Aggressive Children

Our community holds diverse views of aggression - its desirability; where it is legitimate and where it is not; how it should be dealt with and at what point it is excessive. Few parents and professionals would disagree that a very aggressive young child causes serious problems for themselves and for those around them.

Signs of aggression appear early in life. Most toddlers will show some aggression, for example, in beating off children who compete for a prized toy. They will also try hitting out at people, often to see what kind of reaction they will provoke. This is an aspect of testing limits of behaviour which is a normal part of the cognitive, social and emotional development of every young child. The majority of young children learn early what is acceptable and what is not. Adaptive behavioural control ensues, if parents discourage aggression, if it does not ‘pay off’ for the child, and if other strategies of problem solving are acquired.

However there are some children who seem to have a high ‘innate’ drive to behave aggressively. There are those whose family environment provide models of highly aggressive behaviour which are quickly learned and reinforced. Where there is a combination of high drive and powerful modelling, the scene is set for a socially maladaptive level of learnt aggression.

About 5% of children - mostly boys - have maladaptive degrees of aggression and antisocial behaviour. While girls can be just as aggressive, reported cases are fewer.

Maladaptive levels of aggression can be defined as a level which parents find very hard to live with, which attracts concern and comments from significant others such as teachers, relatives, parents of peers, and which is significantly interfering with the child's interpersonal relationships.

Young children displaying worrying levels of aggression and anti social behaviour are prone to hit out, pull hair, kick, push, sometimes bite other children, and lash out at parents and siblings.

As they grow older they are likely to often be in fights and to disturb and disrupt other children’s activities. Some boys are aggressive and impulsive but cheerful and even apologetic; others are also defiant, non compliant, resentful, sullen and rejecting of other children. They can be lacking in basic social skills including how to approach other children and join in their games.

Three important questions

Is a high level of aggression in childhood predictive of later maladjustment?

Children with a well established pattern of aggression in the family and with playmates are likely to continue this pattern into the school years and on into adult life. For more than 50% of such children the pattern becomes entrenched and leads to a number of undesirable consequences. These include rejection by peers; conflict and unhappiness in the family; a higher likelihood of poor academic achievement and the development of self esteem deficits and depression. In the worst cases the pattern results in a path which leads to delinquency, employment problems and serious marital and relationship difficulties.
All these outcomes are costly to society as well as to the individual. Because of the amount of damage caused, there is a pressing need for greater understanding of the origins of aggression, and for intervention to reduce the problem.

However, some children do grow out of early aggressive behaviour, especially if they are firmly managed; do well at school and are accepted by peers. The prognosis may be better for those whose aggressive behaviour manifests itself later rather than early in life.

How are aggressive behaviours learned early in life?

The answer to this is, as is usual with human behaviour, probably a combination of nature and nurture.

Biological propensities may exert some influence although there are little hard data on this. Most of the research available emphasises aggression as behaviour which is learned in the child's social environment via a combination of parental teaching and modelling, reinforcement or reward for aggression, and social encouragement and endorsement of aggression in the community. For example, inconsistent but severe physical punishment produces higher levels of aggression in the child, especially in combination with a lack of warmth and nurturing in the parent-child relationship. Encouraging, teaching, or rewarding aggressive behaviour - "if he hits you, belt him back" - increases the level of aggression. Parental modelling of aggressive responses to each other, and to other people in the environment increases the risk for aggression in the child. There are a myriad of other influences which become more salient as the child matures, including conflict and fighting in the school ground, violence in TV, films, and videos, sport, business and public life.

What can be done to reduce aggressive behaviour in young children?

The answer is complex, in part because of society's ambivalent attitudes to aggression. Parents fear that if their boys in particular, are not taught to use some level of aggression, they will be seen as 'wimps' or unable to defend themselves in a hostile world. The national stereotype, especially for males, is built upon images of toughness, machismo, ambition, competition and winning. Yet we abhor the tragedies which result from violence. A cultural change towards a less aggressive society is needed to make a major impact on the increasing rates of violence.

Effective Strategies for Parents

There are some effective strategies for parents and health professionals concerned about high levels of aggression in a child and who wish to change that behaviour.

- Rewards for cooperative, non-aggressive behaviour, provide salient learning experiences for the child.
- Through use of "Stop, Look and Listen" strategies, the child learns instead of lashing out to reflect and reason about alternative solutions and find more cooperative ways of achieving their goal.
- Ensuring aggressive outbursts are not condoned or given in to, but are sanctioned firmly to indicate to the child that this is not acceptable behaviour.
- Consistent isolation of the child from the scene - "time out" - until he/she has calmed down and is in control of themselves again can diffuse the situation for all concerned.
- Withdrawal of privileges as a consequence of aggressive behaviour.

It is important to remember that research supports the fact that aggressive behaviour is learned behaviour, therefore it can be unlearned. But problem prevention is very much easier than trying to remove an entrenched pattern of behaviour which may have become intrinsically reinforcing for some children, despite its negative social consequences. So the key time for early intervention, is in the pre-school and early school years.

For children who are showing a maladaptive level of aggression, referral to a health professional such as a clinical psychologist, for assessment and management advice, is a must.
PREMATURITY AND SUBSEQUENT TEMPERAMENT AND BEHAVIOUR

It has long been thought that premature infants are subsequently more difficult in their temperament and behaviour than full term infants. Research has suggested that premature infants have a more limited repertoire of responses to their caregiver, so that they are more passive and less responsive socially, less alert, have poor remote control and more irregular sleep patterns. When there are medical problems, these behavioural difficulties may be amplified.

In turn, it has been suggested that mothers of premature infants tend to be more stimulating, intrusive and controlling, and to try to interact more in order to engage their infants. They may be more anxious about their premature baby, and this may serve to contribute to a less than optimal relationship.

Given all of these contributing factors, it is not surprising that it has been widely assumed that parents continue to have more difficulties with their premature babies as they grow older, and that in subsequent years these infants continue to have a more difficult temperament and more behaviour problems than those born at full term.

However, up until recently the research to justify or refute this assertion has not been conclusive. Over the last decade there has been a series of studies in Australian infants demonstrating that in fact premature babies do not have a more difficult temperament and are not more likely than full term babies to have behaviour problems. These results have been consistent across two separate groups of infants born prematurely, including one group from the Australian Temperament Project. This latter group of premature infants was followed through to early school age (mean age 70 months), with temperament and behaviour measured at five different periods - infancy, young toddlers, older toddlers, preschool, and early school age. There were no significant differences in temperament and behaviour between premature and full term infants on any of the measures of temperament and behaviour at any of the time periods.

This was a "low risk" group of infants - the majority came from two parent families where the average age of the mother was mid twenties; the mean gestational age of the premature sample was 33.5 weeks and mean birth weight was 2350 grams. In Australia, there are generally good hospital and community based support systems for these infants and their families following birth and after discharge from hospital.

It may be that very low birth weight infants who suffer significant perinatal stress and medical complications, and who experience a sub optimal caretaking environment characterised by stresses such as poor socio economic status, lack of social support and other family stress may be more likely to have an adverse temperament and behavioural outcome. However, we can say that prematurity per se does not have significant long term effects on temperament and behaviour. Where difficult temperament and behaviour do occur subsequently in pre-term infants, they are more likely to be at the result of dysfunctional parent-child relationships rather than the effects of prematurity per se.

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ON THE SHELF
NEW BOOKS

Managing Problem Behaviours - A practical guide for parents and teachers of young children with special needs. Author - Susan Dodd 1994, pp 216. Price $36.00 (plus $3.50 for mail orders).

This Australian publication is a much needed concise guide for those caring for special needs children. The author is Coordinator of the Early Intervention Service at the Autistic Association of New South Wales.

The guide is divided into three parts. Part A defines the what, when and why of problem behaviours. Part B discusses behaviour management programs and procedures to change the situation or encourage alternative behaviours and Part C includes strategies for managing young children at home or at preschool. To conclude, Part D covers other problem behaviours such as repetitive and self-stimulating behaviours, self-injurious behaviours, fears, phobias, rituals, and obsessions. Behaviour management strategies are clearly illustrated and include frequent concerns such as head-banging, hand-biting, hair-pulling, eye-gouging, toe walking, removing clothing and screaming.

After reading this excellent book, parents and carers should be able to confidently tackle these behaviours that so often disrupt the family and interfere with their child’s ability to learn.

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Available from The Child Health Information Centre, a specialist bookshop, information and referral centre for health professionals, parents, teachers, adolescents, and students.

A complete booklist is available for mail orders: Phone (03) 345 6429, 9.30 - 4.00 weekdays.