Aggression in Children

Emma C. Lathan, M.S.
University of South Alabama

Jennifer Langhinrichsen-Rohling, Ph.D.
University of North Carolina at Charlotte

Jose Gonzales, M.S.
University of South Alabama

Maladaptive aggression, defined by social psychologists as a set of behaviors intended to be verbally or physically harmful to others or objects, is unregulated and disinhibited, yet developmentally normative during certain stages of childhood (Connor, 2002). For example, for boys and girls, physical aggression increases at 18-months, peaks at 3.5 years, and declines with cognitive and emotional development (Teymoori et al., 2018). However, a small group of children continue to experience high levels of aggression that persist beyond developmentally-appropriate behaviors. The current chapter will briefly: (i) review individual differences, including gender and age, that may affect forms of aggression (e.g., physical, verbal, relational, cyber) used in childhood, (ii) discuss the increasing prevalence of cyber aggression and its effects, (iii) explore adverse childhood experiences (ACEs) as a risk factor for high levels of persistent aggression observed in some children, and (iv) highlight implications for prevention and intervention.

While an individual's innate aggressiveness remains relatively stable across the lifespan (Levine & Munsch, 2016; Kokko et al., 2006; van Beijsterveldt, Bartels, Hudziak, & Boomsma, 2003), individual and social factors influence the type (i.e., physical, verbal, relational, cyber), target (i.e., peers, pets/animals, parent, stranger, relationship partner), and function (e.g., overt/covert, reactive/proactive, instrumental/hostile, predatory/affective, offensive/defensive) of

children's aggressive behavior (Connor, 2002; Girard, Tremblay, Nagin, & Côté, 2019). For example, evidence consistently points to differences type of aggression perpetrated by gender (Lussier, Corrado, & Tzoumakis, 2012). While boys tend to perpetrate physical aggression more often than girls, girls and boys use equal amounts of verbal aggression (Stangor, 2014). According to Crick and Grotpeter (1995), the perpetrator of relational aggression deliberately seeks to destroy or cause harm in their victim's important relationships or to reduce their victim's popularity or social status. The findings are mixed, in terms of whether girls exhibit equal or greater levels of relational aggression than boys (Lansford et al., 2012).

The methods children use to aggress also vary by age (Levine & Munsch, 2016). Early in preschool, children typically use physical aggression to attain a concrete goal, such as taking possession of a desired toy (Feldman, 2014). Two- and three-year-olds are more likely than older children to have temper tantrums and use physical aggression (e.g., bite, hit, kick, or push; Shaffer, 2008), while four-year-olds are significantly more likely to use relational aggression than three-year-olds (Morine et al., 2011). Physical aggression tends to decline (i.e., reduced amount, frequency, lengths of episodes) across preschool and middle childhood years (Kokko, Tremblay, Lacourse, Nagin, & Vitaro, 2006). This decline in physical aggression may be attributed to emotional, social, and cognitive development, as children are better able to regulate their emotions and recognize that it is more socially acceptable to use reason and communication to attain a goal. However, verbal skill development and increased understanding of social interactions also contribute to the increase in relational aggression observed from ages four to 11 (Tremblay et al., 1996).

Because aggressiveness is largely a stable trait, highly aggressive children typically become highly aggressive adolescents; however, during this latter developmental period, the

target of their aggression may expand to include romantic partners. Among all adolescents, aggression within a dating relationship is surprisingly common. For example, in a national sample followed across time, Ybarra and colleagues (2016) found that among adolescents aged 14 to 21, 35% endorsed histories of both victimization and perpetration of psychological, physical, and/or sexual dating violence, 8% endorsed histories of perpetration but not victimization, and 12% endorsed victimization but not perpetration histories. Moreover, recent advancements in communication technologies have given way to a new form of aggression perpetration typically emerging in late childhood or early adolescence, cyber aggression (i.e., cyberbullying). Cyber aggression, defined as harm that is intentionally perpetrated via electronic communication technologies (Grigg, 2010), includes behaviors associated with in-person aggression perpetration, such as verbal and relational aggression. However, cyber aggression perpetration can also include impersonation and sharing private or harmful images to a large, limitless audience (Kowalski, Giumetti, Schroeder, & Lattanner, 2014; Mehari, Farrell, & Le, 2014; Suler, 2004). Selkie, Fales, and Moreno's (2016) systematic review suggests children's engagement in cyber aggression perpetration is increasing, with rates ranging from 1% to 41%. Unfortunately, the authors were unable to determine a more precise overall prevalence rate due to considerable measurement and sampling variability within this literature.

Cyber aggression perpetration rates vary some by gender, with boys being more likely to engage in cyber aggression perpetration overall and girls being more likely to use cyber-aggression in early to mid-adolescence (Bartlett & Coyne, 2014). In addition, often intended to gain popularity or establish power, cyber aggression varies by closeness of victim-perpetrator relationship. In a longitudinal study of 788 eighth- to twelfth-grade students, cyber aggression perpetration was more common among current or former friends and dating partners (Felmlee &

Faris, 2016). Additional risk factors for cyber aggression perpetration include cyber victimization, impulsivity, behavioral problems, in-person relational aggression perpetration, depressed mood, impaired empath, and low self-esteem (Álvarez-García, Núñez, García, & Barreiro-Collazo, 2018; Hemphill et al., 2012; Modecki, Barber, & Vernon, 2013). Although cyber aggression is a relatively new and considerably different form of aggression perpetration, recent research suggests the effects of cyber aggression victimization mirror those of more traditional, in-person perpetration (e.g., depressive symptoms, suicide ideation, suicide attempts; Williams, Langhinrichsen-Rohling, Wornell, & Finnegan, 2017).

While aggressive behavior tends to decline with age (Kokko, Tremblay, Lacourse, Nagin, & Vitaro, 2006), some children display extreme aggression that persists beyond early childhood. Several psychological theories (e.g., social learning theory [Bandura & Walters, 1963], social information-processing theory [Crick & Dodge, 1996], spillover hypothesis [Stover et al., 2016], among others) have attempted to explain why aggressive behavior persists in some children. While numerous risk factors for aggressive and violent behaviors have been described throughout the literature (e.g., social-cognitive deficits, attention deficit/hyperactivity and learning disorders, other mental health concerns, substance use, disrupted attachment; Centers for Disease Control and Prevention, 2020), the current chapter will briefly discuss the increased propensity for aggressive behavior among individuals with histories of childhood adversity (Leeb, Lewis, & Zolotor, 2011). Of note, those with childhood abuse histories are at increased risk for aggression perpetration towards intimate partners, friends, and strangers, and this risk is not explained by substance use, mental health concerns, or recent stressors (Mumford, Taylor, Berg, Liu, & Miesfeld, 2019).

From a social learning approach, aggression in children is the product of observational

learning; a child's observations of parental aggression and other forms of emotion dysregulation provide a model of "acceptable" behaviors (Mihalic & Elliott, 1997). Bandura and Walters (1963), the conductors of the infamous Bobo doll study, demonstrated that children who watch models of aggressive adults readily reproduce aggressive behavior (Bandura, 1977). Further research has found differing semantic associations between violent and non-violent conflict behaviors for victimized and non-victimized individuals (Langhinrichsen-Rohling, Hankla, & Stormberg, 2004). Adverse childhood experiences (ACEs) contribute to long-term disruptions in neurobiological development and socioemotional functioning (i.e., emotion regulation, social communication, attachment), which, in addition to heritable factors, seem to provide the groundwork for subsequent aggression and violent behaviors (Mitchell & Beech, 2011; Siever, 2008).

Specific types of ACEs involving early violence exposure seem to be particularly predictive of later aggression. For example, childhood emotional, physical, and/or sexual abuse are related to increased frequency of verbal aggression and greater risk of physical violence against friends and strangers (Mumford et al., 2019). Moreover, witnessing parental intimate partner violence, experiencing abuse or neglect, and/or exposure to high family conflict place children at greater risk of later teen dating violence and intimate partner violence perpetration (Capaldi, Knoble, Shortt, & Kim, 2012; Ehrensaft et al., 2003; Davis, Ports, Basile, Espelage, & David-Ferdon, 2019).

High levels of aggression that persist into the school-age years and beyond are associated with anxiety and depression, relational difficulties, substance use, and antisocial and/or criminal behavior (Fite, Raine, Stouthamer-Loeber, Loeber, & Pardini, 2010; Huesmann, Dublow, & Boxer, 2009). Prevention and intervention efforts should work on amelioration of documented

risk factors for aggression and violent behavior. Prevention programs, such as conflict

management, peer socialization, parent management training, improved family functioning, and

reduction of ACE exposure, are critical. Additionally, children with persistent aggression may

benefit from interventions that target emotion dysregulation and foster prosocial interactions

(Ersan, 2020; Rubin & Pepler, 2013).

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