other problem behaviors re-arrested and re-incarceration. From this approach, this appears that the best way to reduce offending is stop adolescents from associating with their delinquent peers. (1)

In turn this depends on the quality of discipline and supervision the adolescents receive their adult caregivers. Thus, changing the home environment can have a substantial therapeutic advantage.

Medications:

There has been increasing interest in the last 20 years in identifying suitable medication for conduct disorder, particularly for the treatment of high levels of aggression. No single drug has emerged as the education of choice and the combination of several different drugs is common. As with ODD the psychostimulants Ritalin and Adderall have been effective in reducing antisocial behaviors when the adolescents has both a conduct disorder and attention deficit disorder diagnosis. The combination of psychostimulants and psychosocial treatment appears to produce broader and longer-lasting effects than either alone. There is some evidence for the use of other drugs for reducing severe aggression. Lithium a drug commonly used for bipolar disorder has been tried and found quite effective in some cases. Clonidine, a drug used to control blood pressure is also often used but its effects are more limited. Nueroleptics, which are have been traditionally used for schizophrenia help these people but also can cause sedation among other side effects. Newer drugs the so-called atypical antipsychotics might be preferable to the older neuroleptic drugs but more study is needed. (1)

All of these drugs have the potential to produce side effects (sedation, interference with learning, weight gain) and sometimes offer only a slight improvement. Great care should be taken in recommending their long-term.

METHOD

AIM OF THE PROJECT

1-) Collection of Conduct Disorder in Near East University students

2-) To provide the Conduct Disorder the age over 18

3-) To show the results in SPSS

1- **SAMPLE:** This study was planned to cover different departments of Near East University students from Turkiye and Turkish Republic Of Northern Cyprus.

2- **MATERIALS:** These researches include two procedures. The first procedure is 44 questions about "Personality" and the second procedure is 48 questions about "Communication With People".

3- **APPLICATION:** this project applicated to 100 students from different department of Near East University.

25 females from Turkiye

25 females from Turkish Republic Of Northern Cyprus

25 males from Turkiye

25 males from Turkish Republic Of Northern Cyprus

Just interview with Turkish students.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
S1 * S2	100	100.0%	0	.0%	100	100.0%

S1 * S2 Crosstabulation

			S2		
				X	**Total**
S1		Count	59	6	**65**
		Row %	90.8%	9.2%	**100.0%**
		Column %	70.2%	37.5%	**65.0%**
		Total %	**59.0%**	**6.0%**	**65.0%**
	X	Count	1	10	**1**
		Row %	100.0%	29.4%	**100.0%**
		Column %	1.2%	62.5%	**1.0%**
		Total %	**1.0%**	**10.0%**	**1.0%**
Total		Count	**84**	**16**	**100**
		Row %	**84.0%**	**16.0%**	**100.0%**
		Column %	**100.0%**	**100.0%**	**100.0%**
		Total %	**84.0%**	**16.0%**	**100.0%**

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.957[a]	2	.031
Likelihood Ratio	6.720	2	.035
N of Valid Cases	100		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .16.

Frequencies

Warnings

One or more values of variable S1 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S8 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S9 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S37 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S39 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

Statistics

		S1	S2	S3	S4	S5	S6	S7
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S8	S9	S10	S11	S12	S13	S14
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S15	S16	S17	S18	S19	S20	S21
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S22	S23	S24	S25	S26	S27	S28
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S29	S30	S31	S32	S33	S34	S35
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S36	S37	S38	S39	S40	S41	S42
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S43	S44
N	Valid	100	100
	Missing	0	0

equency Table

S1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		65	65.0	65.0	65.0
	X	35	35.0	35.0	100.0
	Total	**100**	**100.0**	**100.0**	

S2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		84	84.0	84.0	84.0
	X	16	16.0	16.0	100.0
	Total	**100**	**100.0**	**100.0**	

S3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		83	83.0	83.0	83.0
	X	17	17.0	17.0	100.0
	Total	**100**	**100.0**	**100.0**	

S4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		81	81.0	81.0	81.0
	X	19	19.0	19.0	100.0
	Total	**100**	**100.0**	**100.0**	

S5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		89	89.0	89.0	89.0
	X	11	11.0	11.0	100.0
	Total	**100**	**100.0**	**100.0**	

S6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		79	79.0	79.0	79.0
	X	21	21.0	21.0	100.0
	Total	**100**	**100.0**	**100.0**	

S7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		91	91.0	91.0	91.0
	X	9	9.0	9.0	100.0
	Total	**100**	**100.0**	**100.0**	

S8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		89	89.0	89.0	89.0
	X	11	11.0	11.0	100.0
	Total	**100**	**100.0**	**100.0**	

S9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		43	43.0	43.0	43.0
	X	57	57.0	57.0	100.0
	Total	**100**	**100.0**	**100.0**	

S10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		67	67.0	67.0	67.0
	X	33	33.0	33.0	100.0
	Total	**100**	**100.0**	**100.0**	

S11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		81	81.0	81.0	81.0
	X	19	19.0	19.0	100.0
	Total	**100**	**100.0**	**100.0**	

S12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		65	65.0	65.0	65.0
	X	35	35.0	35.0	100.0
	Total	**100**	**100.0**	**100.0**	

S13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		74	74.0	74.0	74.0
	X	26	26.0	26.0	100.0
	Total	**100**	**100.0**	**100.0**	

S14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		74	74.0	74.0	74.0
	X	26	26.0	26.0	100.0
	Total	**100**	**100.0**	**100.0**	

S15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		94	94.0	94.0	94.0
	X	6	6.0	6.0	100.0
	Total	**100**	**100.0**	**100.0**	

S16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		78	78.0	78.0	78.0
	X	22	22.0	22.0	100.0
	Total	**100**	**100.0**	**100.0**	

S17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		83	83.0	83.0	83.0
	X	17	17.0	17.0	100.0
	Total	**100**	**100.0**	**100.0**	

S18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		67	67.0	67.0	67.0
	X	33	33.0	33.0	100.0
	Total	**100**	**100.0**	**100.0**	

S19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		94	94.0	94.0	94.0
	X	6	6.0	6.0	100.0
	Total	**100**	**100.0**	**100.0**	

S20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		99	99.0	99.0	99.0
	X	1	1.0	1.0	100.0
	Total	**100**	**100.0**	**100.0**	

S21

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S22

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		94	94.0	94.0	94.0
	X	6	6.0	6.0	100.0
	Total	**100**	**100.0**	**100.0**	

S23

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		84	84.0	84.0	84.0
	X	16	16.0	16.0	100.0
	Total	**100**	**100.0**	**100.0**	

S24

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		98	98.0	98.0	98.0
	X	2	2.0	2.0	100.0
	Total	**100**	**100.0**	**100.0**	

S25

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		88	88.0	88.0	88.0
	X	12	12.0	12.0	100.0
	Total	**100**	**100.0**	**100.0**	

S26

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		62	62.0	62.0	62.0
	X	38	38.0	38.0	100.0
	Total	**100**	**100.0**	**100.0**	

S27

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		58	58.0	58.0	58.0
	X	42	42.0	42.0	100.0
	Total	**100**	**100.0**	**100.0**	

S28

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		69	69.0	69.0	69.0
	X	31	31.0	31.0	100.0
	Total	**100**	**100.0**	**100.0**	

S29

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		45	45.0	45.0	45.0
	X	55	55.0	55.0	100.0
	Total	**100**	**100.0**	**100.0**	

S30

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		91	91.0	91.0	91.0
	X	9	9.0	9.0	100.0
	Total	**100**	**100.0**	**100.0**	

S31

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		74	74.0	74.0	74.0
	X	26	26.0	26.0	100.0
	Total	**100**	**100.0**	**100.0**	

S32

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		62	62.0	62.0	62.0
	X	38	38.0	38.0	100.0
	Total	**100**	**100.0**	**100.0**	

S33

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		78	78.0	78.0	78.0
	X	22	22.0	22.0	100.0
	Total	**100**	**100.0**	**100.0**	

S34

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		88	88.0	88.0	88.0
	X	12	12.0	12.0	100.0
	Total	**100**	**100.0**	**100.0**	

S35

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		92	92.0	92.0	92.0
	X	8	8.0	8.0	100.0
	Total	**100**	**100.0**	**100.0**	

S36

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		87	87.0	87.0	87.0
	X	13	13.0	13.0	100.0
	Total	**100**	**100.0**	**100.0**	

S37

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		91	91.0	91.0	91.0
	X	9	9.0	9.0	100.0
	Total	**100**	**100.0**	**100.0**	

S38

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		89	89.0	89.0	89.0
	X	11	11.0	11.0	100.0
	Total	**100**	**100.0**	**100.0**	

S39

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		79	79.0	79.0	79.0
	X	21	21.0	21.0	100.0
	Total	**100**	**100.0**	**100.0**	

S40

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		88	88.0	88.0	88.0
	X	12	12.0	12.0	100.0
	Total	**100**	**100.0**	**100.0**	

S41

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		62	62.0	62.0	62.0
	X	38	38.0	38.0	100.0
	Total	**100**	**100.0**	**100.0**	

S42

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		88	88.0	88.0	88.0
	X	12	12.0	12.0	100.0
	Total	**100**	**100.0**	**100.0**	

S43

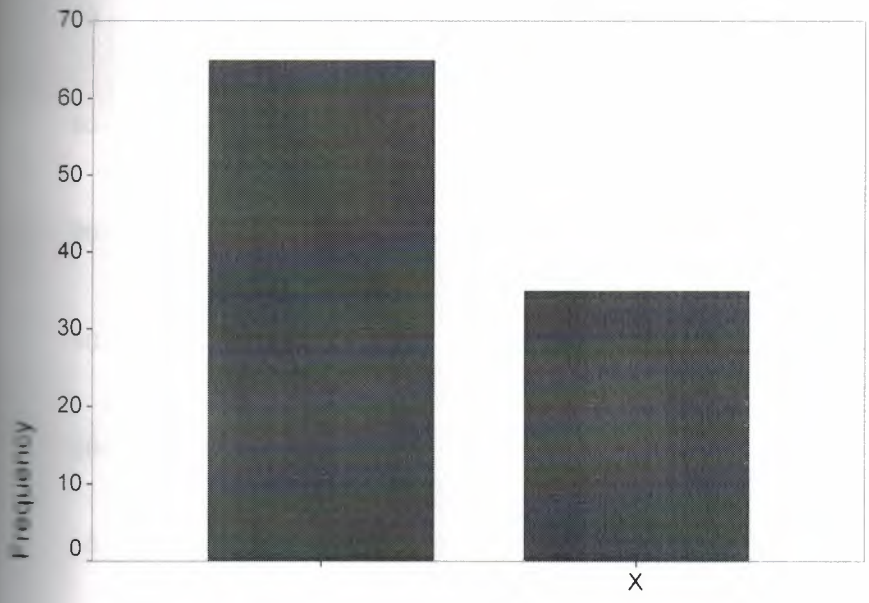
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		90	90.0	90.0	90.0
	X	10	10.0	10.0	100.0
	Total	**100**	**100.0**	**100.0**	

S44

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		89	89.0	89.0	89.0
	X	11	11.0	11.0	100.0
	Total	**100**	**100.0**	**100.0**	

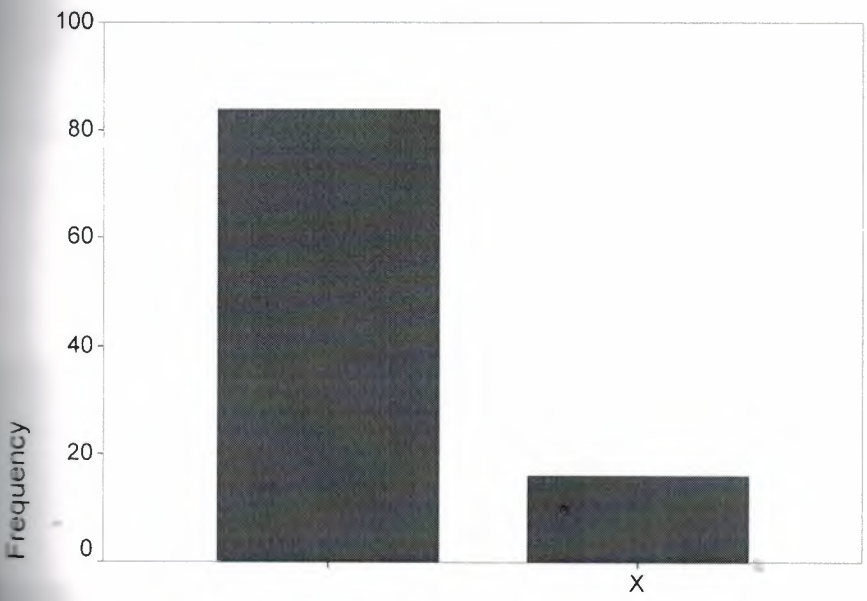
Bar Chart

S1



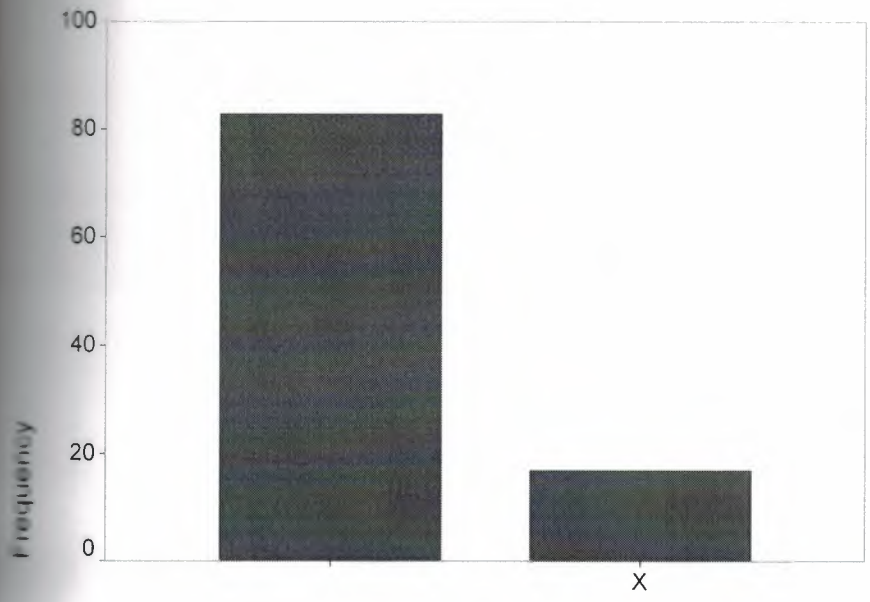
S1

S2



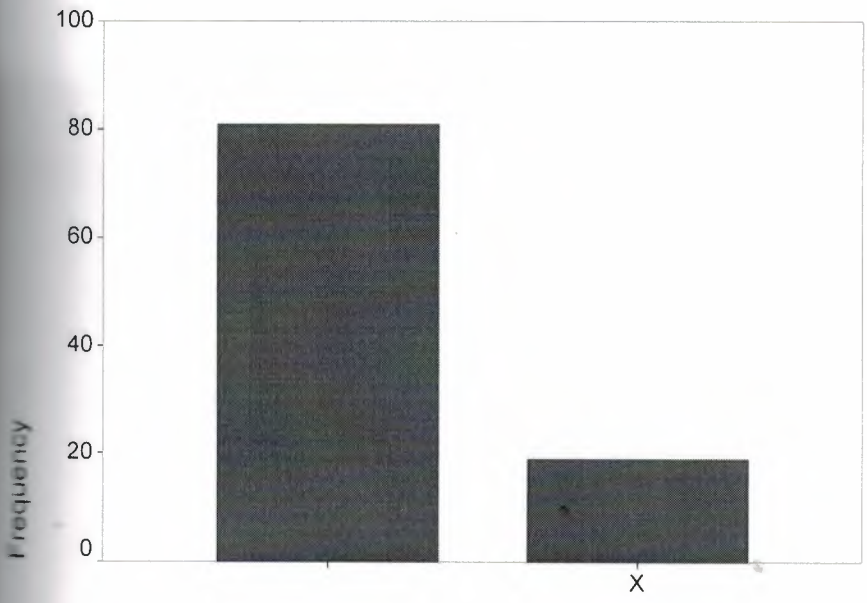
S2

S3



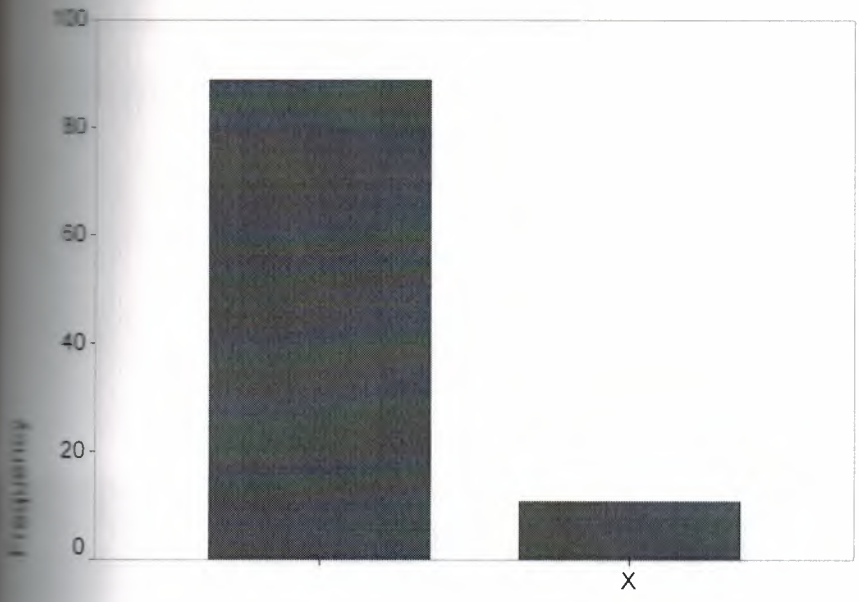
S3

S4



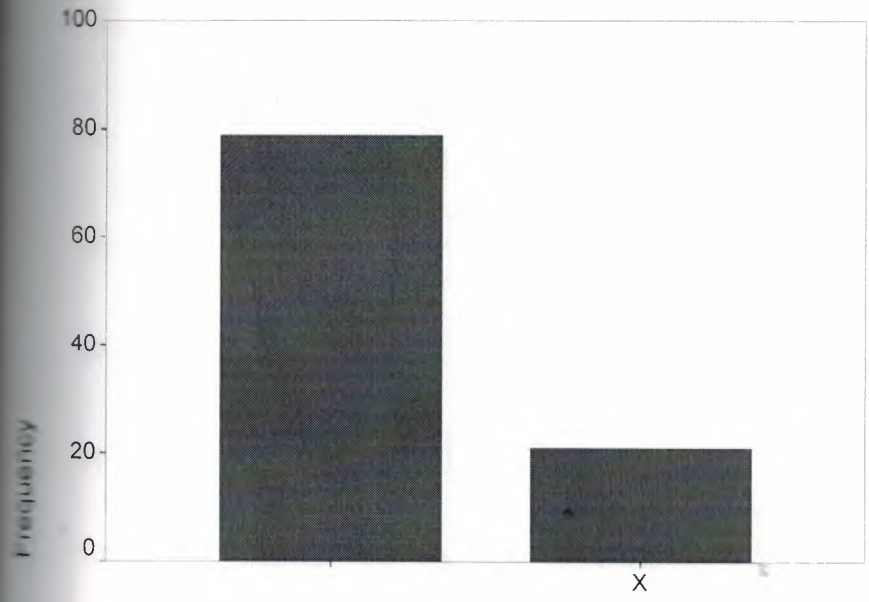
S4

S5



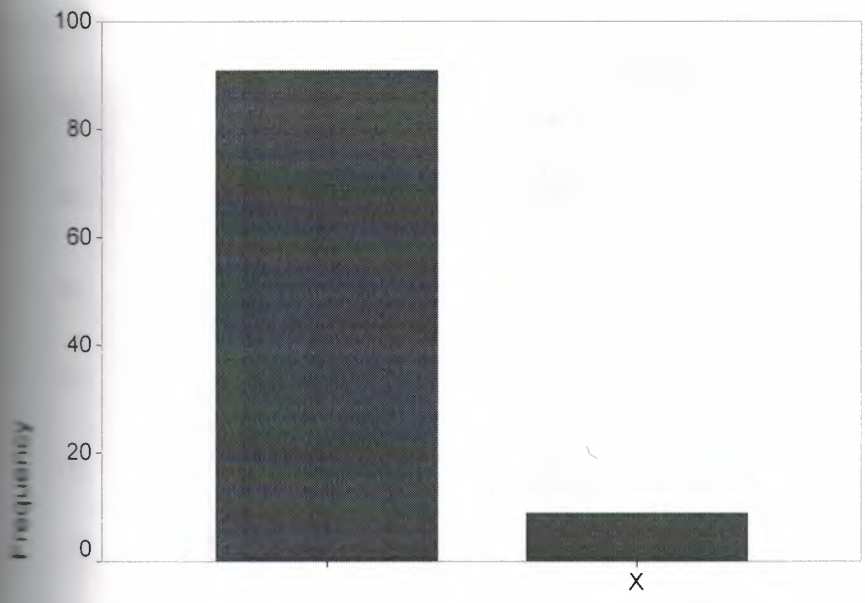
S5

S6



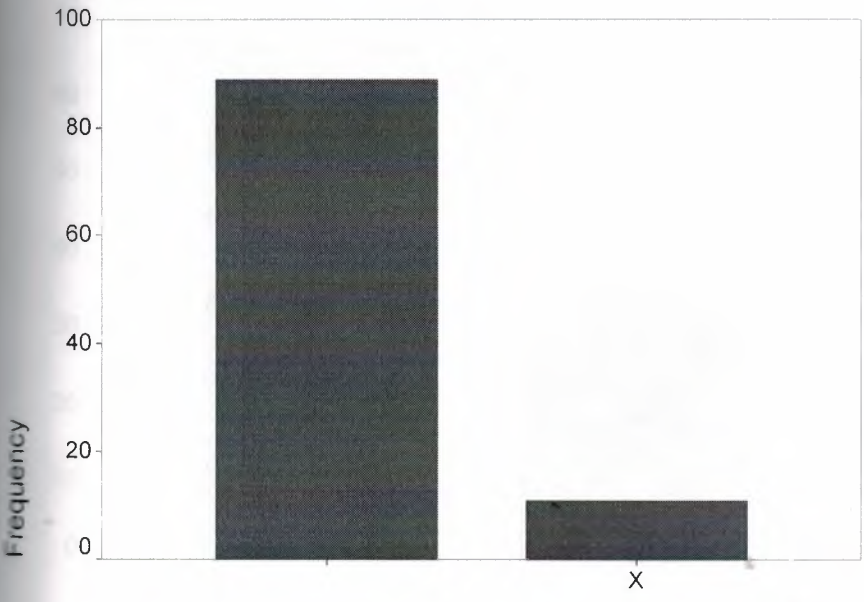
S6

S7



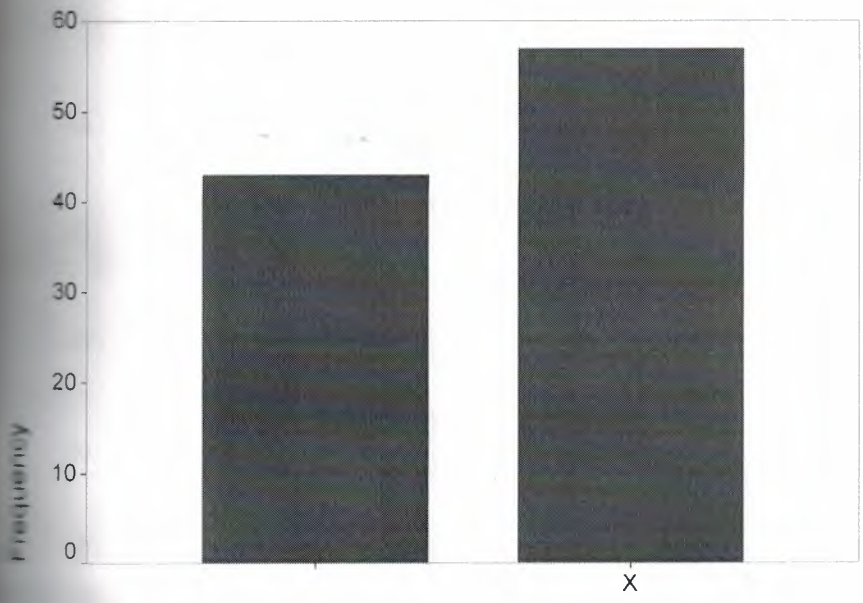
S7

S8



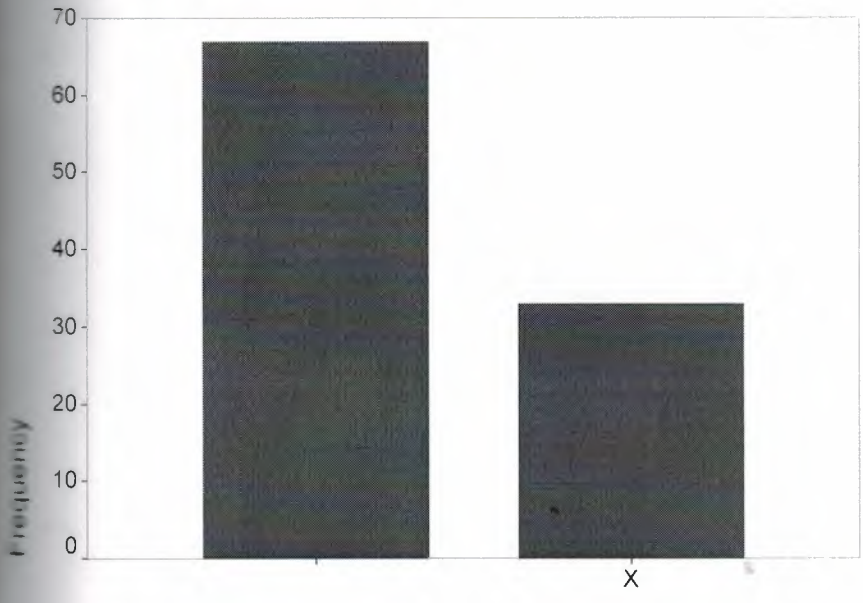
S8

S9



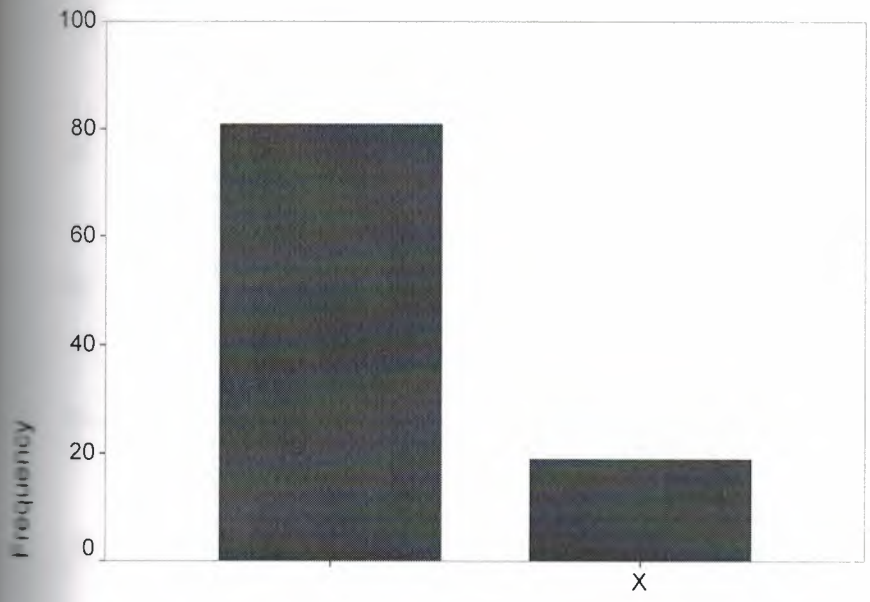
S9

S10



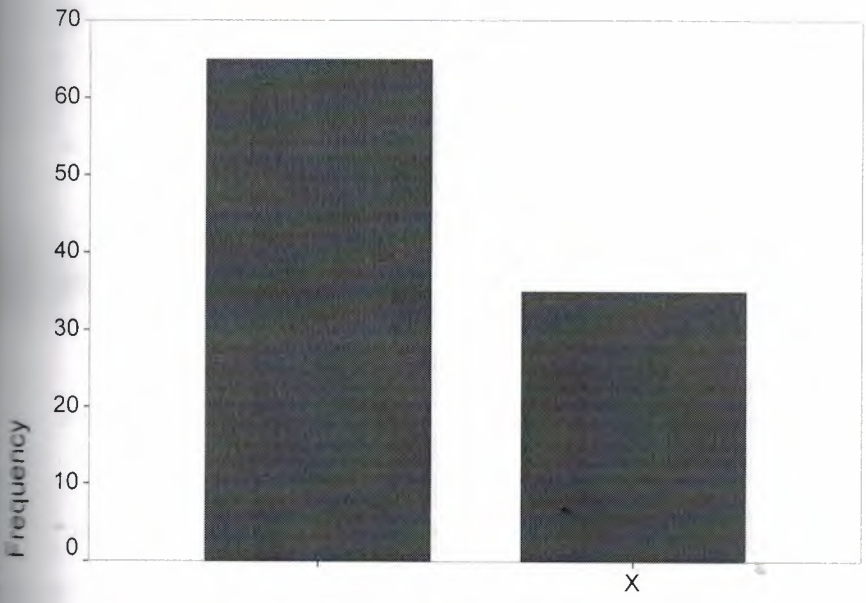
S10

S11



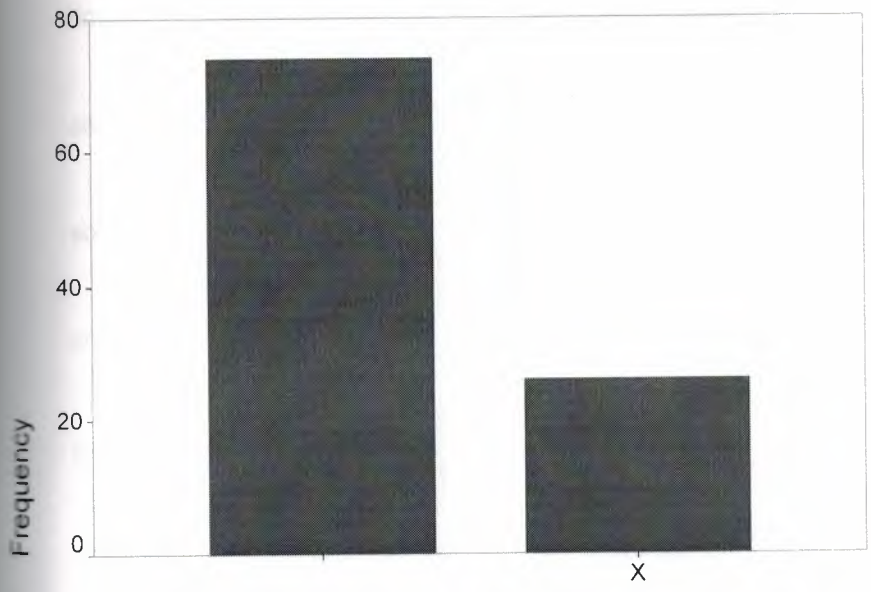
S11

S12



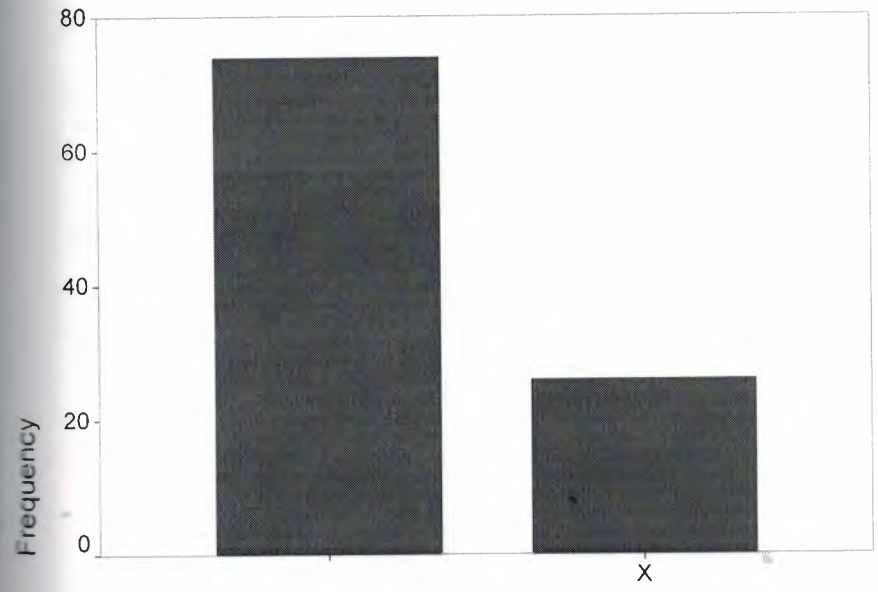
S12

S13



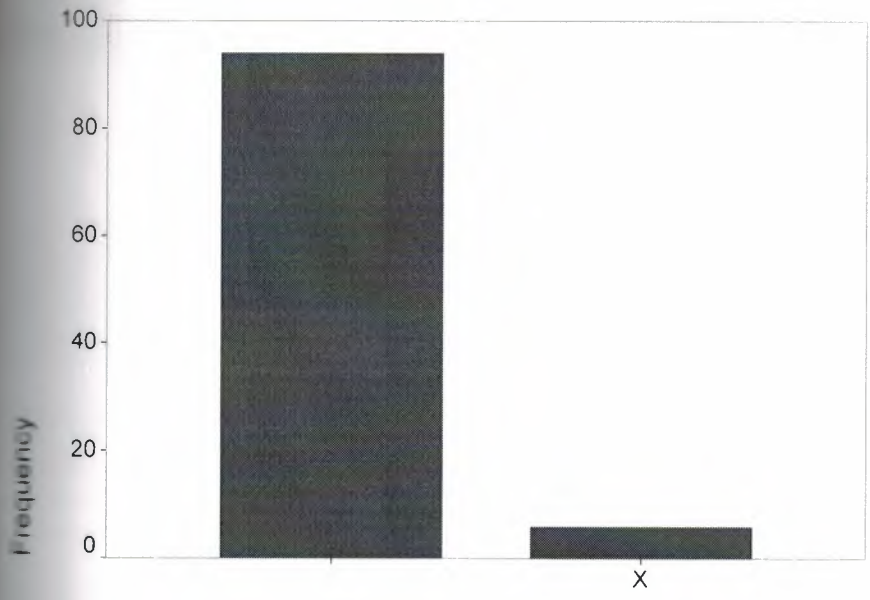
S13

S14



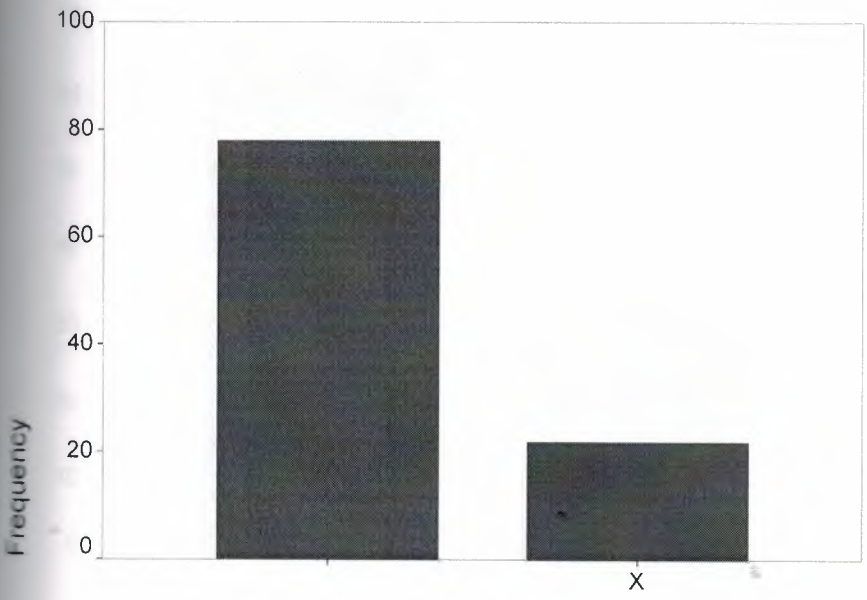
S14

S15



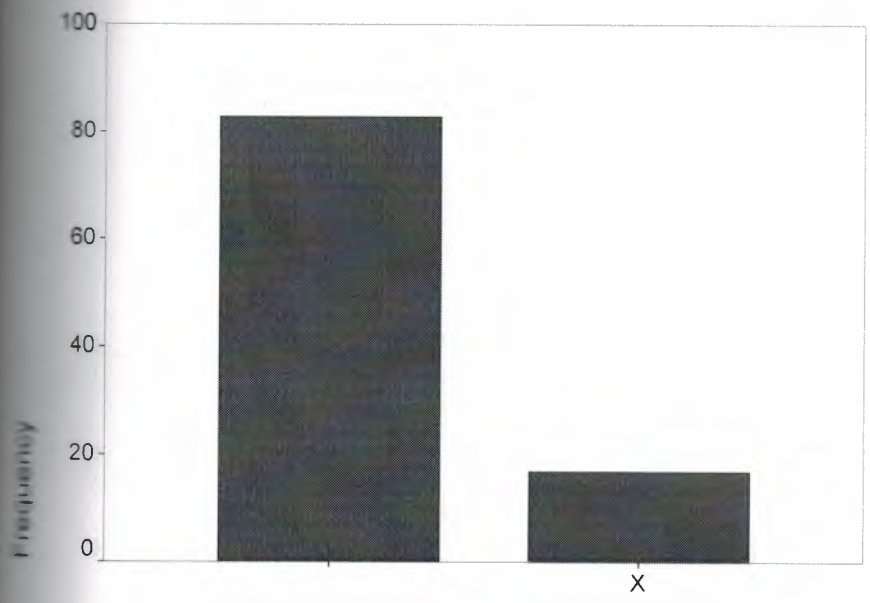
S15

S16



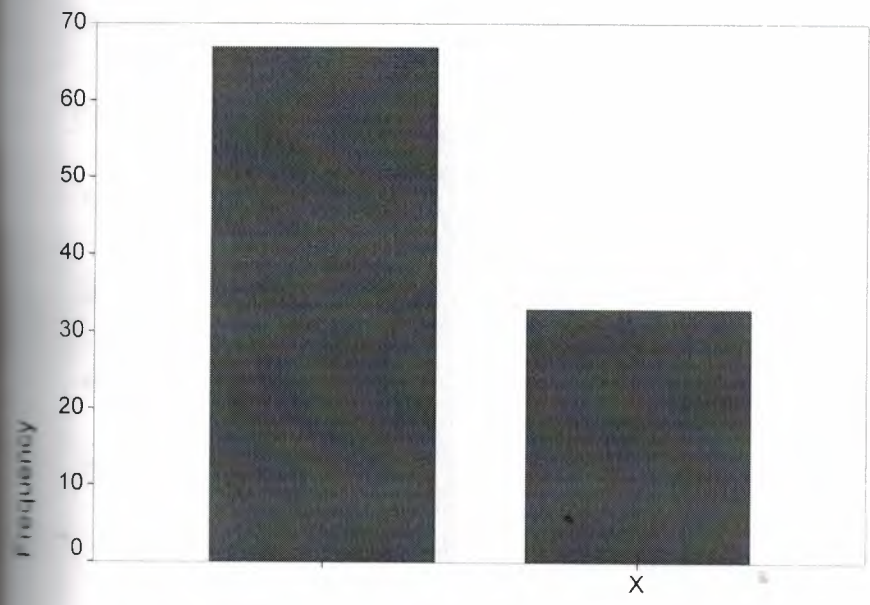
S16

S17



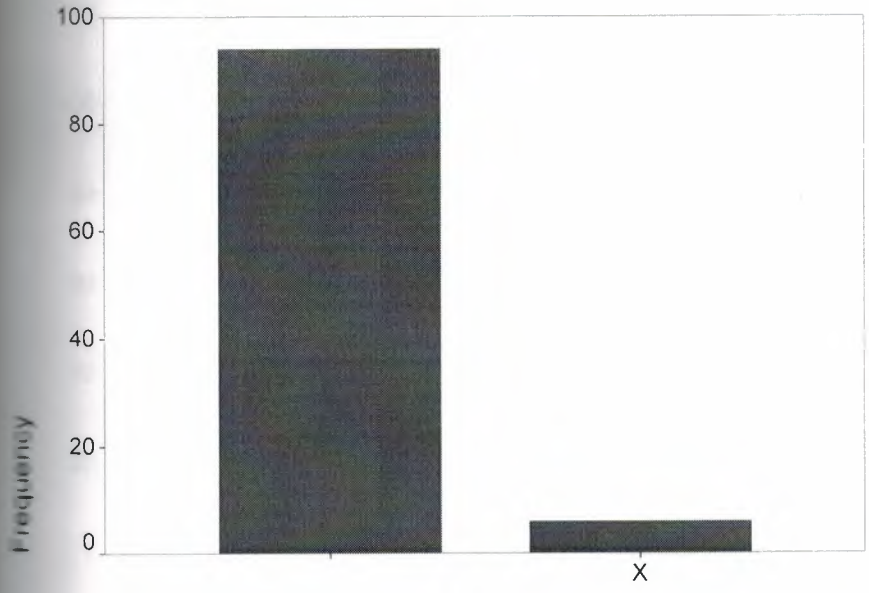
S17

S18



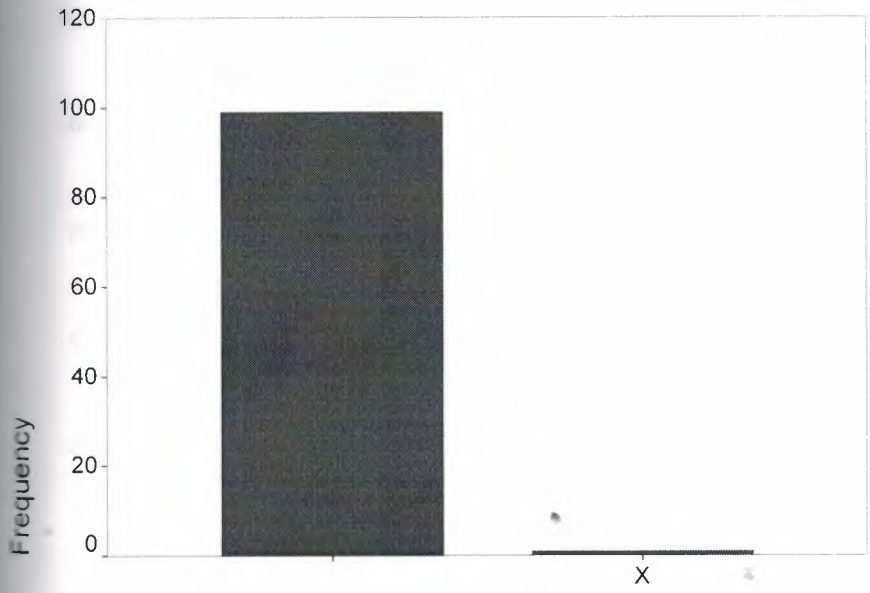
S18

S19



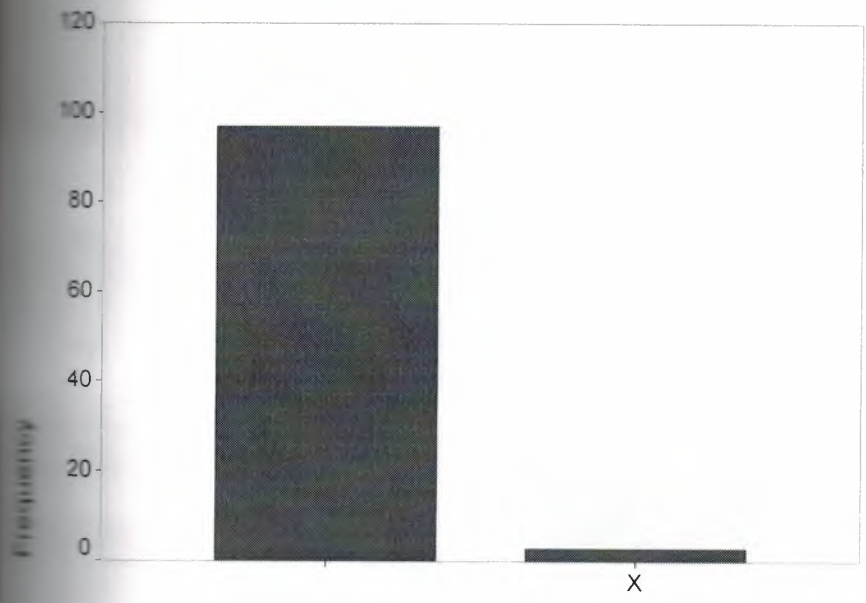
S19

S20



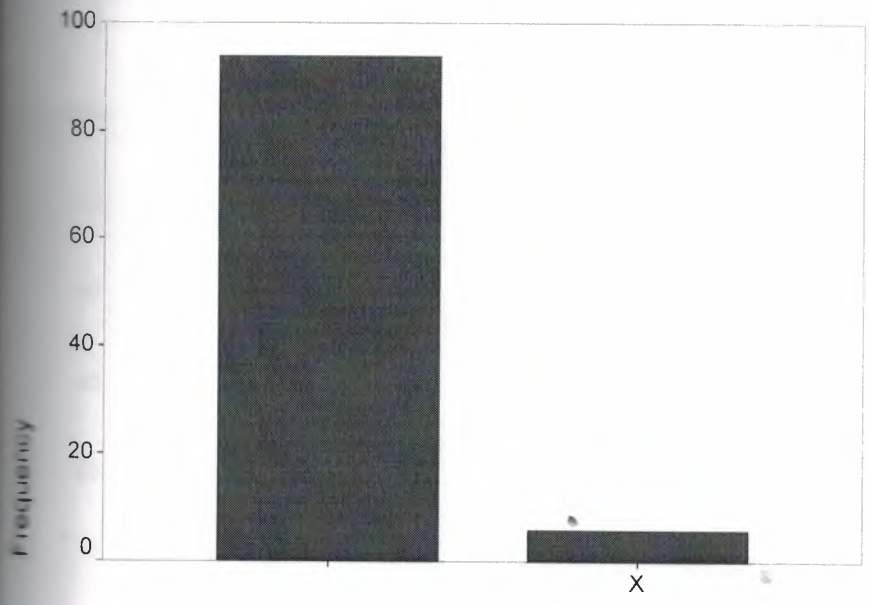
S20

S21



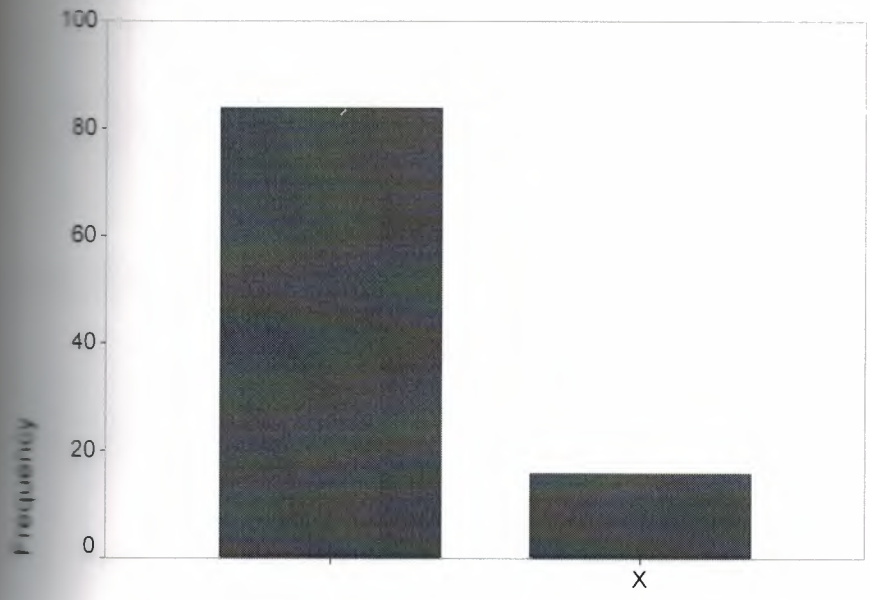
S21

S22



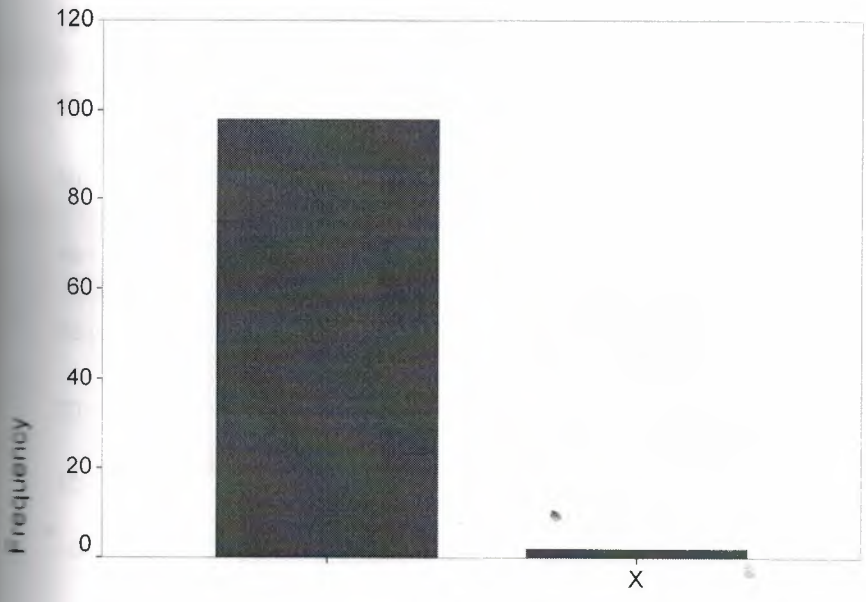
S22

S23



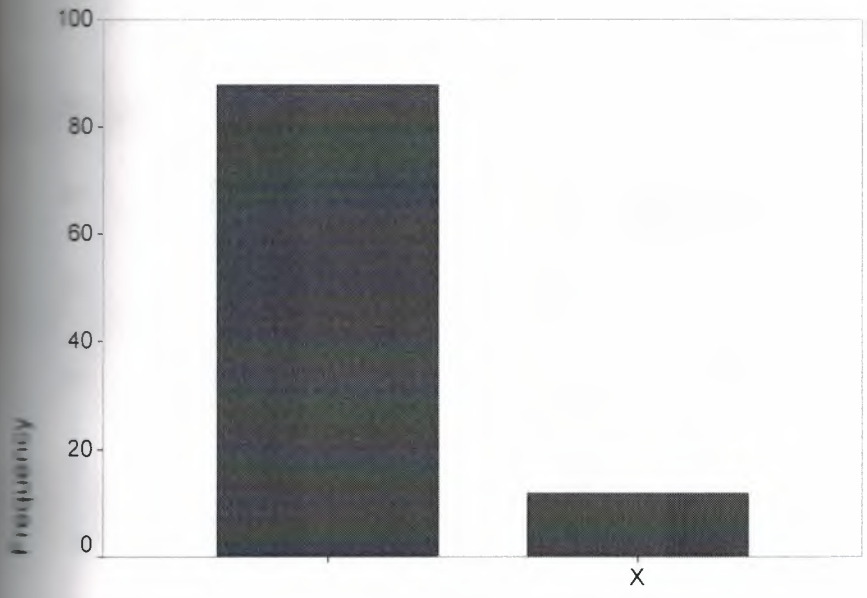
S23

S24



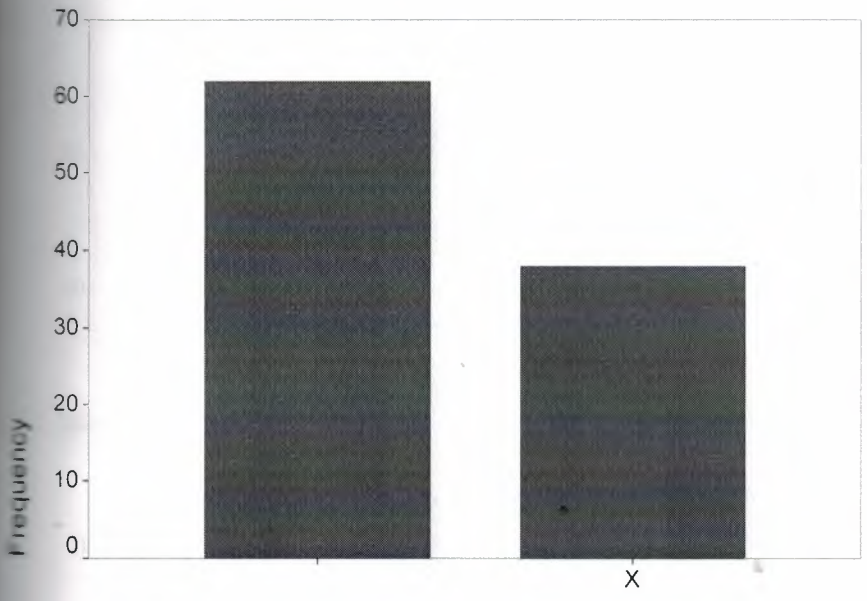
S24

S25



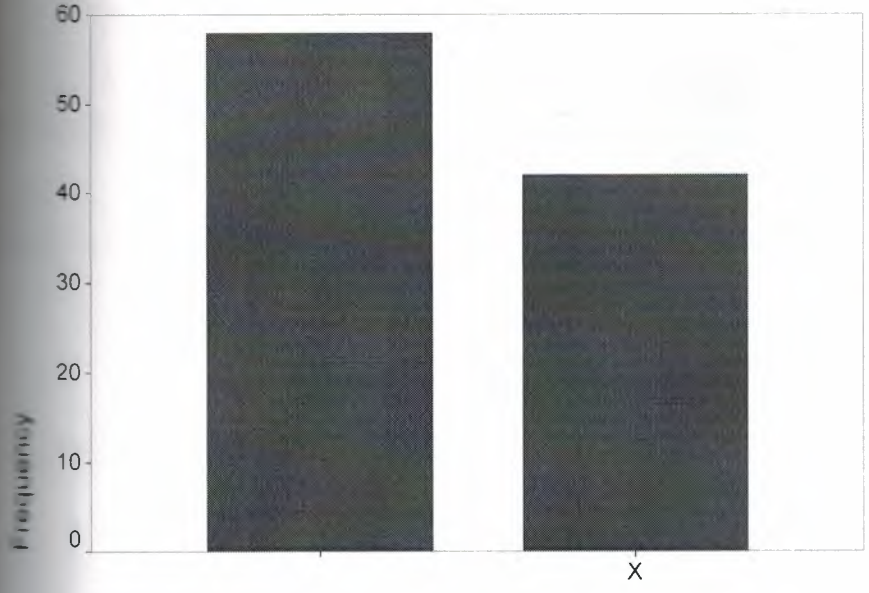
S25

S26



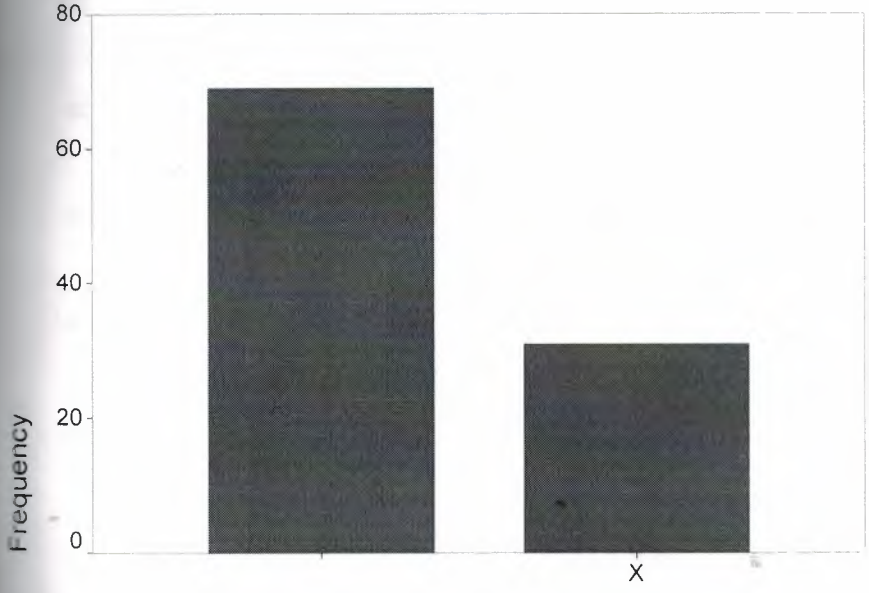
S26

S27



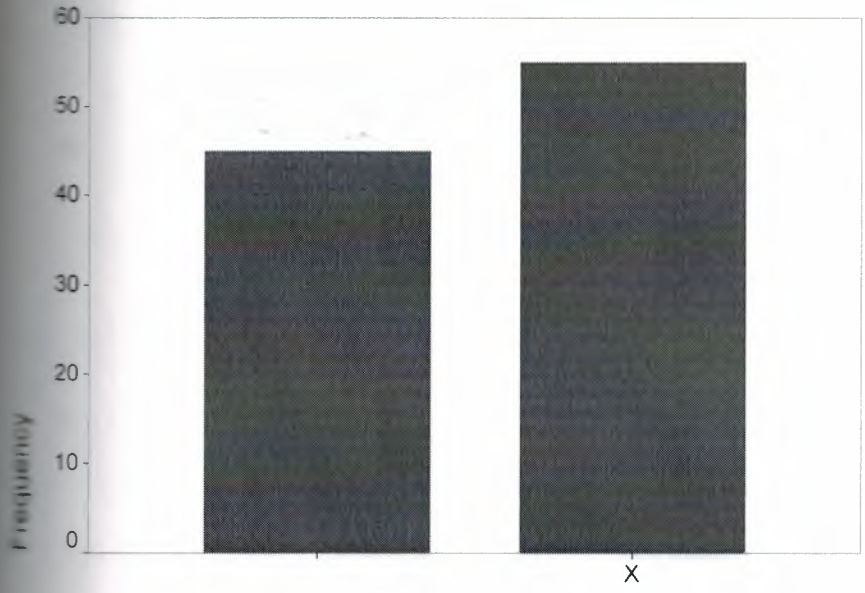
S27

S28



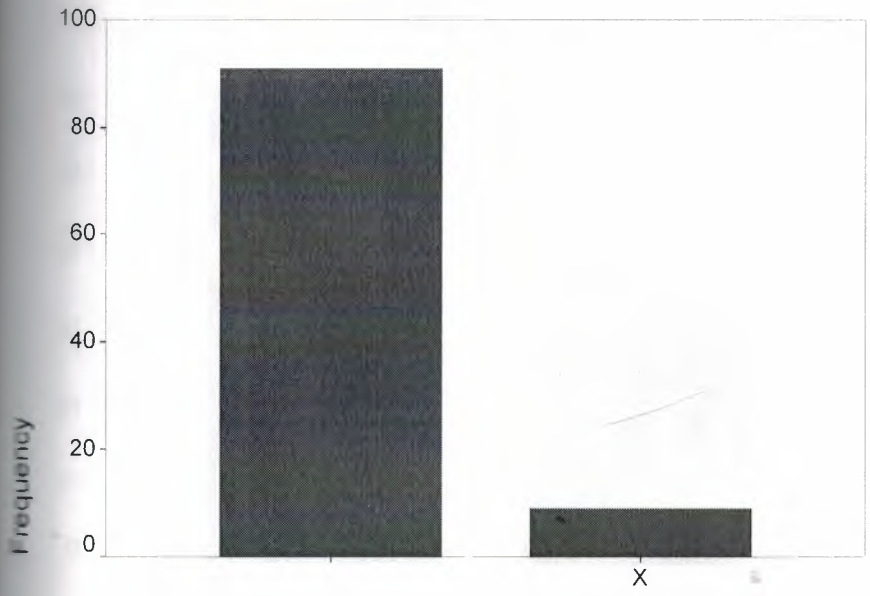
S28

S29



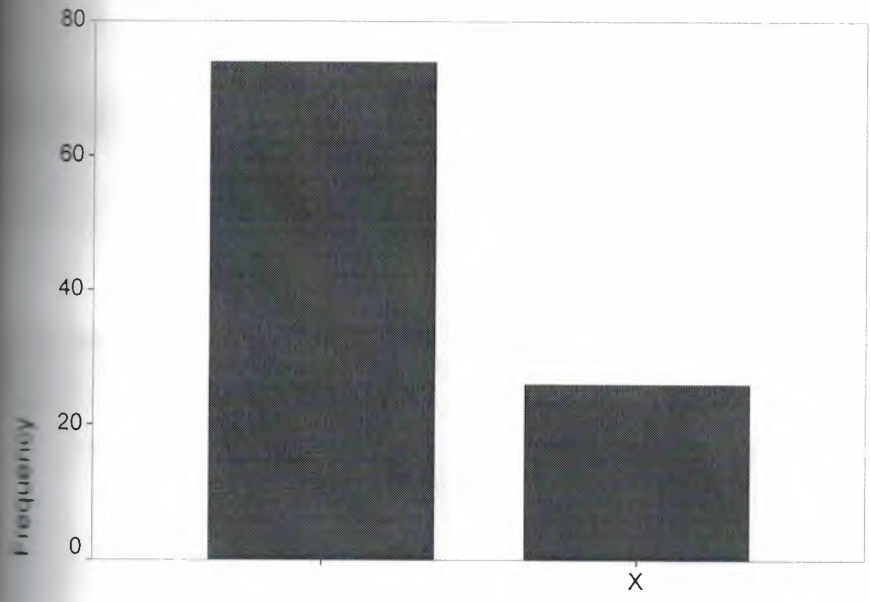
S29

S30



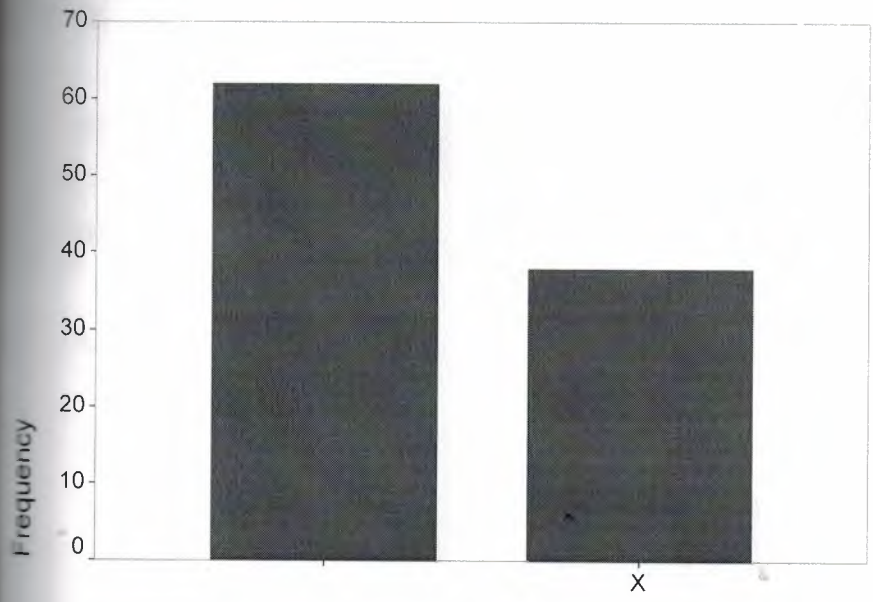
S30

S31



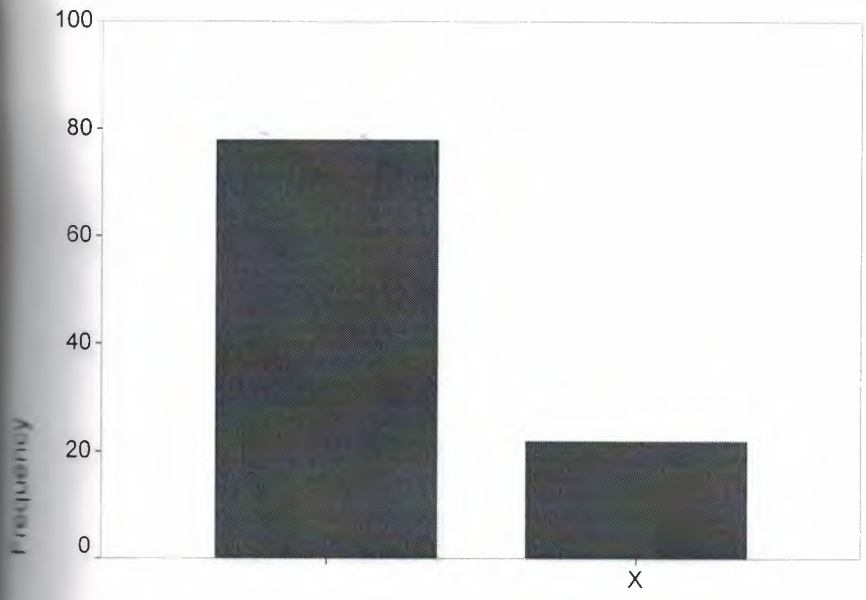
S31

S32



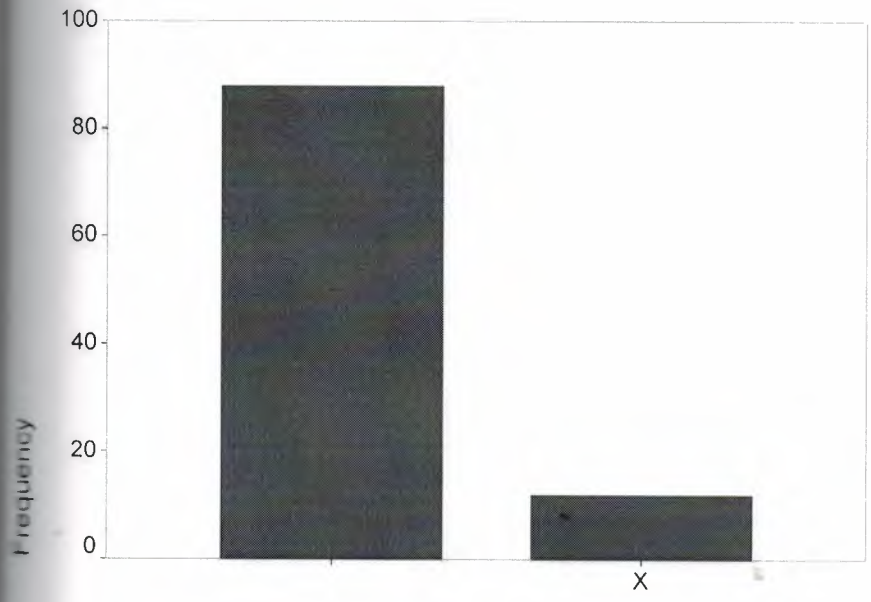
S32

S33

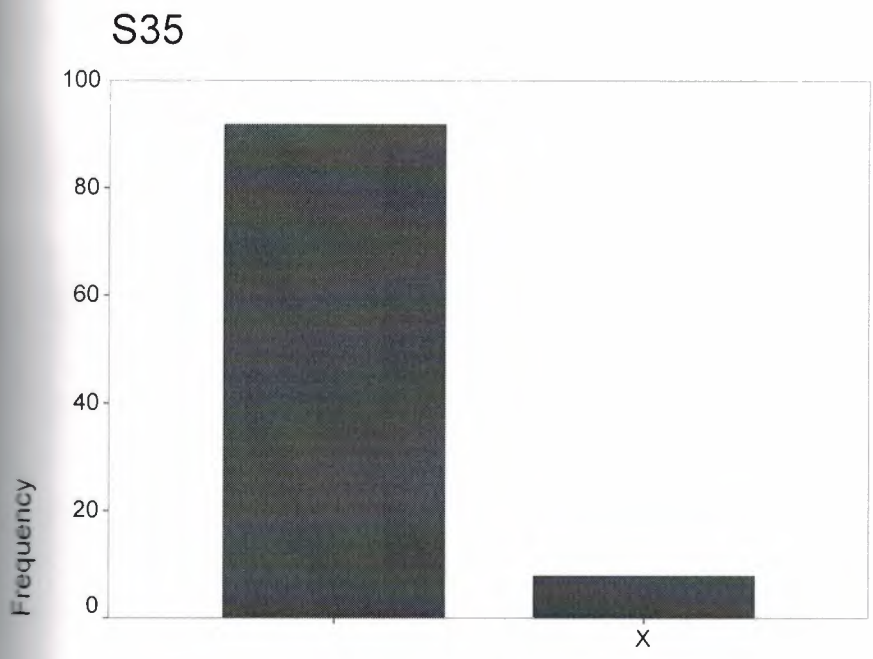


S33

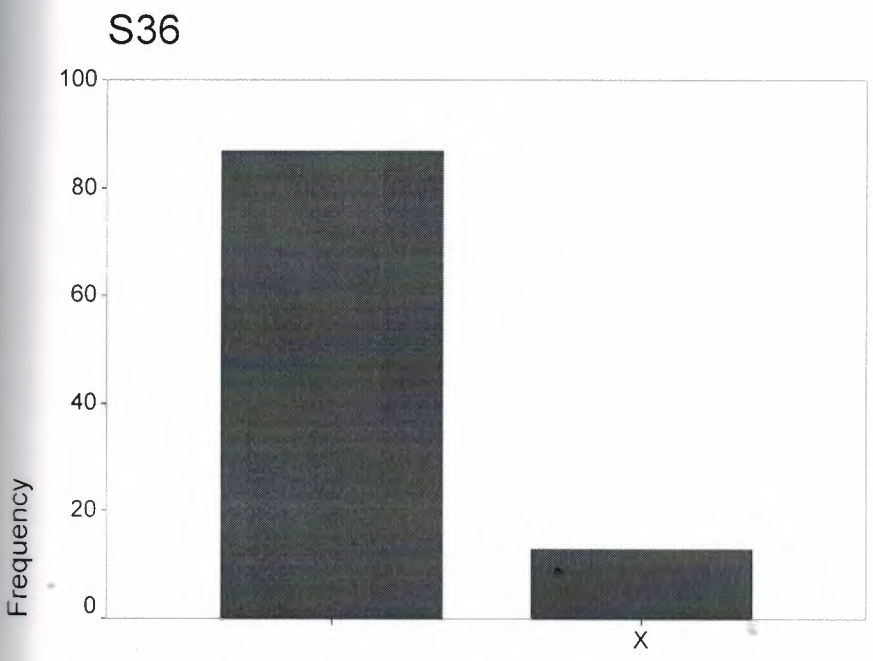
S34



S34

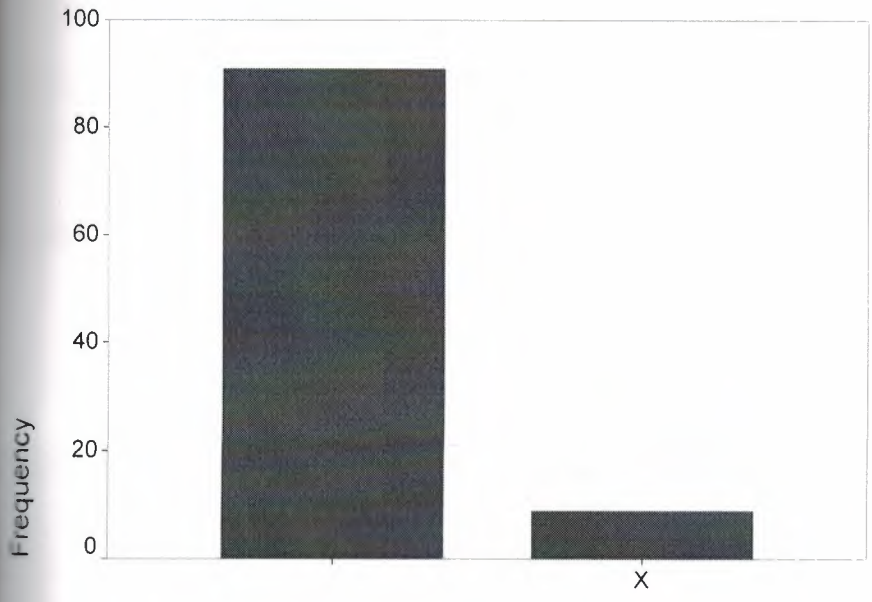

S35
100
80
60
40
20
0
Frequency
X

S35


S36
100
80
60
40
20
0
Frequency
X

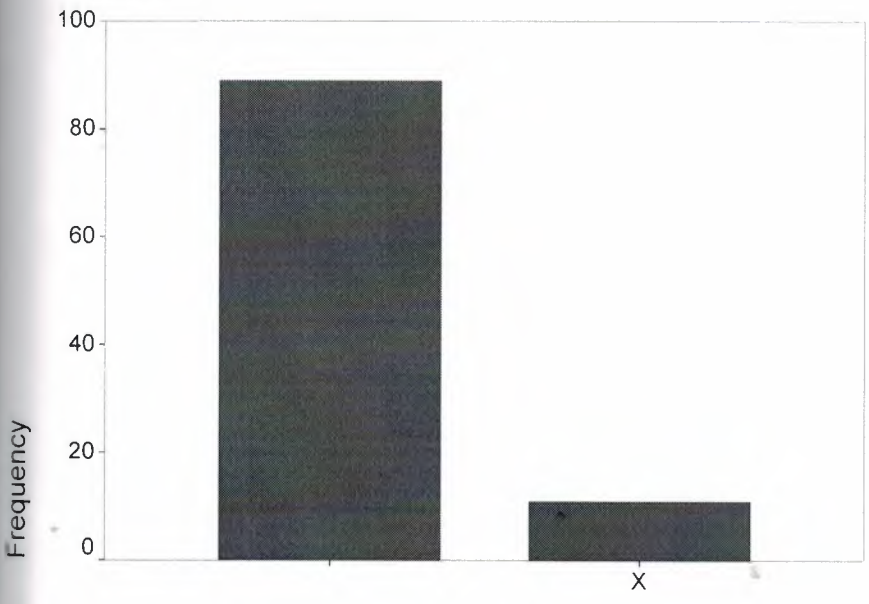
S36

S37



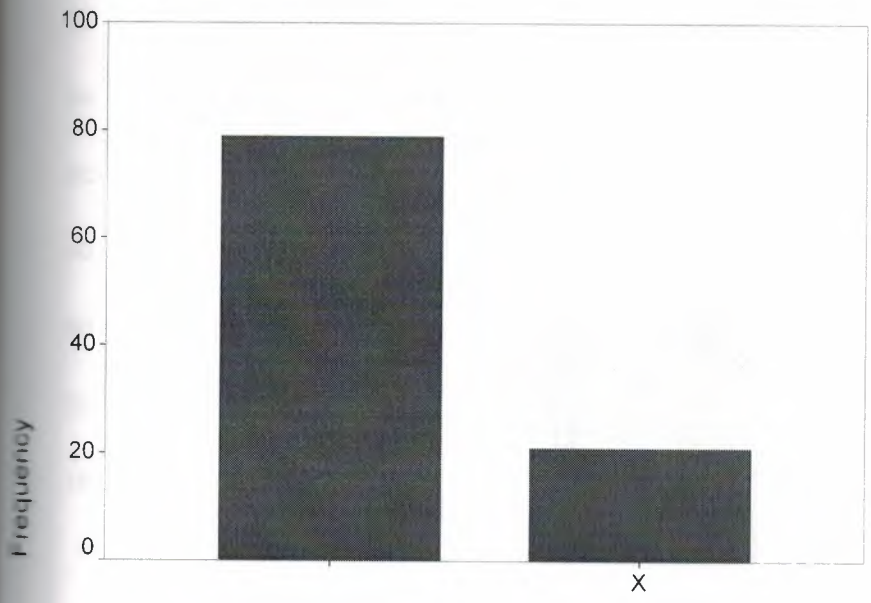
S37

S38



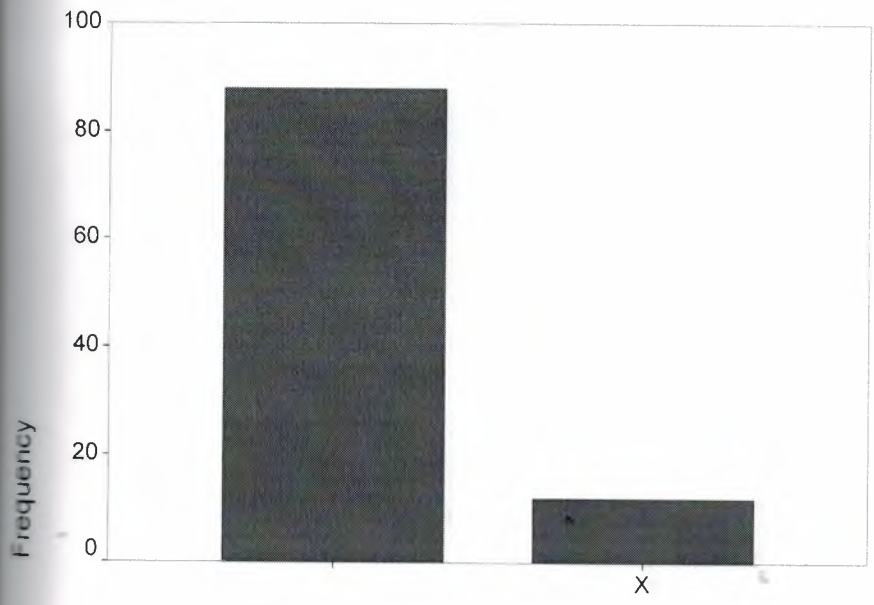
S38

S39



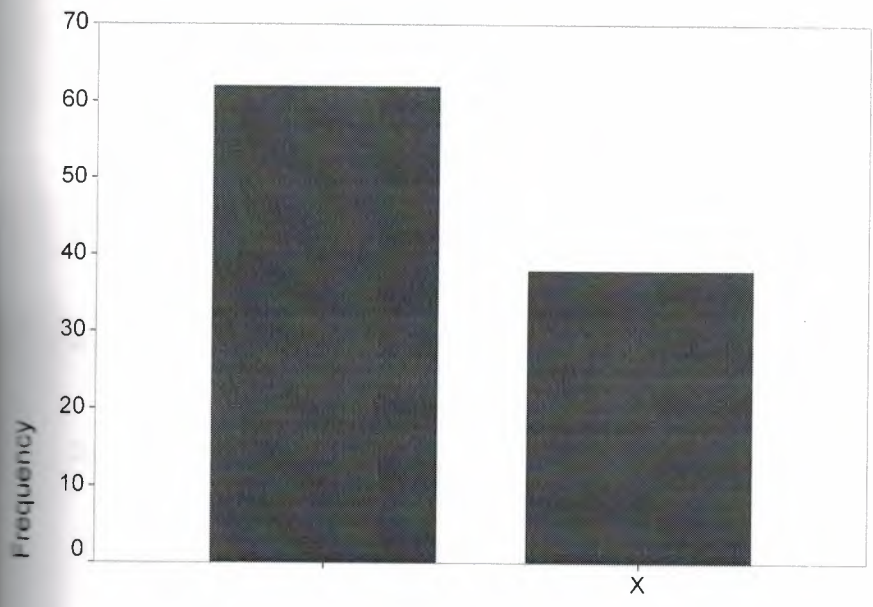
S39

S40



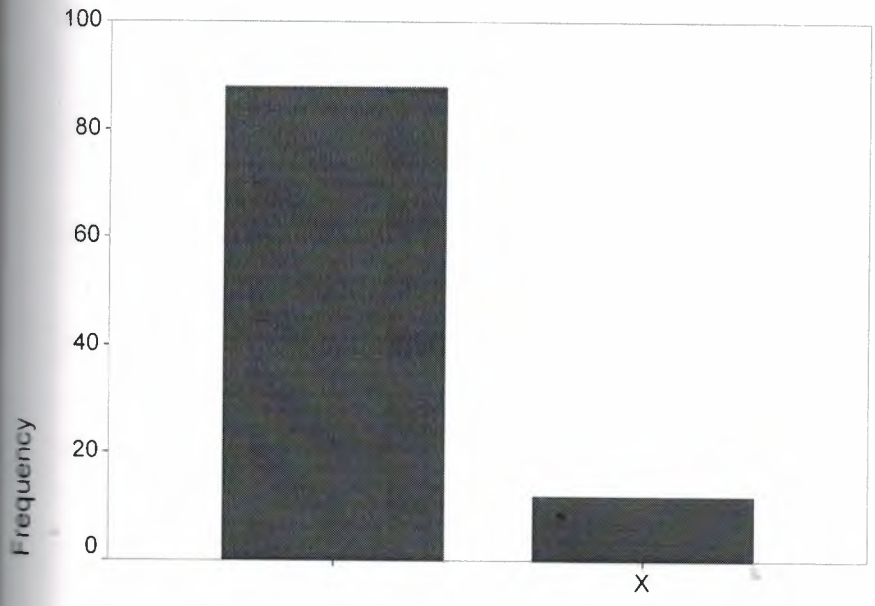
S40

S41



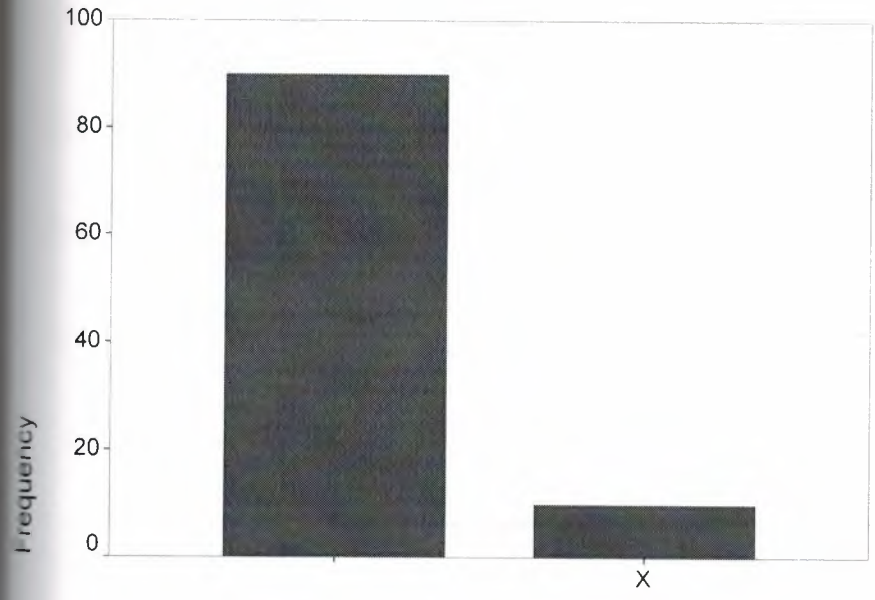
S41

S42



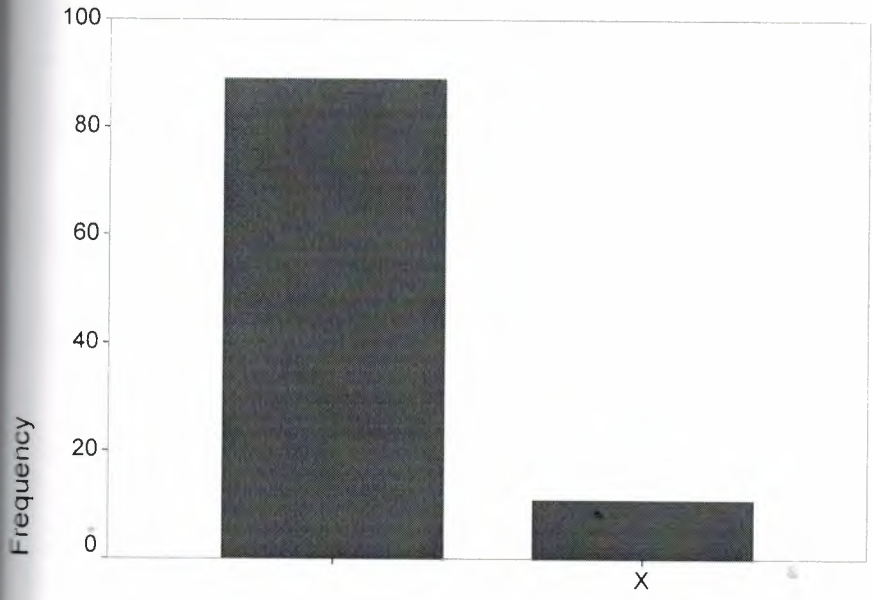
S42

S43



S43

S44



S44

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
S1 * S2	100	100.0%	0	.0%	100	100.0%

S1 * S2 Crosstabulation

Count

		S2		
			X	**Total**
S1		79	16	**95**
	X	1	1	**1**
Total		**83**	**17**	**100**

requencies

Warnings

One or more values of variable S1 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S8 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S9 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S37 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

One or more values of variable S39 contained a non-printing character. Each such character was replaced by a space. The data file itself was not modified.

Statistics

		S1	S2	S3	S4	S5	S6	S7
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S8	S9	S10	S11	S12	S13	S14
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S15	S16	S17	S18	S19	S20	S21
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S22	S23	S24	S25	S26	S27	S28
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S29	S30	S31	S32	S33	S34	S35
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S36	S37	S38	S39	S40	S41	S42
N	Valid	100	100	100	100	100	100	100
	Missing	0	0	0	0	0	0	0

Statistics

		S43	S44	S45	S46	S47	S48
N	Valid	100	100	100	100	100	100
	Missing	0	0	0	0	0	0

equency Table

S1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		95	95.0	95.0	95.0
	X	5	5.0	5.0	100.0
	Total	**100**	**100.0**	**100.0**	

S2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		83	83.0	83.0	83.0
	X	17	17.0	17.0	100.0
	Total	**100**	**100.0**	**100.0**	

S3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		95	95.0	95.0	95.0
	X	5	5.0	5.0	100.0
	Total	**100**	**100.0**	**100.0**	

S4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		85	85.0	85.0	85.0
	X	15	15.0	15.0	100.0
	Total	**100**	**100.0**	**100.0**	

S5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		99	99.0	99.0	99.0
	X	1	1.0	1.0	100.0
	Total	**100**	**100.0**	**100.0**	

S6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		63	63.0	63.0	63.0
	X	37	37.0	37.0	100.0
	Total	**100**	**100.0**	**100.0**	

S8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		63	63.0	63.0	63.0
	X	37	37.0	37.0	100.0
	Total	**100**	**100.0**	**100.0**	

S9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		69	69.0	69.0	69.0
	X	31	31.0	31.0	100.0
	Total	**100**	**100.0**	**100.0**	

S10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		91	91.0	91.0	91.0
	X	9	9.0	9.0	100.0
	Total	**100**	**100.0**	**100.0**	

S11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		93	93.0	93.0	93.0
	X	7	7.0	7.0	100.0
	Total	**100**	**100.0**	**100.0**	

S12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		52	52.0	52.0	52.0
	X	48	48.0	48.0	100.0
	Total	**100**	**100.0**	**100.0**	

S13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		89	89.0	89.0	89.0
	X	11	11.0	11.0	100.0
	Total	**100**	**100.0**	**100.0**	

S14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		46	46.0	46.0	46.0
	X	54	54.0	54.0	100.0
	Total	**100**	**100.0**	**100.0**	

S15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		90	90.0	90.0	90.0
	X	10	10.0	10.0	100.0
	Total	**100**	**100.0**	**100.0**	

S16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		88	88.0	88.0	88.0
	X	12	12.0	12.0	100.0
	Total	**100**	**100.0**	**100.0**	

S17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		86	86.0	86.0	86.0
	X	14	14.0	14.0	100.0
	Total	**100**	**100.0**	**100.0**	

S18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		94	94.0	94.0	94.0
	X	6	6.0	6.0	100.0
	Total	**100**	**100.0**	**100.0**	

S19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		71	71.0	71.0	71.0
	X	29	29.0	29.0	100.0
	Total	**100**	**100.0**	**100.0**	

S20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		91	91.0	91.0	91.0
	X	9	9.0	9.0	100.0
	Total	**100**	**100.0**	**100.0**	

S21

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		76	76.0	76.0	76.0
	X	24	24.0	24.0	100.0
	Total	**100**	**100.0**	**100.0**	

S22

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		78	78.0	78.0	78.0
	X	22	22.0	22.0	100.0
	Total	**100**	**100.0**	**100.0**	

S23

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		91	91.0	91.0	91.0
	X	9	9.0	9.0	100.0
	Total	**100**	**100.0**	**100.0**	

S24

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		85	85.0	85.0	85.0
	X	15	15.0	15.0	100.0
	Total	**100**	**100.0**	**100.0**	

S25

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		99	99.0	99.0	99.0
	X	1	1.0	1.0	100.0
	Total	**100**	**100.0**	**100.0**	

S26

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S27

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		90	90.0	90.0	90.0
	X	10	10.0	10.0	100.0
	Total	**100**	**100.0**	**100.0**	

S28

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		95	95.0	95.0	95.0
	X	5	5.0	5.0	100.0
	Total	**100**	**100.0**	**100.0**	

S29

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		95	95.0	95.0	95.0
	X	5	5.0	5.0	100.0
	Total	**100**	**100.0**	**100.0**	

S30

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S31

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		98	98.0	98.0	98.0
	X	2	2.0	2.0	100.0
	Total	**100**	**100.0**	**100.0**	

S32

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		96	96.0	96.0	96.0
	X	4	4.0	4.0	100.0
	Total	**100**	**100.0**	**100.0**	

S33

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		82	82.0	82.0	82.0
	X	18	18.0	18.0	100.0
	Total	**100**	**100.0**	**100.0**	

S34

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S35

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		82	82.0	82.0	82.0
	X	18	18.0	18.0	100.0
	Total	**100**	**100.0**	**100.0**	

S36

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		77	77.0	77.0	77.0
	X	23	23.0	23.0	100.0
	Total	**100**	**100.0**	**100.0**	

S37

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S38

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		89	89.0	89.0	89.0
	X	11	11.0	11.0	100.0
	Total	**100**	**100.0**	**100.0**	

S39

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S40

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		95	95.0	95.0	95.0
	X	5	5.0	5.0	100.0
	Total	**100**	**100.0**	**100.0**	

S41

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		97	97.0	97.0	97.0
	X	3	3.0	3.0	100.0
	Total	**100**	**100.0**	**100.0**	

S42

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		99	99.0	99.0	99.0
	X	1	1.0	1.0	100.0
	Total	**100**	**100.0**	**100.0**	

S43

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		89	89.0	89.0	89.0
	X	11	11.0	11.0	100.0
	Total	**100**	**100.0**	**100.0**	

S44

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		79	79.0	79.0	79.0
	X	21	21.0	21.0	100.0
	Total	**100**	**100.0**	**100.0**	

S45

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		46	46.0	46.0	46.0
	X	54	54.0	54.0	100.0
	Total	**100**	**100.0**	**100.0**	

S46

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		76	76.0	76.0	76.0
	X	24	24.0	24.0	100.0
	Total	**100**	**100.0**	**100.0**	

S47

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		82	82.0	82.0	82.0
	X	18	18.0	18.0	100.0
	Total	**100**	**100.0**	**100.0**	

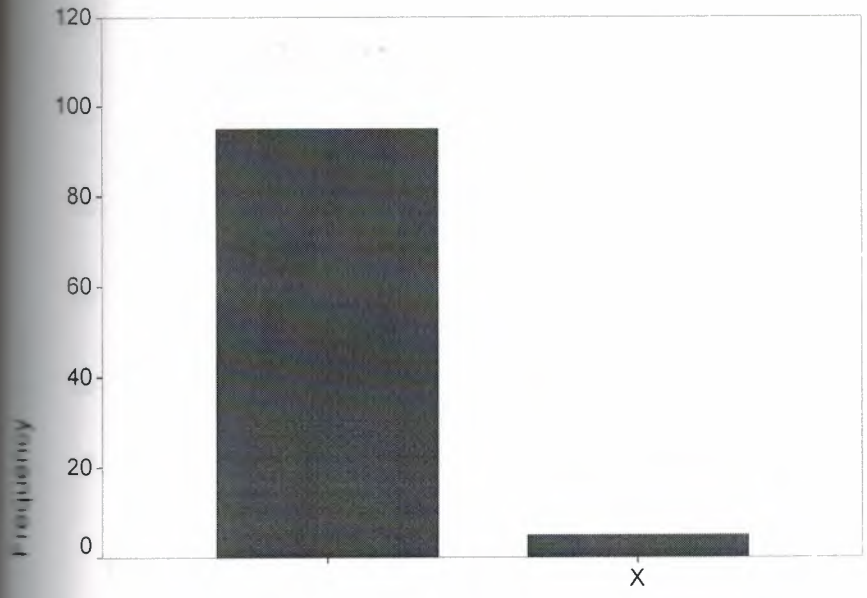
S48

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		75	75.0	75.0	75.0
	X	25	25.0	25.0	100.0
	Total	**100**	**100.0**	**100.0**	

r Chart

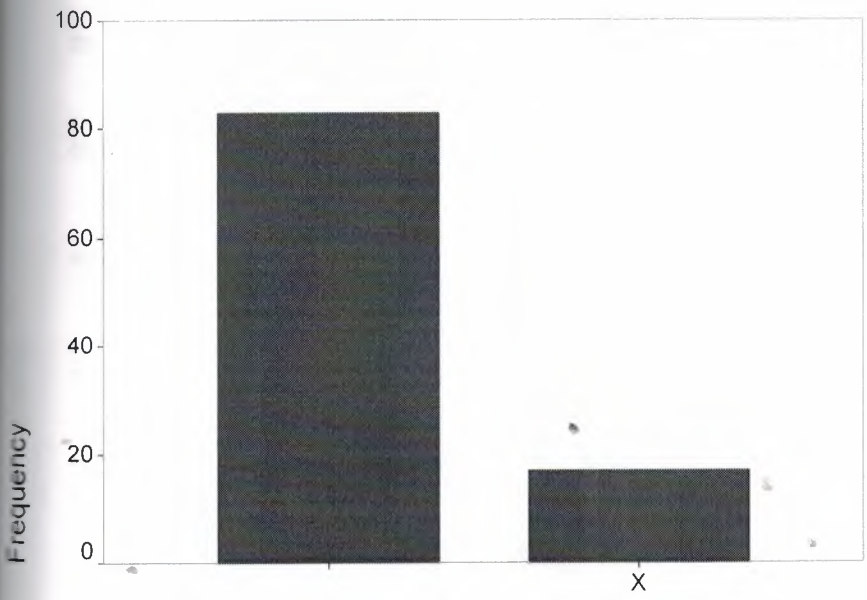
Chart

S1



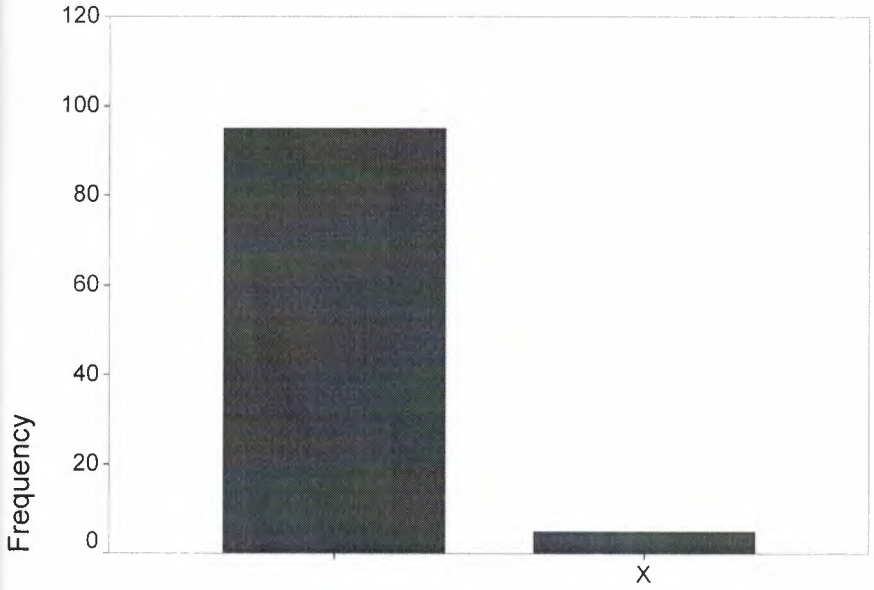
S1

S2



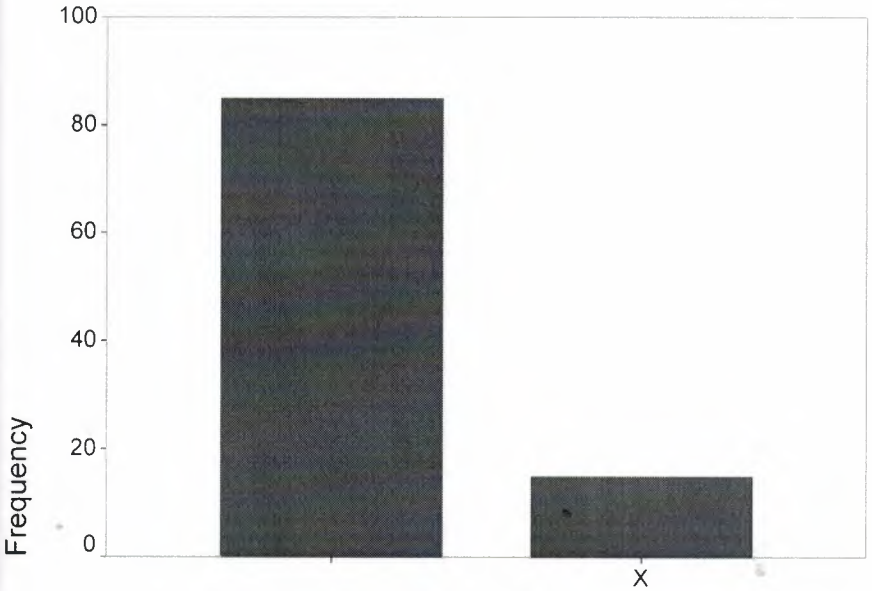
S2

S3



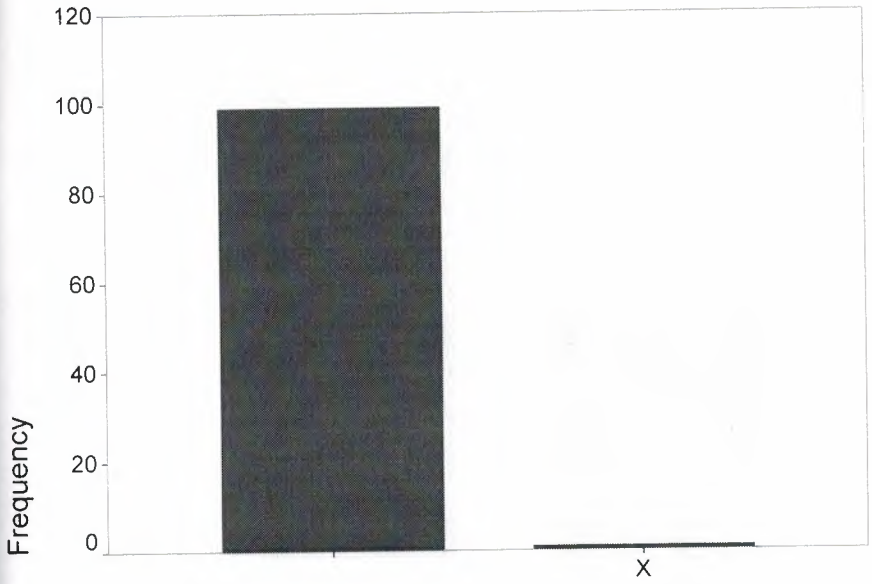
S3

S4



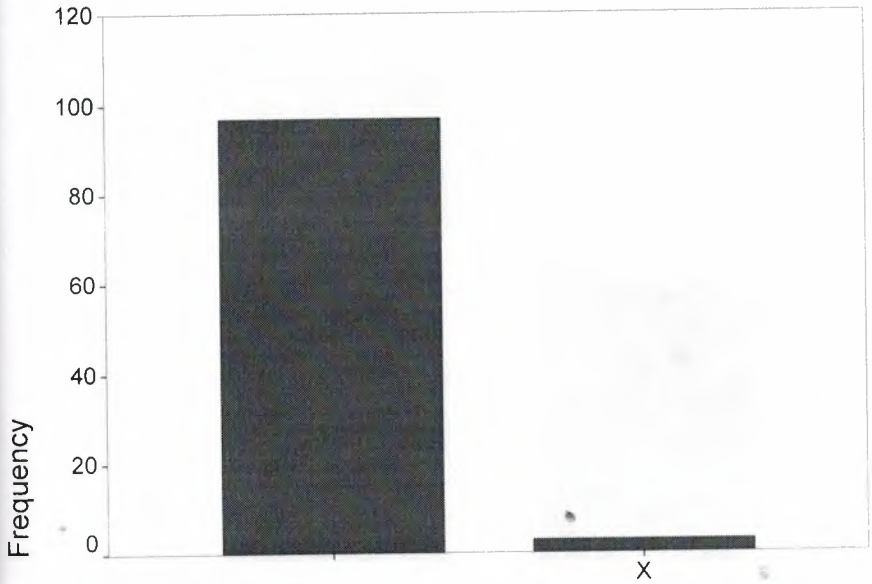
S4

S5


120
100
80
60
40
20
0
Frequency
X

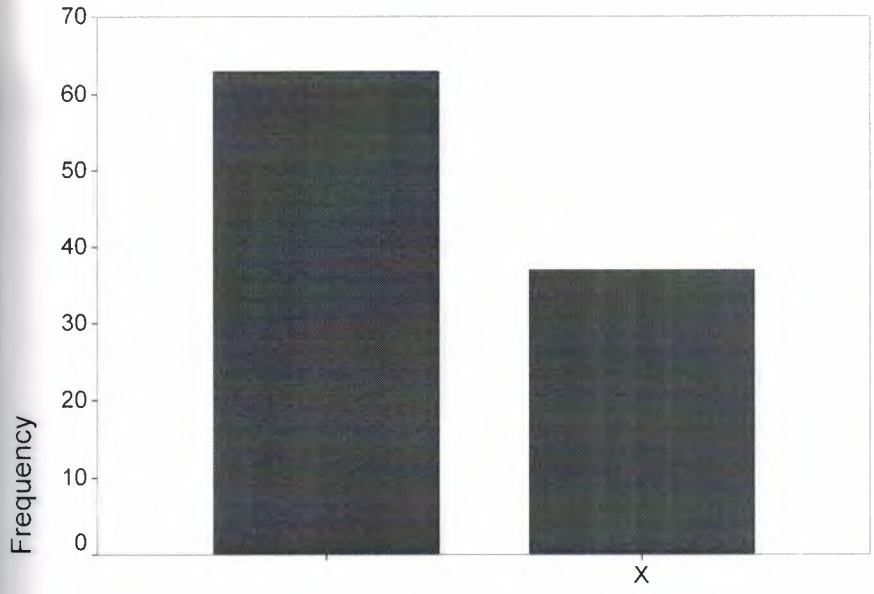
S5

S6


120
100
80
60
40
20
0
Frequency
X

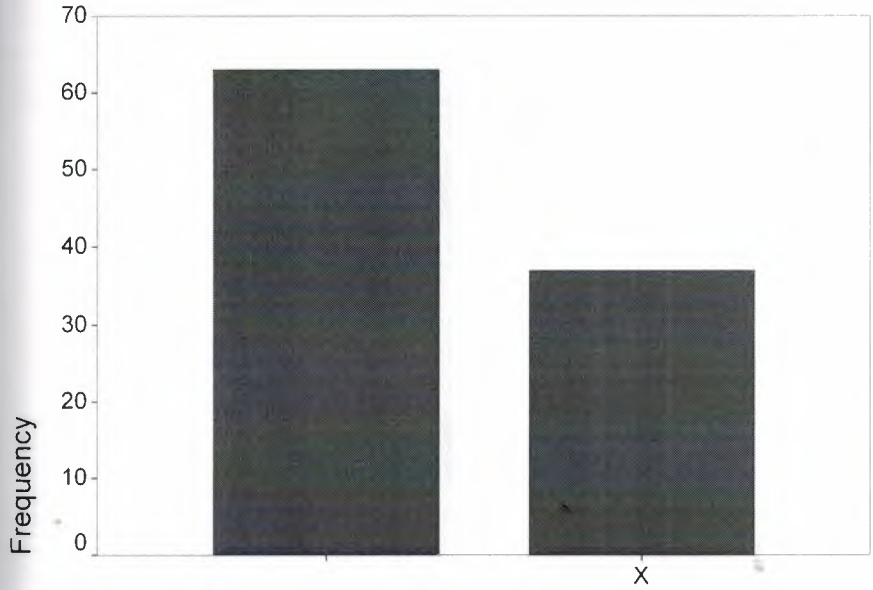
S6

S7


70
60
50
40
30
20
10
0
Frequency
X

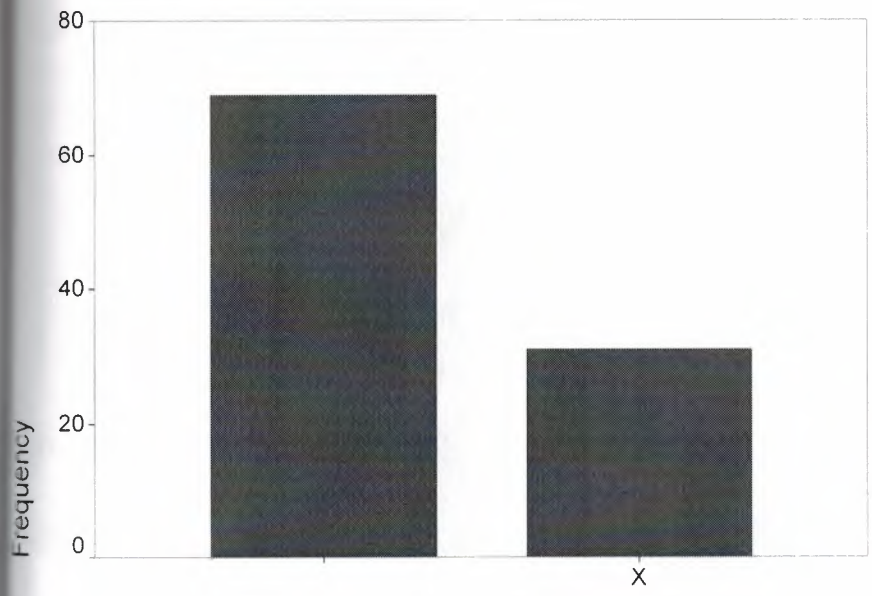
S7

S8


70
60
50
40
30
20
10
0
Frequency
X

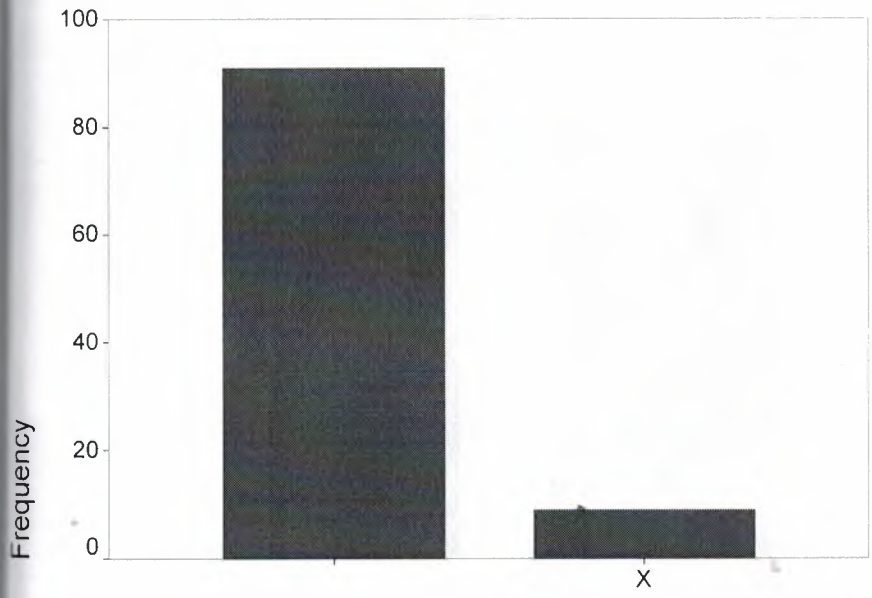
S8

S9



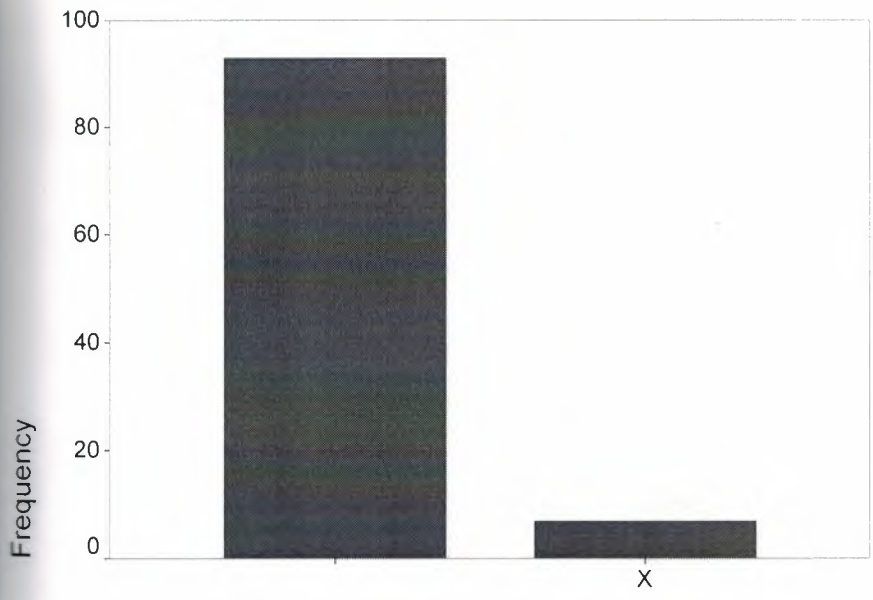
S9

S10



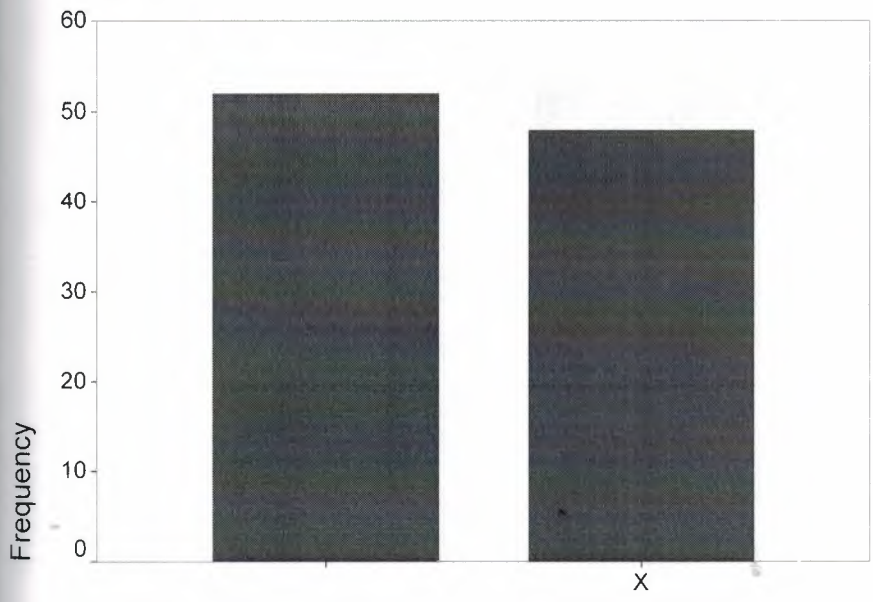
S10

S11



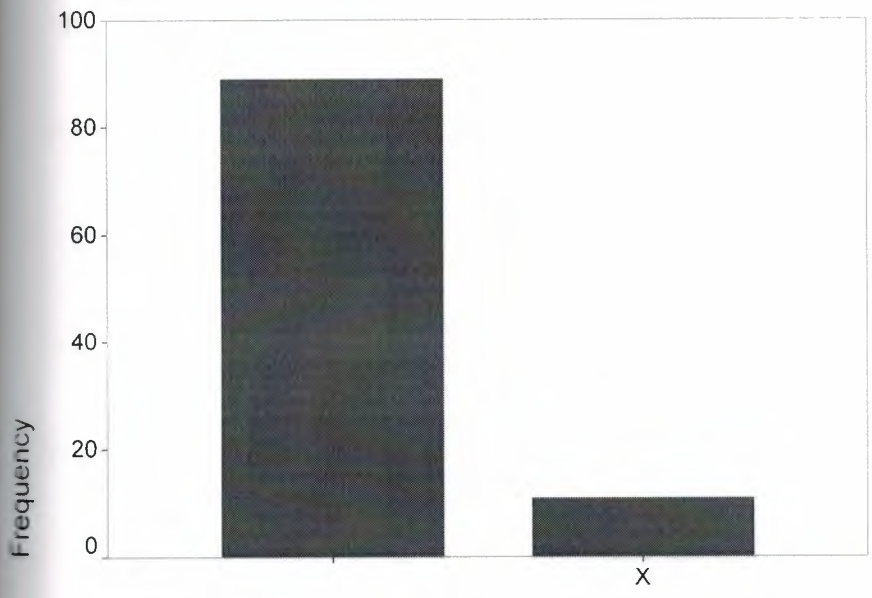
S11

S12



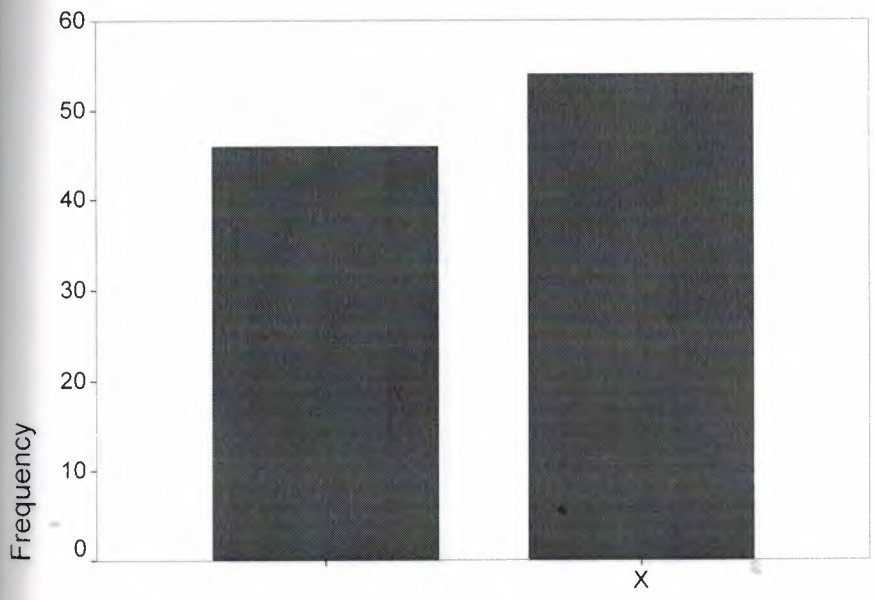
S12

S13

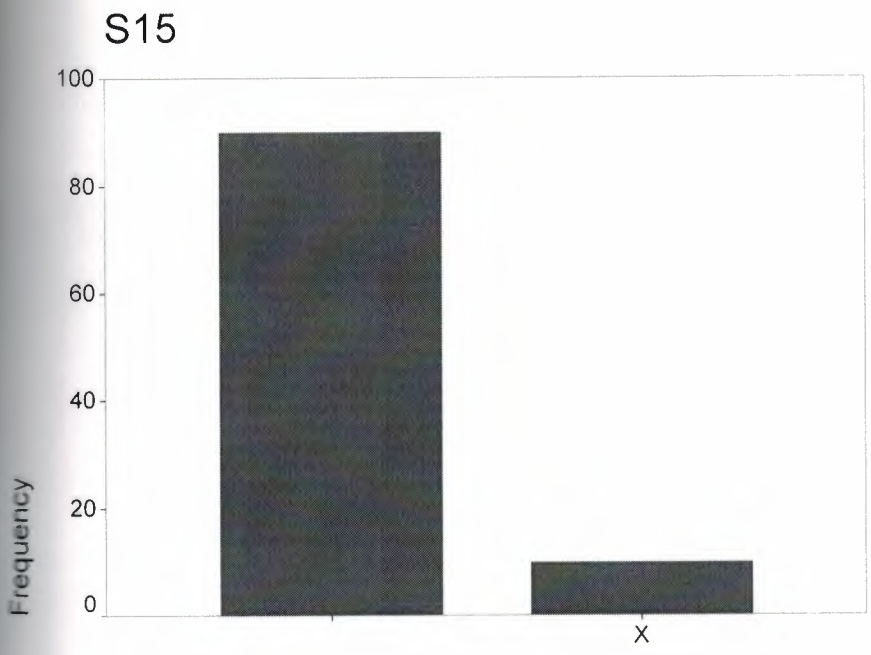


S13

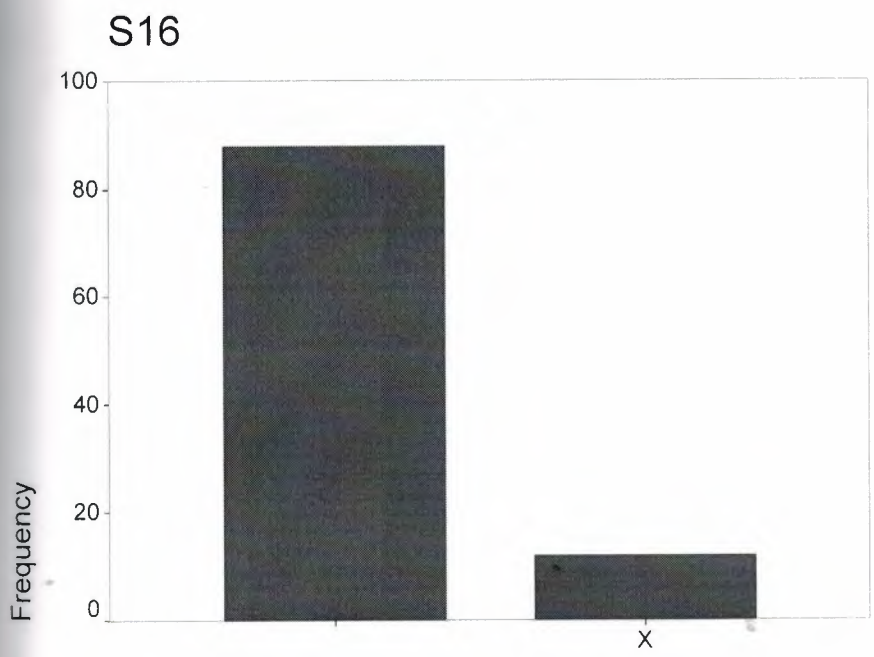
S14



S14

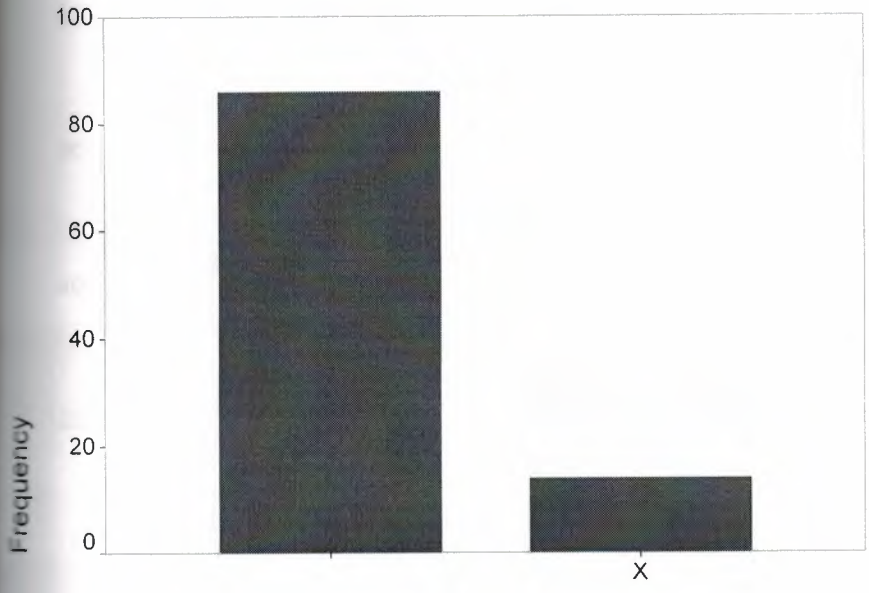

S15
100
80
60
40
20
0
Frequency
X

S15


S16
100
80
60
40
20
0
Frequency
X

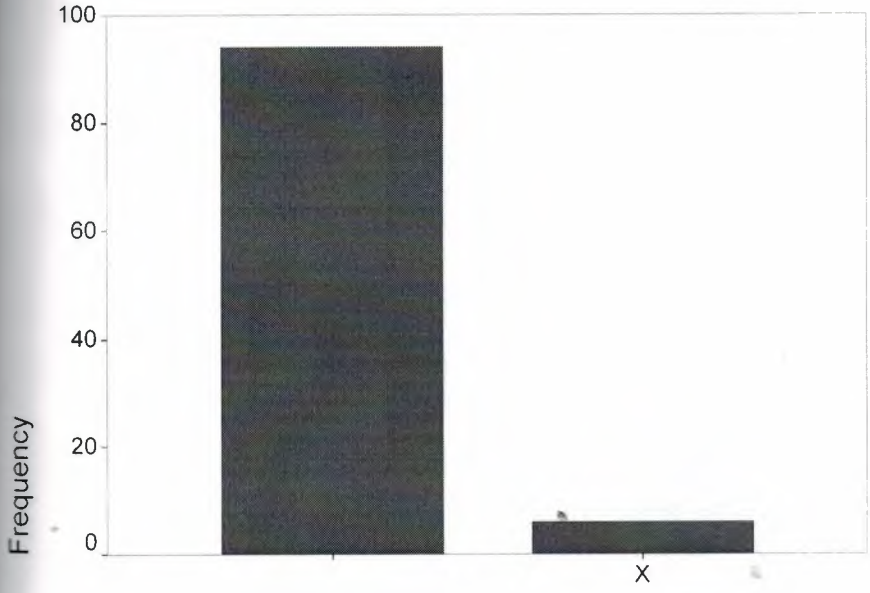
S16

S17

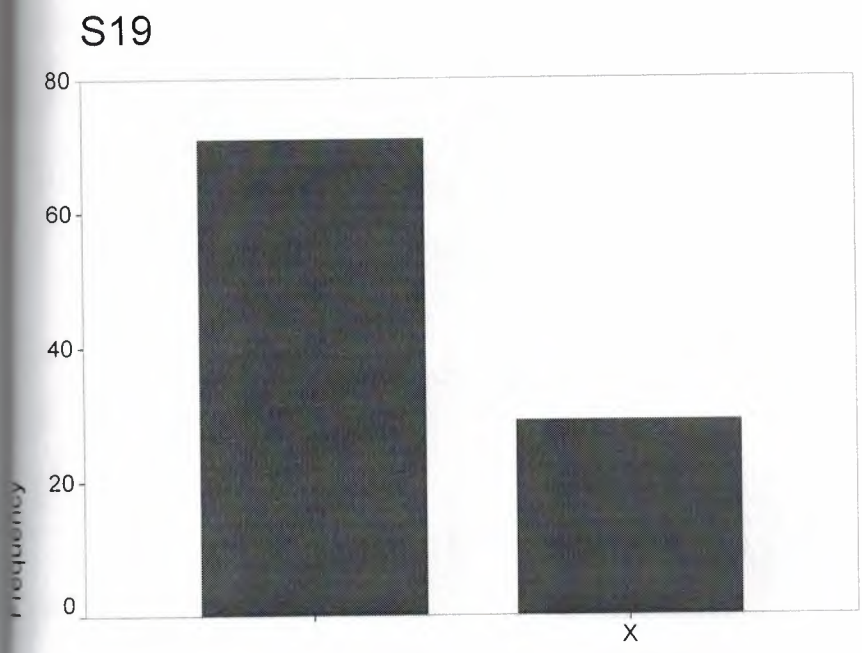


S17

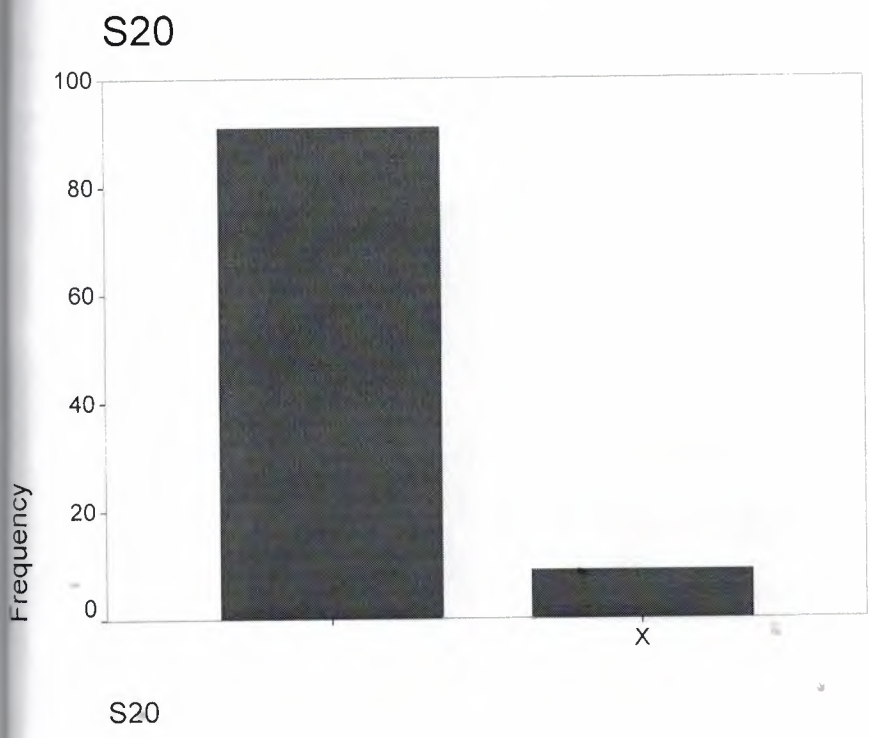
S18



S18

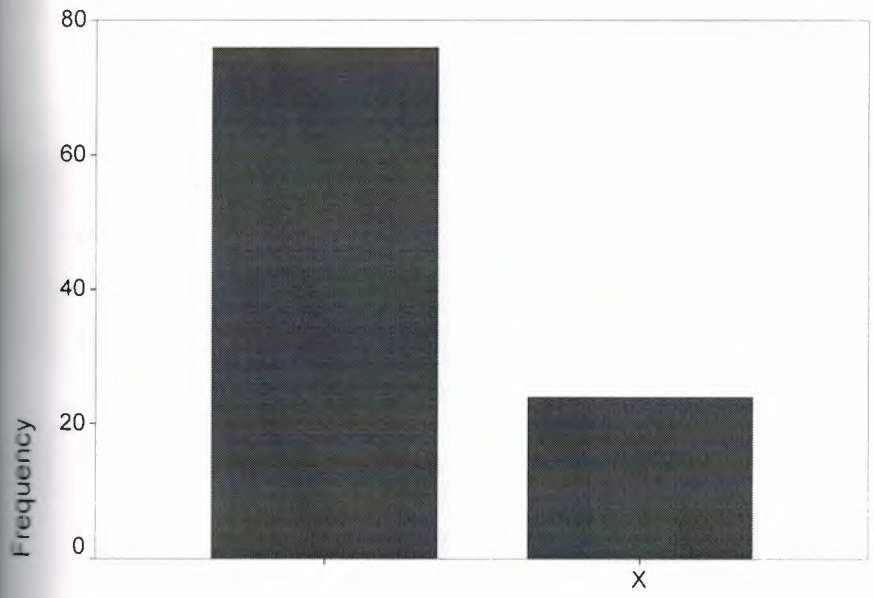


S19



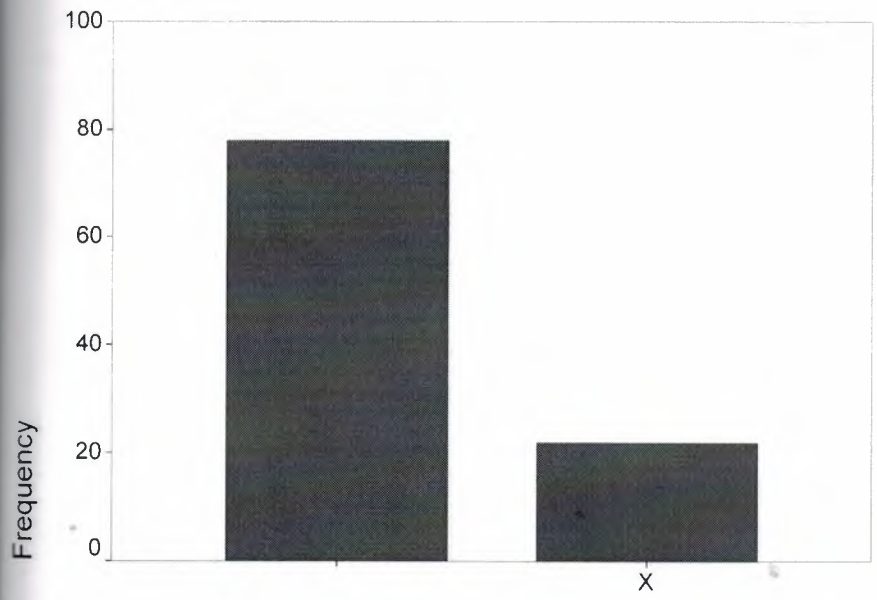
S20

S21

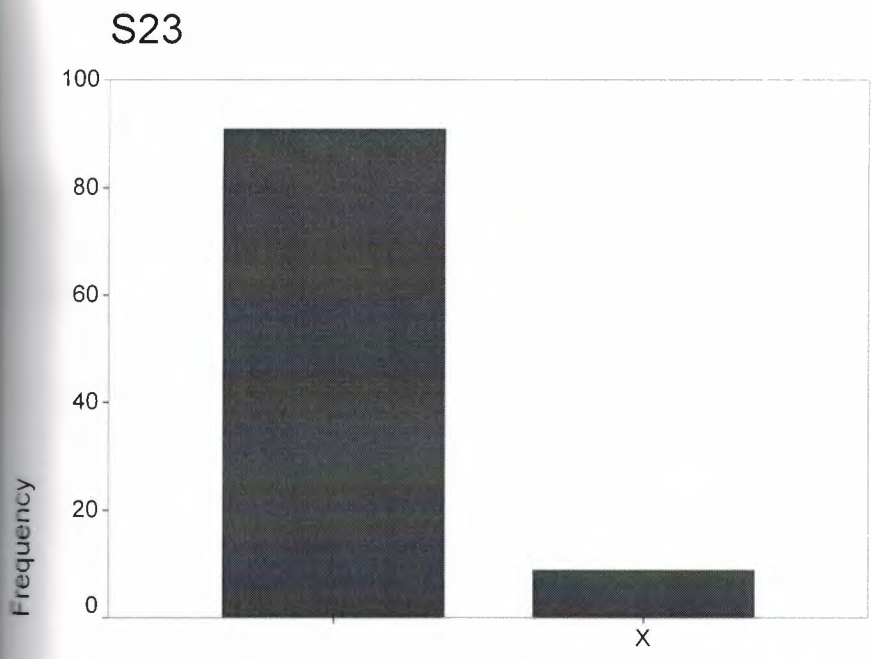


S21

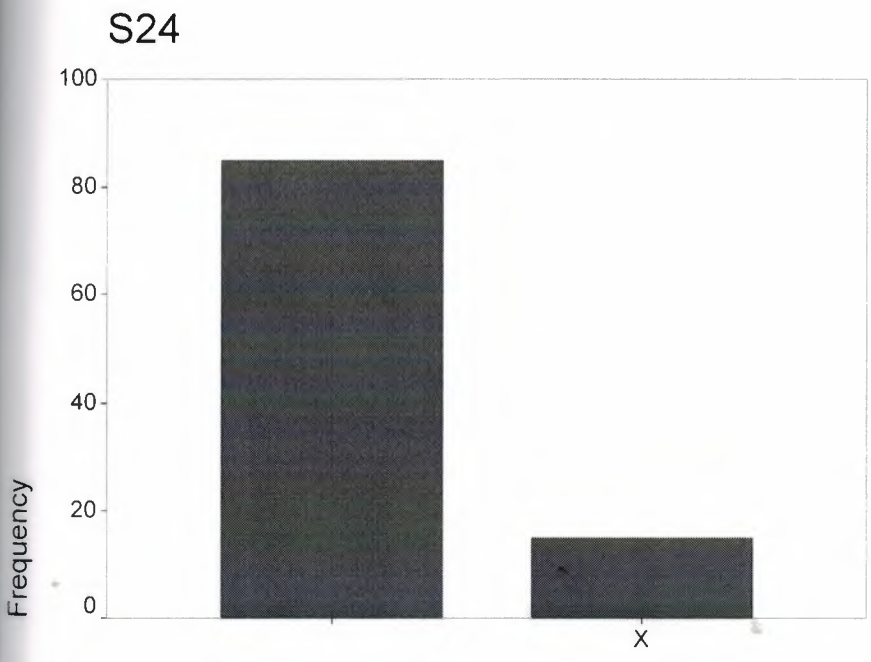
S22



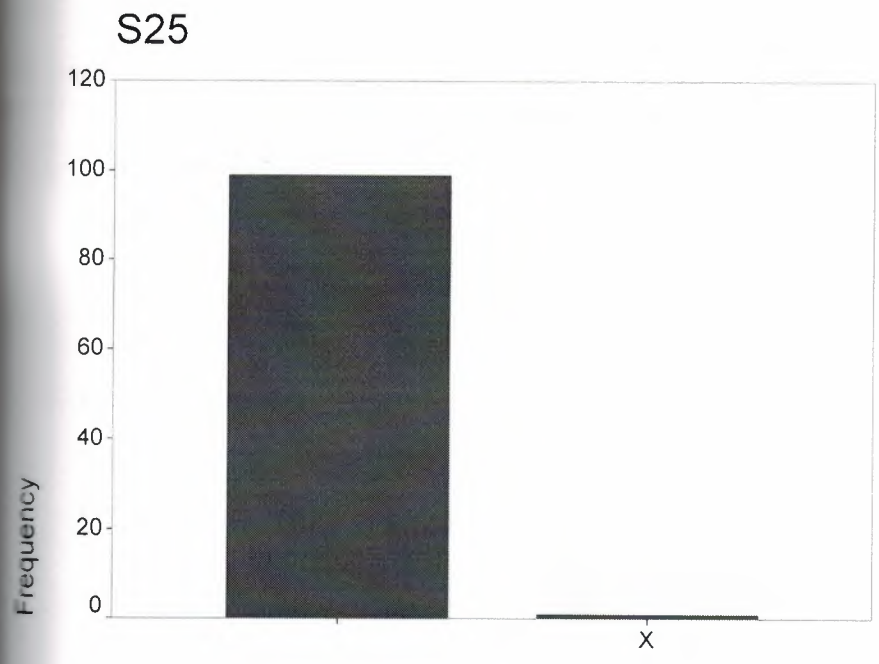
S22


S23
100
80
60
40
20
0
Frequency
X

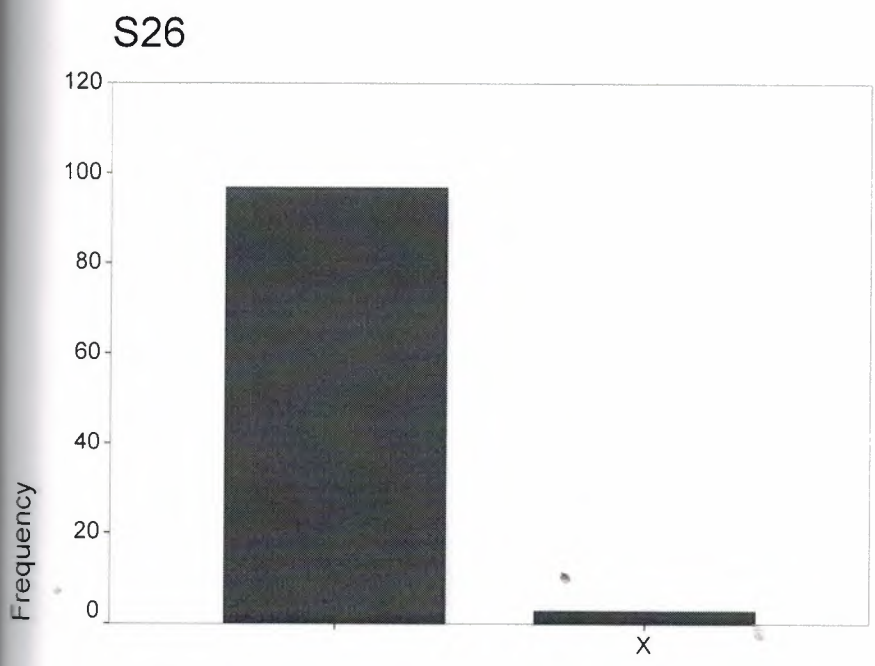
S23


S24
100
80
60
40
20
0
Frequency
X

S24

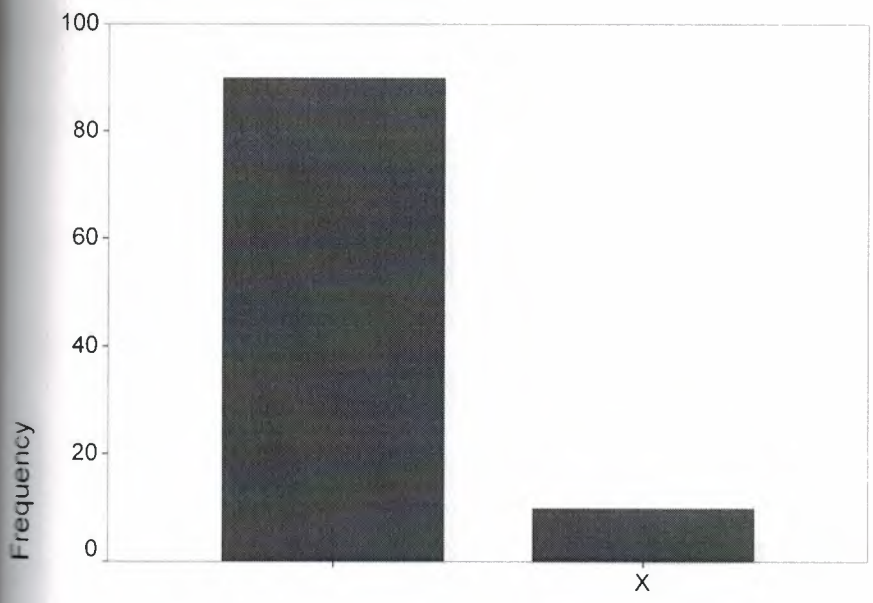

S25
120
100
80
60
40
20
0
Frequency
X

S25


S26
120
100
80
60
40
20
0
Frequency
X

S26

S27



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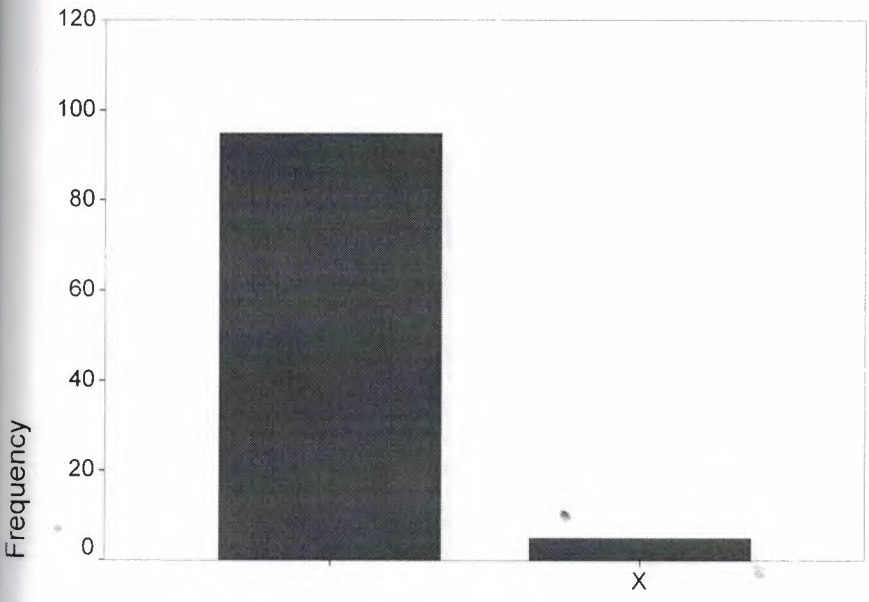

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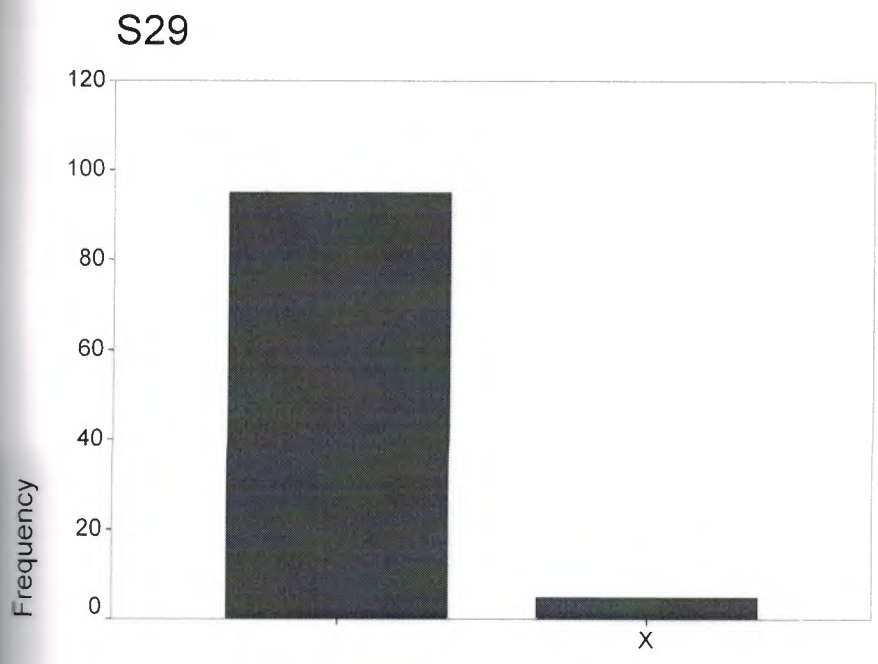
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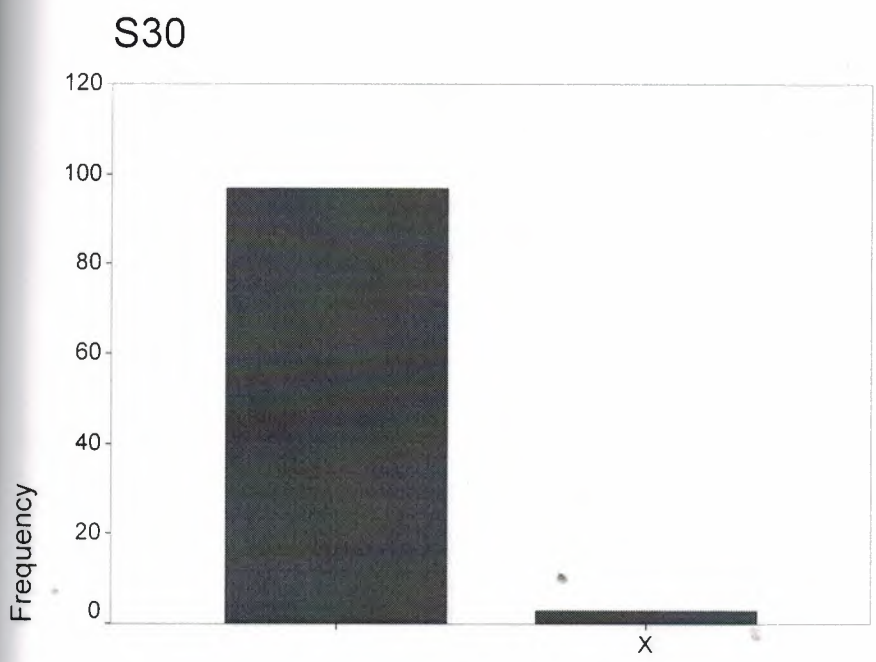
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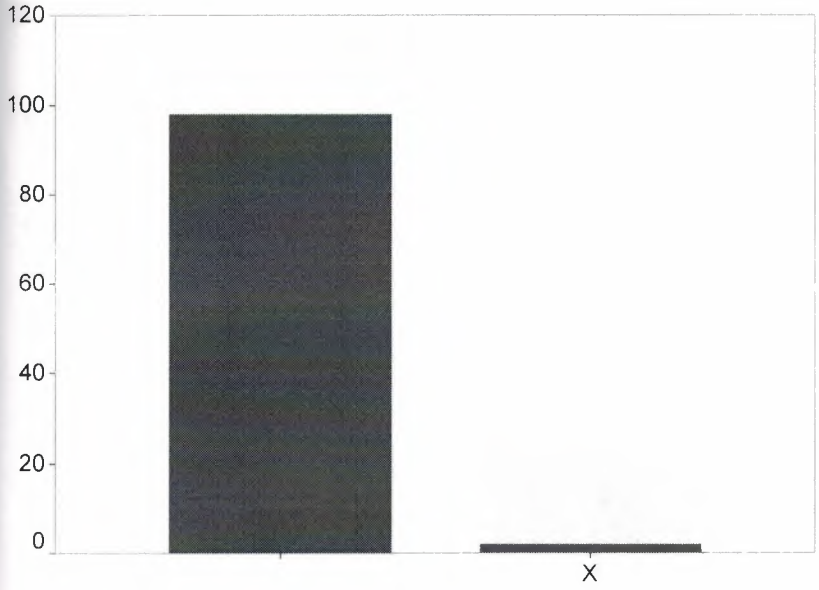

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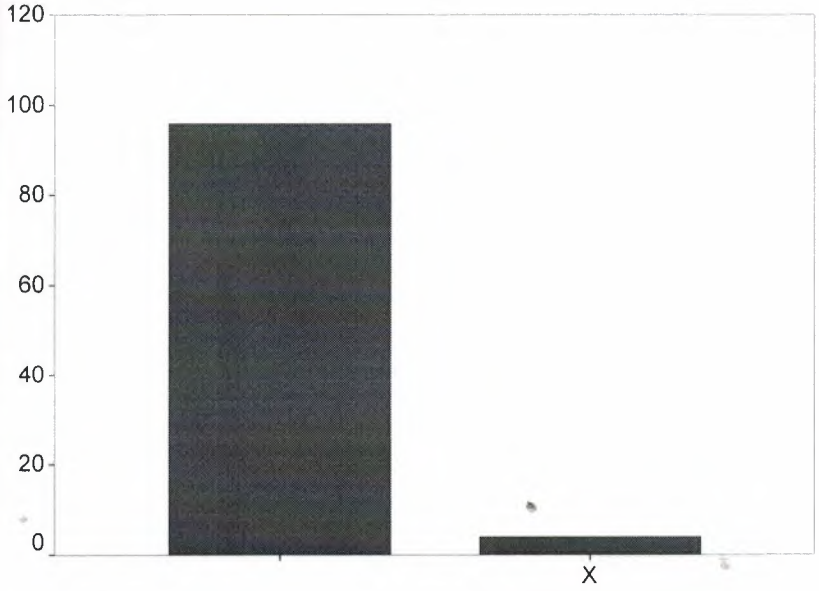

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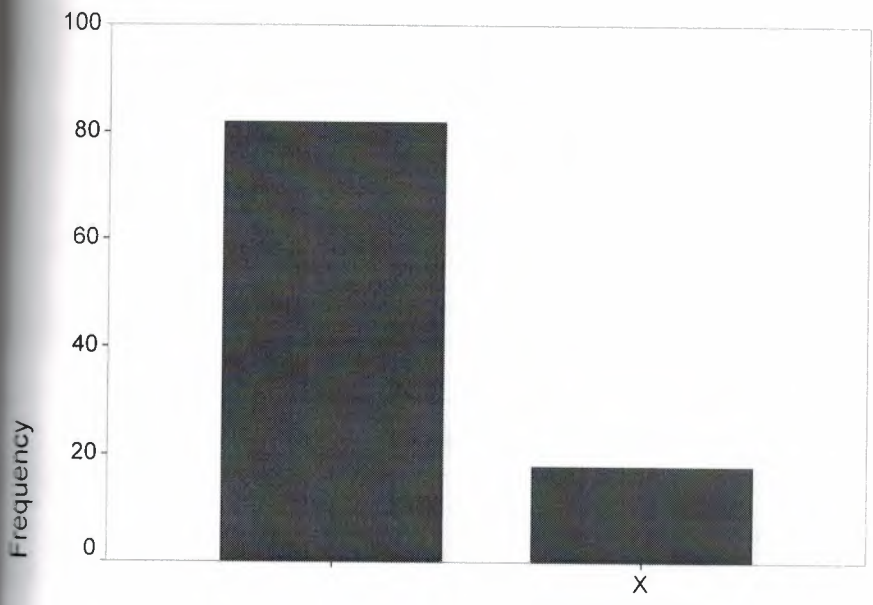

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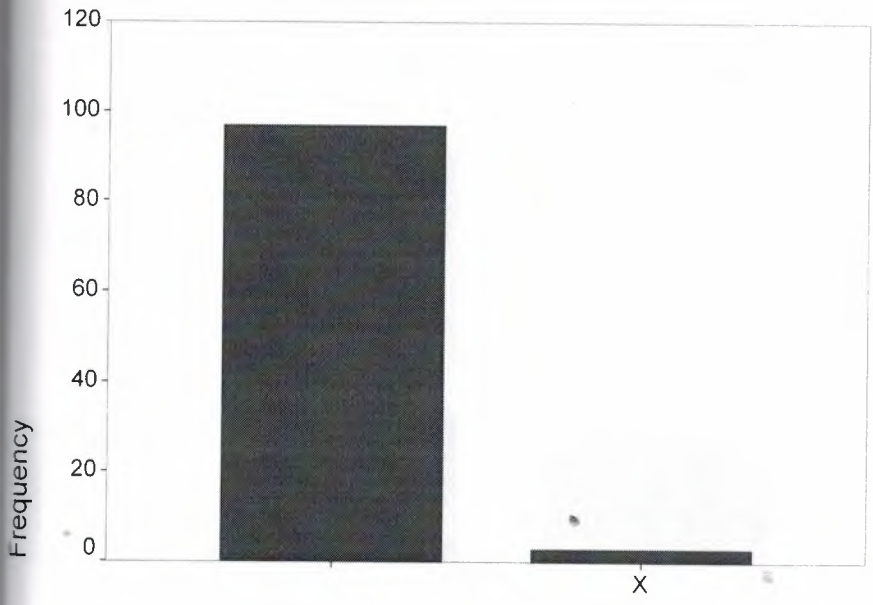

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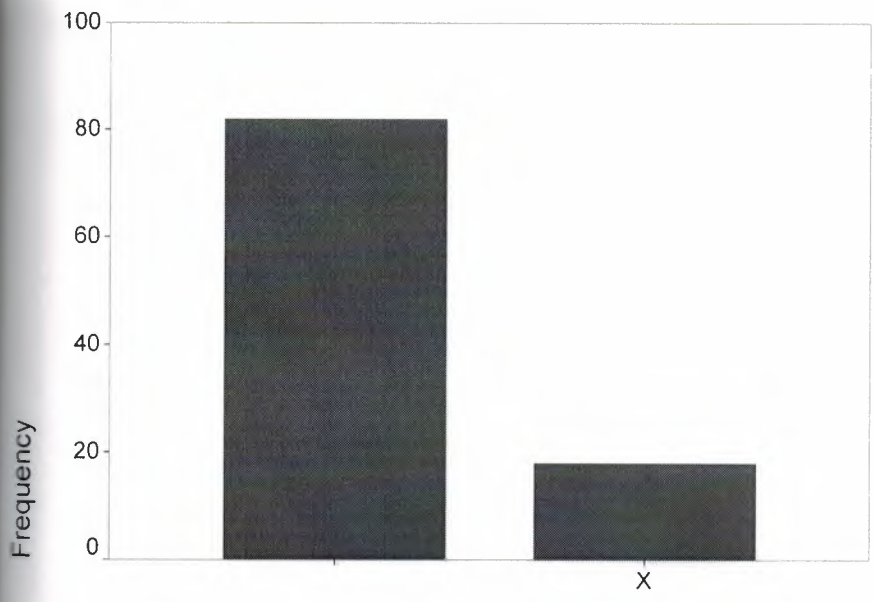

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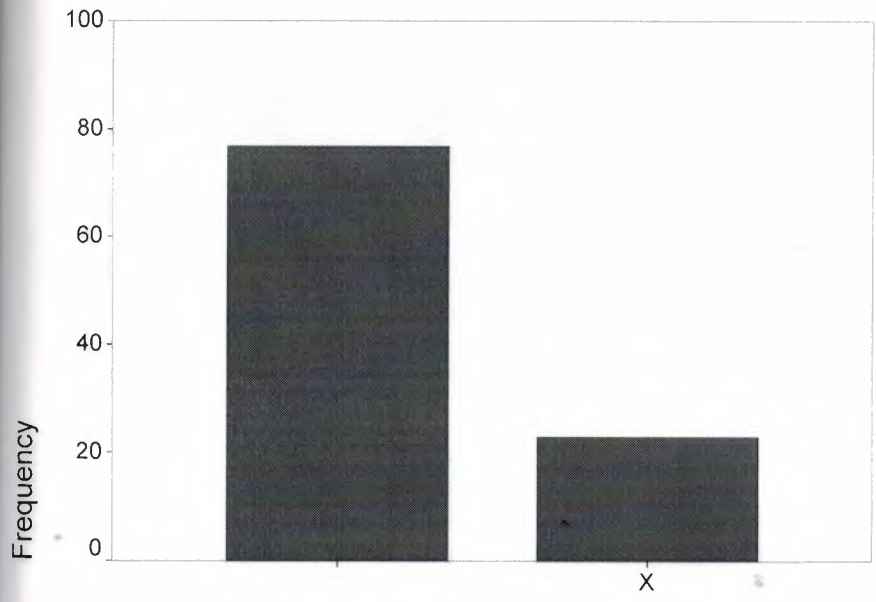

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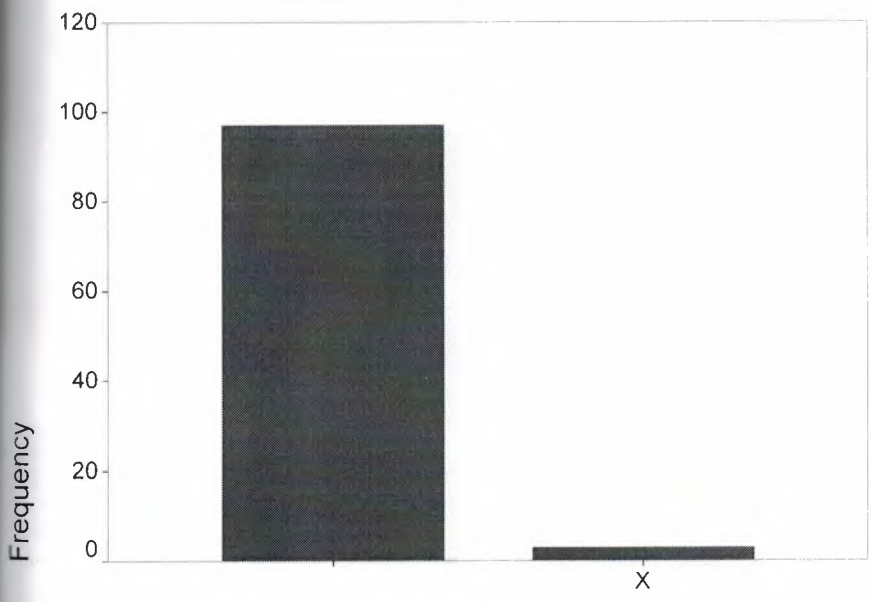

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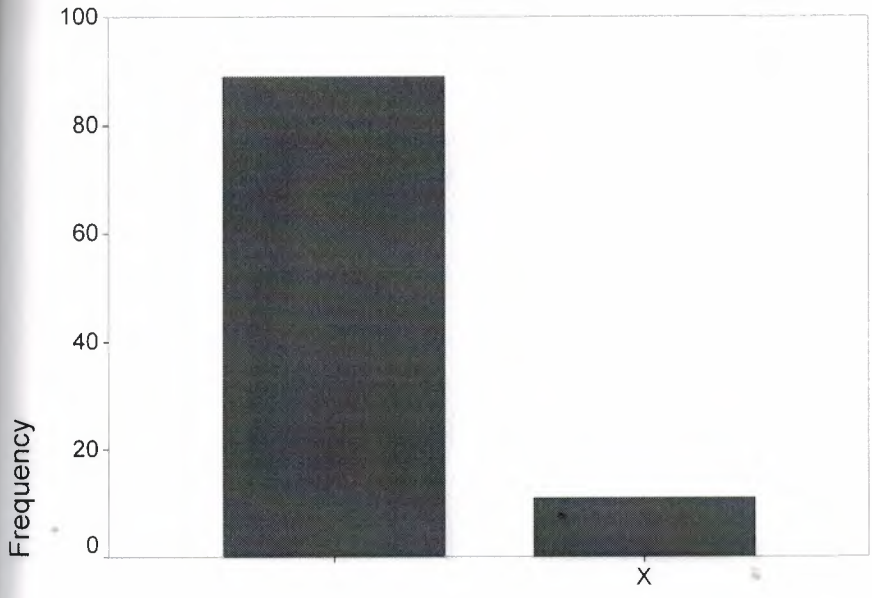

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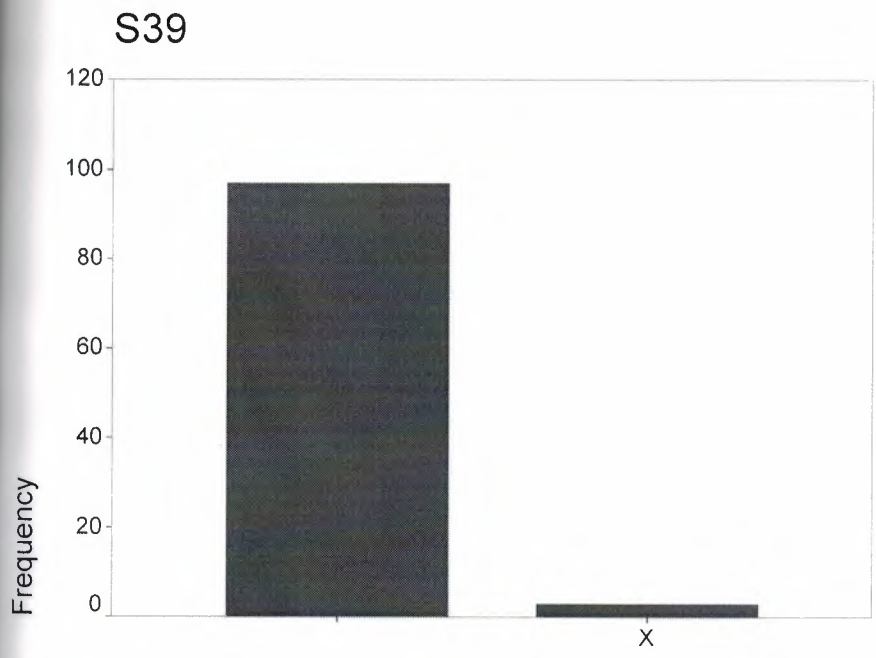
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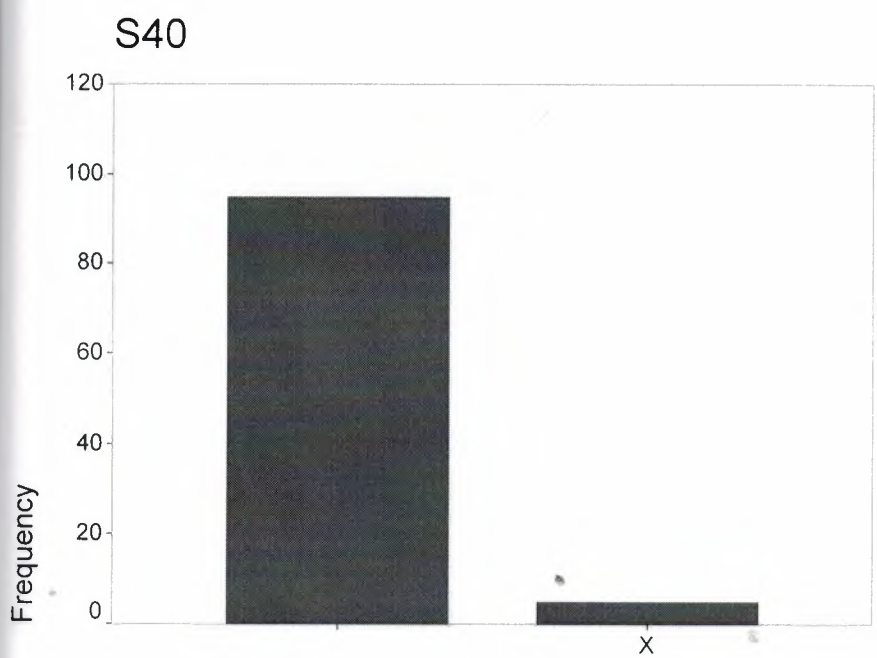
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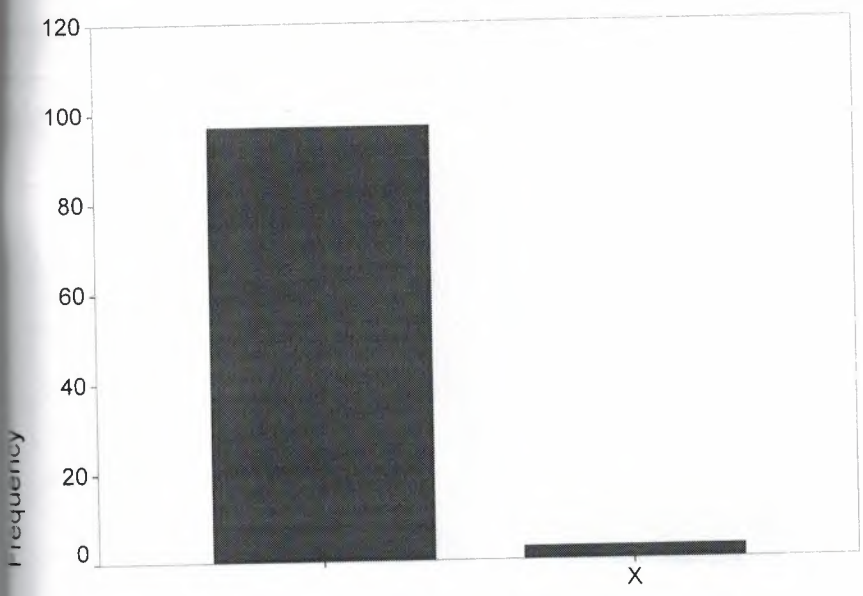

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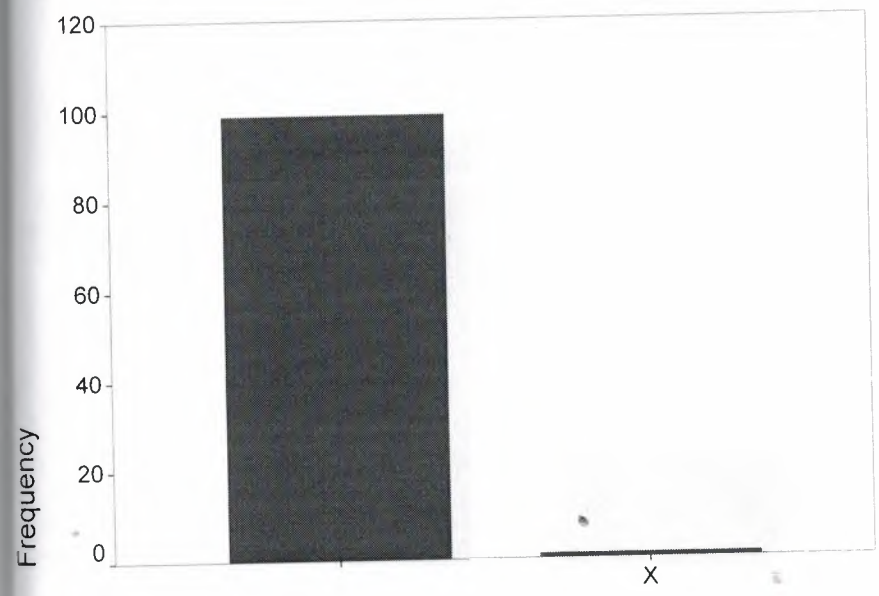

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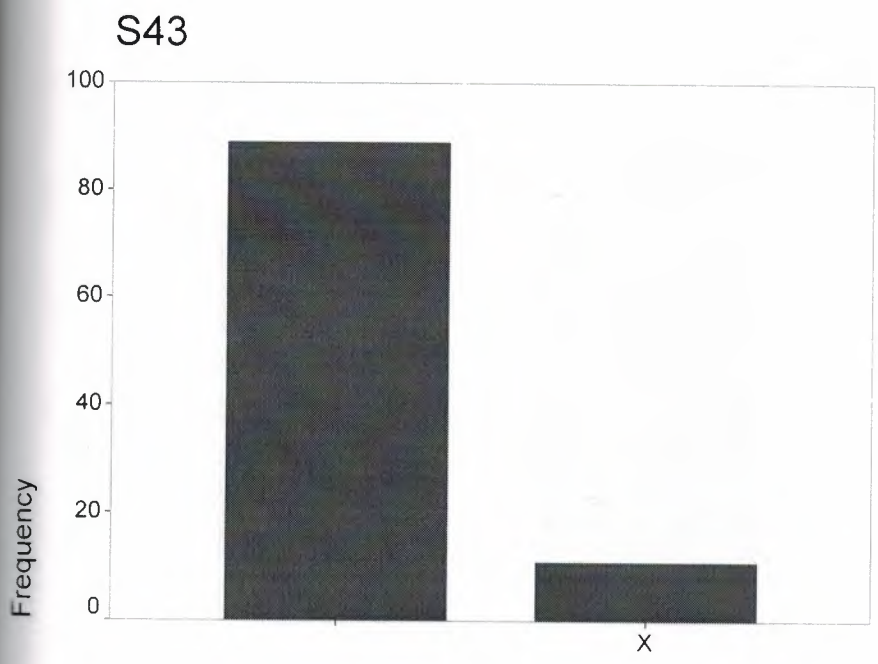
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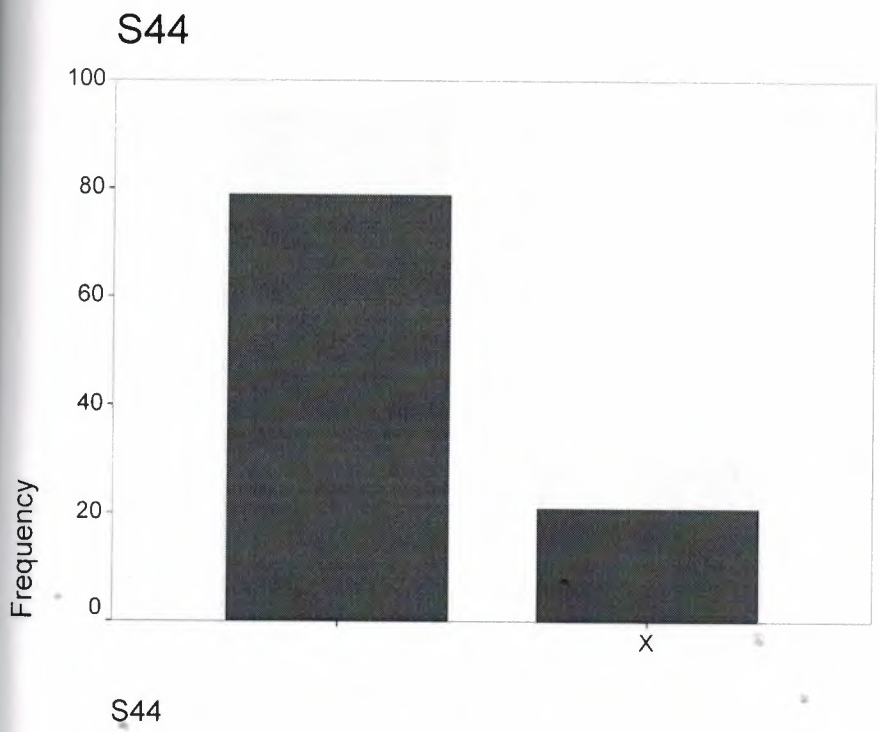
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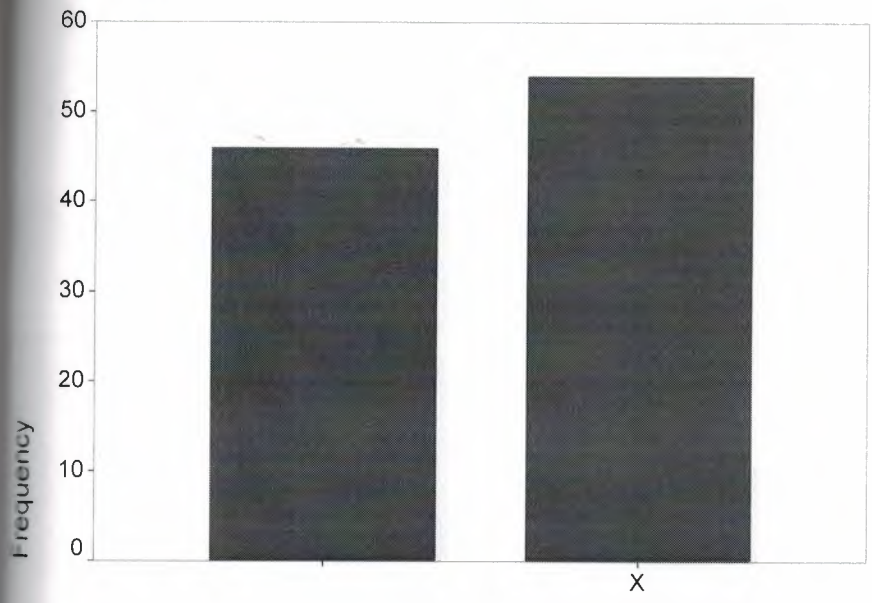

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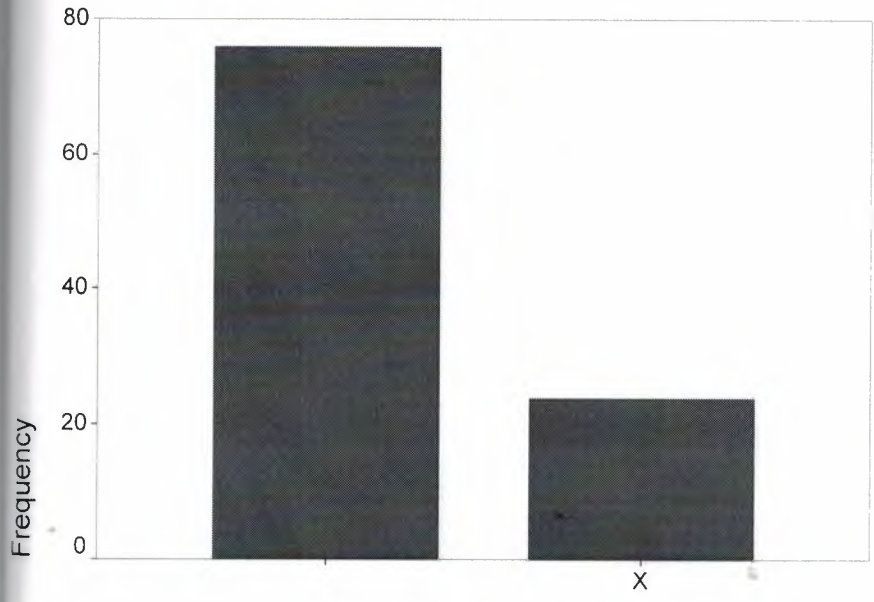

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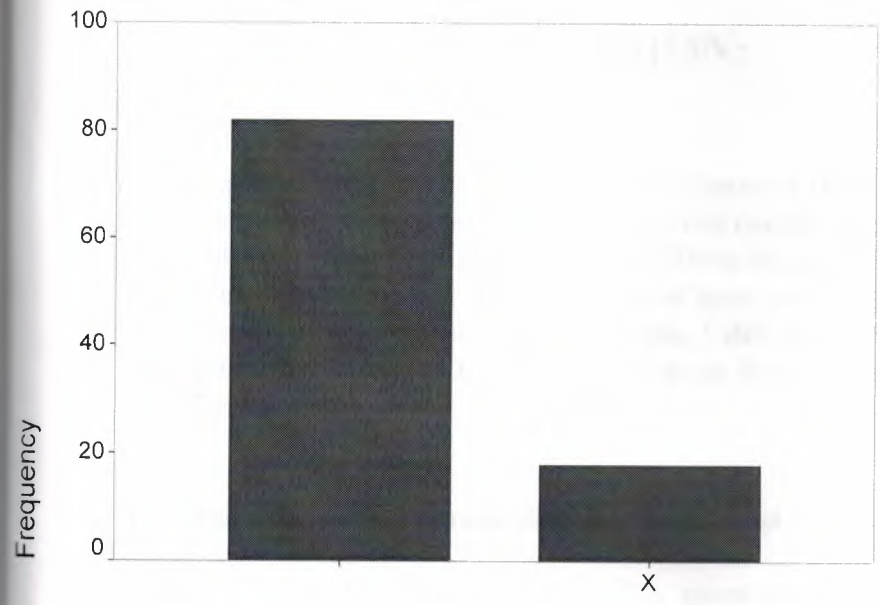

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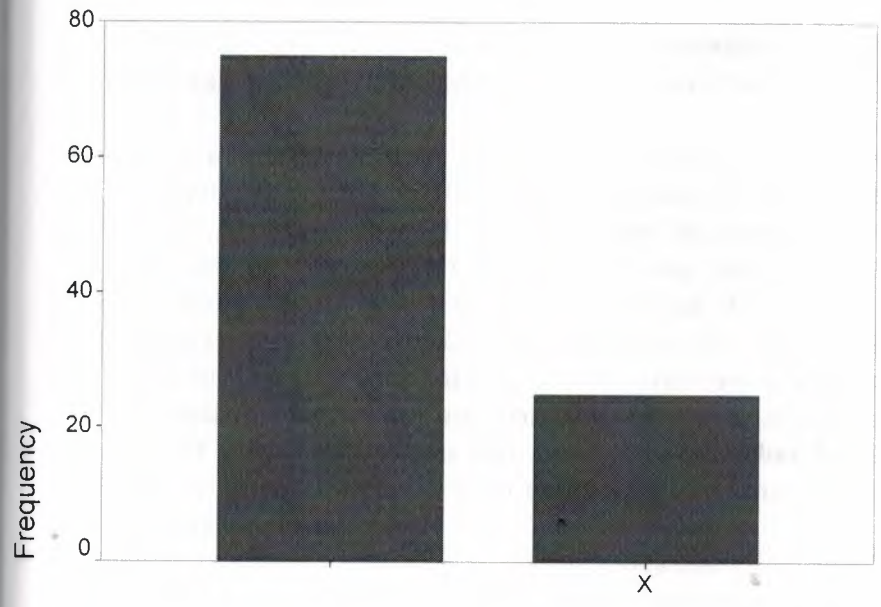

S48

DISSCUSSION:

In the aim of my project is to prove the Conduct Disorder above the age of 18 in the students of Near East University. In the results of the tests I found that there is a Conduct Disorder above the age of 18 in Near East University students from different departments. I did two kinds of tests one is about personality and there other is about the relationships of people. I did this to 100 students from Turkiye and Turkish Repuclic Of Northern Cyprus from different departments of Near East University.

The frequency of the personality test results and the most given answers are:

Question 1 (%35), question 6 (%21), question 9 (%57), question 10 (%33), question 12 (%35), question13 (%26), question 14 (%26), question 16 (%22), question 18 (%33), question26 (%38), question 27 (%42), question 28 (%31), question 29 (%55), question 31 (%26), question 32 (%38), question 33 (%22), question 39 (%55), question 41 (%38).

These questions are searching the stubbornness; anger; aggression; less of sleep; sadness; emotions; violence and the bored of studying.

In the results I can see that the main symptoms anger; aggression and stubbornness seen mostly in the students of Near East University above the age of 18. Although these 3 symptoms are the main symptoms so I saw them; than my aim of this project proved because the main 3 symptoms are the main symptoms that seen in the Near East University students from different departments. Conduct Disorder increase the risk of the person having substance misuse; the only substance use in the students is smoking cigarette too much and sometimes alcohol but not drinking too much; in this research I couldn't find the use of illegal substances like marijuana or other kinds of drugs; because there are no questions about it so maybe the students are using them but there is no data in my hand.

In this test I also did interview of the Turkish students so I saw that male gender is strongly associated with Conduct Disorder. This association proved the biological factors of conduct disorder in males is strong. And the most seen in the interview is difficult temperament resistance of control in students this is also a biological factor of Conduct Disorder and also this is proved.
I found also some social factors in the interview most of them come to this university because of stressful events in parents' lives and the minority ethnic status so also I proved the social factors of Conduct Disorder that seen above 18 years old students in Near East University.

And also I saw that there is no close relationship with the parents and no emotional attachments and also this cause Conduct Disorder as I wrote in my project.

The frequency of the relationship of the people test results and the most given answers are:

Question 7 (%37), question 8 (%37), question 9 (%31), question 12 (%48), question 14 (%54), question 19 (%29), question 21 (%24), question 22 (%22), question 36 (%23), question 44 (%21), question 45 (%54), question 46 (%24), question 48 (%25).

These questions are searching trust, having good relation ships, getting into quarrels without wanting. The style of talking of the males, the balance in two kinds of sex, how the words effects people. In this test females are very sad because of the behaviors and talk of males effect them to much because of this they can't get into discussion and when get in some unwanting quarrels occur and this make them antisocial and occur Conduct Disorder.

As I saw in conduct disorder violence occurs in both sex because they are thinking that they are not equal. And in the lectures all students have problems of attention, and they have language or some cognitive difficulties because of the system of Near East University. Some have problems because they are coming from low socioeconomic status or low social life when they came here they saw a different world so they can't accept and than Conduct Disorder occurs.

Students have problems of trusting people around them because they never find a person they want and also it occurs Conduct Disorder in the students. When their behaviors than we can see Conduct Disorder in the students.

All my test results prove that in Near East University above 18 year old there is Conduct Disorder.

So I can say that according to my project and data there can be a conduct disorder above 18 years old when the place or attitudes changes.

Up to my idea all these symptoms came from parental problems and biological factors, social factors, relationship factors. Now I found all these things by the help of my tests and interviews so I can say that above the 18 years old there is Conduct Disorder.

APPENDIX

PROBLEM TARAMA ENVANTERI

ACIKLAMA:

Elinizdeki problem tarama listesi; belli basil kaygilariniza; ihtiyaclariniza ve her turlu problemlerinizi belirleyip sizlere yardim etmek amaciyla hazirlanmistir.

Arka sayfada bir takim problem ifadeleri bulacaksiniz. Bunlaradan durumunuza uaynlari(X) isareti ile belirtin. Cevaplariniz gizli kalacaktir.

Lutfen ictenlikle cevaplayiniz.

Cinsiyetiniz:

Sinifiniz:

Bolumunuz:

Uyrugunuz:

Yasiniz:

KİŞİLİK

( ) 1. Çok sinirliyim.
( ) 2. Evhamlı ve kaprisliyim.
( ) 3. Kendimi yalnız hissediyorum.
( ) 4. İçine kapanık bir insanım.
( ) 5. Utangacım.
( ) 6. Çok çabuk tesir altında kalıyorum.
( ) 7. İraden zayıf,nefsimi kontrol edemiyorum.
( ) 8. Yeni durumlara uymakta zorluk çekiyorum.
( ) 9. İnatçıyım.
( ) 10 .Çabuk heyecanlanıyorum.
( ) 11. Sıkıntı ve bunalım içindeyim.
( ) 12. Çok hayal kuruyorum.
( ) 13. Yanlız kalmayı istiyorum.
( ) 14. Yanlızken çok sıkılıyorum.
( ) 15. İnsanları sevmiyorum.
( ) 16. Uyuyamıyorum.
( ) 17. Rüyalarımın etkisinde kalıyorum.
( ) 18. Çok şüpheciyim.
( ) 19. Kız olduguma üzülüyorum.
( ) 20. Erkek olduğuma üzülüyorum.
( ) 21. Sıkıldıgım zaman kekeliyorum.
( ) 22. Kendimden nefret ediyorum.
( ) 23. Kendime güvenim yok.
( ) 24. Aşağılık duygusuna kapılıyorum.
( ) 25. Yaşamaktan hiç hoşlanmıyorum.
( ) 26. Aşırı derece alçak gönüllüyüm.
( ) 27. Fazla merhametliyim.
( ) 28. Herşeye çok üzülüyorum.
( ) 29. Başkalarını kırdığımda çok üzülüyorum.
( ) 30. Kendimi hiç beğenmiyorum.
( ) 31. Soğukkanlı olamıyorum.
( ) 32. Hislerimi karşımdakine tam olarak anlatamıyorum.
( ) 33. Girişken olmayı çok isterdim.
( ) 34. Dünyayı tuhaf görmeye basladım, delirdiğimi düşünüyorum.

( ) 35. Arkamdan alay ettikleri fikrine kapılıyorum.
( ) 36. Giriştiğim bircok şeyde başarısızlığa uğruyorum.
( ) 37. İçimden fesatlık ve hile geçiyor.
( ) 38. Daha sevimlı bir insan olmak isterdim.
( ) 39. Kinciyim.
( ) 40. Çok sık ağlarım ama sebebini bilmem.
( ) 41. Fazla çalışmaktan sıkılıyorum.
( ) 42. Beni eleştirenlere çok üzülüyorum.
( ) 43. İdealist oluşum gerçekleri görmemi engelliyor.
( ) 44. Yeteri kadar zeki değilim.

Kişiler Arası İlişkiler

( ) 1- Başkalarıyla rahat ilişki kuramıyorum.
( ) 2- Çekingenim.
( ) 3- Alınganım,kurduğum arkadaşlıklar kısa sürüyor.
( ) 4- Şimdiye kadar fikirlerime uygun bir arkadaşa rastlayamadım.
( ) 5- Topluluk içerisinde nasıl hareket edileceğini bilemiyorum.
( ) 6- Sigara içmeyeşimi arkadaşlarım iyi karşılamıyorlar.
( ) 7- Başkalarına güveniyorum.
( ) 8- Yaşlılarla gençlerin birbirleriyle anlaşmamasına üzülüyorum.
( ) 9- Herkesle iyi geçinebilmek isterdim.
( )10- Liderlik yeteneğimi gelişterebilmem için ne yapmam gerektiğini bilmiyorum.
( ) 11- Kendimi olduğumdan farklı göstermeme üzülüyorum.
( ) 12- İstemeden tatsız tartışmalara giriyorum.
( ) 13- Başkalarının bana niçin kızdıklarını anlayamıyorum.
( ) 14- Bazı arkadaşlarımım menfaat düşkünü olmalarına üzzülüyorum.
( ) 15- Karşı cinsle arkadaşlık etmekten çekiniyorum.
( ) 16- Kız arkadaşım yok.
( ) 17- Çevremizde Kız – Erkek arkadaşlığı iyi karşılanmıyor.
( ) 18- Kız – Erkek arkadaşlığının okul idaresi ve öğretmenlerimiz iyi karşılamıyor.
( ) 19- Karşı cinse güvenemiyorum.
( ) 20- Karşı cinsle arkadaşlık etmek için vaktim yok.
( ) 21- Kızların çok kibirli olmalarından şikayetçiğim.
( ) 22- Samimi bir kız arkadaşımın olmasını çok istiyorum.
( ) 23- Kız arkadaşlarla anlaşamıyorum.
( ) 24- Daha çok kız arkadaşımın olmasını istiyorum.
( ) 25- Kız denince aklıma cinsiyet geldiğinden kızlarla arkadaşlık kuramıyorum.
( ) 26- Kızlarla konuşmaktan utanıyorum.
( ) 27- Kızlarla arkadaşlık etmeyi sevmiyorum.
( ) 28- Kız arkadaşların yanında sıkılgan oluşuma üzülüyorum.
( ) 29- Erkek lisesinde olmam bende çekingenlik yarattı.
( ) 30- Maddi sıkıntıda olduğum için kızlarla arkadaşlık edemiyorum.
( ) 31- Derslerimi ihmal ederim korkusuyla kızlarla arkadaşlık edemiyorum.
( ) 32- Hiç kız arkadaşım olmadı.
( ) 33- Erkek arkadaşların beni yanlış anlamalarına üzülüyorum.

( ) 34- Erkeklerle arkadaşlık etmeyi sevmiyorum.
( ) 35- Erkek arkadaşların kaba davranışları beni üzüyor.
( ) 36- Erkek arkadaşların imalı konuşmaları benim hoşuma gitmiyor.
( ) 37- 20 yaşından önce arkadaşlık etmeyi sakıncalı buluyorum.
( ) 38- Çok erkek arkadaşım olmasını istemiyorum.
( ) 39- Erkek arkadaşlarla anlaşamıyorum.
( ) 40- Erkek arkadaşlarla beraberken fazla sıkılıyorum.
( ) 41- Güzel olmadığım için erkek arkadaşım yok.
( ) 42- Kız – Erkek arkadaşlığını doğru bulmuyorum.
( ) 43- Karşı cinsten arkadaşlarla serbest gezemediğime üzülüyorum.
( ) 44- Kız ve erkeklerle aynı derecede arkadaş olamıyorum.
( ) 45- Arkadaşlıkta kız erkek diye bir ayırım yapılmamalı.
( ) 46- Arkadaşlarımım sözlerinden çok etkileniyorum.
( ) 47- Diskoteklerin serbest olmasını istiyorum.
( ) 48- Kız ve erkeklerin beraberce eğlenebilecekleri kulüpler yok.

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