



Peer Aggression

Research Brief



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June, 2013



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Introduction

Aggression is any behavior intended to harm another individual¹⁰. This brief specifically focuses on childhood aggression directed toward peers, i.e., children of similar ages (excluding aggression toward adults, siblings, or animals). This type of aggression is often referred to as bullying within the popular media, and has been connected to negative outcomes for youth, including peer rejection, academic difficulties, and behavior problems⁶. This brief provides an overview of the research regarding the outcomes for aggressive children, risk factors for childhood aggression, and the various types of aggression.

Research Findings

Aggressive children face several short- and long-term negative consequences. Aggressive children are often disliked by their normative (nonaggressive) peers and affiliate with delinquent peers. These relationships with delinquent peers may strengthen and expand the child's antisocial tendencies (including aggressive behavior). Aggressive children are also often disengaged from school, either by their own choice or through negative teacher reactions, suspensions, and expulsions. These negative consequences of childhood often worsen over time, leading to further delinquency, substance use, and school dropout during adolescence.

In addition, aggressive behavior in childhood can lead to negative outcomes during adulthood including criminal behavior, poor marital relations, and unemployment/underemployment. These associations do not mean that every child who displays aggressive behavior will experience negative consequences. Most aggressive children will discontinue, or at least decrease, their use of aggression with time and lead normal, well-adapted lives (in fact, there is evidence that most early adolescents will engage in some antisocial behavior, generally with little long-term consequences⁸). At the same time, these long term negative consequences suggest that childhood aggression places individuals at increased risk for negative consequences, especially if accompanied by academic problems that limit educational and career opportunities into adulthood.

[Keywords]

Aggression is any behavior intended to harm another individual

Overt aggression is behavior that is intended to harm another through physical or verbal behaviors such as hitting, pushing, or teasing.

Relational aggression is behavior that is intended to harm another through behaviors such as manipulation of relationships, rumor spreading, and exclusion.

Proactive aggression refers to acts that are deliberate and aimed at obtaining a desired goal. Also called instrumental or "cold-blooded" aggression.

Reactive aggression refers to angry responses to perceived offenses or frustrations. Also called defensive or "hot-blooded" aggression.

Emotional dysregulation refers an emotional response that is not appropriate like a verbal outburst or throwing objects.



Risk Factors

Given the prevalence (estimated one in five adolescents is bullied at some point in their lives) and negative consequences of aggression, researchers have sought to identify factors that place children at risk for enacting and/or receiving aggression. Key risk factors have been identified in both the home and peer relationships⁶. Specifically, the home environments of children who enact aggression tend to be characterized by marital conflict and frequent aggression (e.g., domestic violence). Furthermore, aggression is predicted by parenting styles of inappropriate permissiveness or lack of monitoring of children's behavior, negative or rejecting behaviors toward children, and of physical punishment and/or inconsistent discipline of children's behavior. In the peer context, research has shown that experiences of peer rejection and victimization predict increases in on, as do group social norms encouraging aggressive behavior and affiliation with aggressive and/or delinquent peers. It is worth noting that some of these peer-group risk factors for aggression are also consequences of aggression; thus initial home environment may contribute to children's aggressive which results in peer relations that further solidify and exacerbate aggressive tendencies.



Most children who engage in aggressive behavior will discontinue, or at least decrease, their use of aggression with time and lead normal, well-adapted lives

Forms of Aggression

Despite the general findings regarding aggression and victimization reviewed above, not all acts of aggression are the same. Instead, aggressive behavior can be distinguished in terms of the form (how it looks) and the function (what it does).

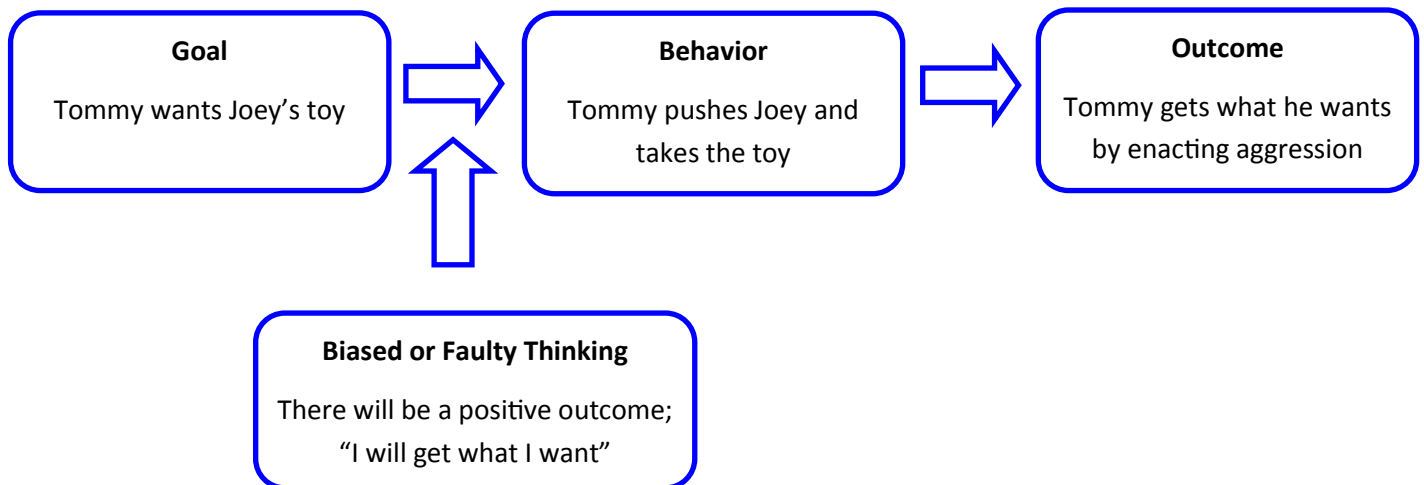
Historically, attention has been primarily directed toward studying overt forms of aggression, such as hitting, pushing, or teasing. More recently, however, researchers have realized that aggression also occurs as more covert forms⁴. The covert type of aggression, often called relational aggression, includes behaviors such as gossiping, spreading rumors, excluding the victim from groups, and hurtful manipulation of relationships⁵. The enactment of overt versus relational forms of aggression and victimization differ according to age, sex, and context. Developmentally, physical aggression occurs most commonly during early childhood and verbal forms emerge with increasing language skills during early to middle childhood. Relational forms of aggression become more common during adolescence as knowledge of social structure, time spent with peers, and importance placed on peer relations all increase.



The historic focus on overt forms of aggression has led to the notion that boys are more aggressive than girls, but the more recent consideration of the various forms of aggression have shown that girls and boys are approximately equal in the amount of relational aggression enacted and in the amount received. Finally, there is evidence that different contexts support different forms of aggression, with overt aggression being more commonly enacted on playgrounds and similar areas without adult supervision, whereas relational forms, which might be more difficult for adults to detect, occur more commonly in classrooms.

Aggressive behavior can also be distinguished according to the function it serves. Most distinctions by function separate proactive aggression from reactive aggression^{1,2,5}. Proactive aggression is that which is intended to obtain resources or social status; for example, a child who pushes a peer in order to take a toy. Reactive aggression (also called defensive aggression) is a response, often in an angry, emotionally-dysregulated manner, to a perceived offense or threat; for example, the child who throws a temper tantrum and hits a peer during a dispute. There are two reasons that this distinction is important. First, the two functions of aggressive behavior have distinct psychological underpinnings. Proactive aggression is driven by a child's beliefs about aggressive behaviors; for example, proactively aggressive children tend to believe that positive outcomes will result from aggression. As depicted in the diagram below: 1) a child has a goal (to obtain the toy); 2) biased thinking occurs within the child who believes the use of aggression will result in a positive outcome; 3) the child engages in aggressive behavior; and 4) the outcome results in the child achieving the goal of obtaining the toy.

Proactive "Cold-Blooded" Aggression

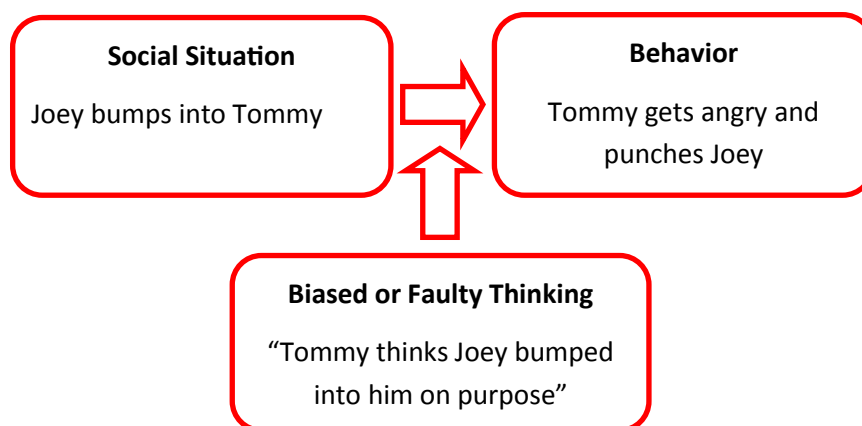


Reactive aggression, on the other hand, occurs because of biases in a child's interpreting social information; for instance, reactively aggressive children tend to interpret others' ambiguous behavior as hostile. As the reactive aggression diagram below illustrates, 1) something occurs in the environment, such as one child being bumped by another child; 2) biased thinking occurs within the child who gets bumped and he interprets this occurrence as intentional or hostile; and 3) reacts aggressively in response.



A second reason this functional distinction is important is because proactive and reactive aggression are differentially related to maladjustment. Although both are associated with delinquent behavior, reactive aggression is more strongly related than proactive aggression to internalizing problems (e.g., depression, anxiety), ADHD symptoms, low prosocial behaviors, and low peer status³. It is worth noting that children who are aggressors only but not victims (aggressive-only children) more often enact proactive aggression whereas children who are both aggressors and victims (aggressive-victims) more often enact reactive aggression, although the overlap between subgroup classification and functions of aggression is far from complete.

Reactive “Hot-Blooded” Aggression



Future Directions for the Field

Research has identified several risk factors for aggression, providing a valuable foundation for prevention and intervention. Unfortunately, translation of this research into application has been rather slow, and the existing intervention efforts have not proven as effective as would be desired; perhaps because prevention and intervention efforts have taken somewhat of a “one-size-fits-all” approach assuming that all aggression is the same and should be treated as such (for noteworthy exceptions, see Karna et al., 2011; Olweus, 1993). The refinement and widespread implementation of effective prevention and intervention of aggressive behavior represents one of the most important future directions for this field.

Part of the difficulty in developing effective interventions may be that we have for too long viewed aggression as a homogeneous construct; only recently have researchers begun to tease apart the forms (overt and relational) and functions (proactive and reactive) of aggression. Tailoring efforts toward specific types of aggression will allow better understanding and treating of aggressors and victims.



Implications

Implications of these research findings should be considered within the following contexts:

Individual

- Aggressive children are at risk for poor academic outcomes, these academic problems can last into adulthood. Children may need help in identifying their own biased thinking and developing skills to manage their behavior.
- While the consequences of aggression may last into adulthood, it is important to remember that most children who engage in aggression will discontinue, or at least decrease, their use of aggression with time, and lead normal, well-adapted lives.

Family

- Altering parenting behaviors may reduce aggressive behavior within their children's peer relations as aggression is often first learned within the family context.
- Family violence can predict child aggression. Interventions to family violence should also assess, and treat if necessary, child aggression.
- Parents should monitor their children's behavior in the home and within their peer group; aggression that occurs outside of the home can easily go undetected. Parents should talk to their child openly about aggression and seek help as necessary.

School

- Teachers and other school staff need to be trained to recognize the diverse forms of aggression, including verbal and relational forms, and appropriately intervene.
- It is important for aggressive children to still have the opportunity for education, in order to expand their opportunities into adulthood.
- Aggression is more likely in areas lacking adult supervision (for example, the playground, restroom, and in the hallways during passing time). Therefore, these areas should be better monitored and supervised.

Community

- Like modeling within the family, the presence of community violence (and signs, such as gang symbols) contributes to the development of aggression. As such, community-level initiatives to reduce violence may help prevent aggression.
- Aggression is more likely in areas lacking adult supervision, such as public parks and shopping centers. Therefore, these areas should be inaccessible to children or supervised.



In Practice

PROGRAMS

- Individual-focused treatment of risk factors and cognitive biases supporting aggression (e.g., misinterpreting ambiguous acts as having hostile intent) may be effective in reducing aggression in children. Cognitive psychotherapy should target the cognitions underlying the specific type (i.e., proactive versus reactive) of aggression the child enacts.
- School based programs^{8, 10} to reduce aggression and peer victimization should involve school personnel, families, and the peer climate.
- Interventions for proactive aggression should modify expectations for positive outcomes for aggression and teach alternative behaviors to reach desired outcomes. Interventions for reactive aggression should modify interpretations of social information, and reduce impulsivity.

POLICIES

- All policies against aggressive behavior should include verbal and relational forms of aggression, in addition to physical aggression. Clear guidelines should be developed that outline procedures for both types of aggressive behavior. Program staff should receive opportunities for professional development in order to fully understand these policies.
- School policies should provide for educational opportunities for aggressive students (recognizing the need to protect peers from victimization) in order to expand their opportunities into adulthood. Focusing solely on removing aggressive students may not prevent further negative outcomes.



Summary

Childhood aggression often results in both short- and long-term negative consequences for aggressors. Research has provided understanding of how aggression is learned in both the home and peer contexts. There is evidence for the importance of separating aggression into its diverse forms (i.e., overt versus relational) and functions (i.e., proactive versus reactive).

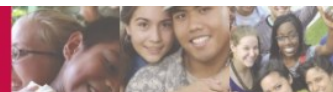


Future Reading

- CDC—Understanding Bullying—Fact Sheet
http://www.cdc.gov/ViolencePrevention/pub/understanding_bullying.html
- U.S. Department of Health and Human Services
<http://www.stopbullying.gov/>
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