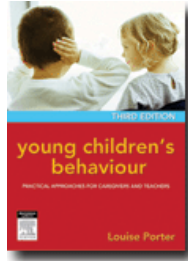


# AGGRESSION

adapted from  
Porter, L. (2008). *Young children's behaviour*.  
(3<sup>rd</sup> ed.) Sydney: Elsevier.



Aggression is the intent to inflict harm on another. Contrary to expectation, it is not the opposite of social competence, as individuals who are most dominant (and aggressive) are also the most socially competent. That is, although they employ domineering behaviour strategically to gain access to scarce resources and social influence, they also display high levels of prosocial behaviour.<sup>i</sup>

Aggressors need protection from developing a negative reputation because, once in place, reputations are resistant to change even when their behaviour improves.<sup>ii</sup> Clearly, it is also crucial to protect surrounding individuals from actual harm and from the social isolation that can accompany being a recipient of aggression.<sup>iii</sup> It is also vital to protect the group from contagious aggression, which will particularly intimidate reticent onlookers, while escalating the aggression of perpetrators. And adults have a right to have fewer conflicts to handle.

## DEVELOPMENTAL TRENDS IN AGGRESSION

Aggression gains perpetrators access to resources and status and, as such, serves a vital survival function; therefore, it is not surprising that it occurs at high rates in our species. As a result of the emergence in infants of anger, frustration and an understanding of cause and effect, physical aggression appears during the latter half of the first year of life, resulting in its use by around half of all one-year olds, with 5 per cent displaying high levels.<sup>iv</sup> Infants' developing mobility permits more frequent peer interaction, but they still lack language proficiency. The result is that at one year of age, half of their interactions are negative.<sup>v</sup>

Physical aggression in humans peaks somewhere between 24 and 42 months of age, following which it begins to decline steadily in both frequency and severity as a result of socialisation, the emergence of self-regulation, empathy and moral reasoning<sup>vi</sup> and children's improved capacity to use language to solve conflicts.<sup>vii</sup> After 30 months, the number of children's negative interactions decreases while their positive interactions increase in number.<sup>viii</sup> This decline is most apparent for girls.<sup>ix</sup> Even by 18 months of age, highly physically aggressive boys out-number girls by a ratio of 5 to 1, which ratio persists throughout life.<sup>x</sup>

Thus, reasonably high rates of aggressive behaviours are normal prior to three years of age, but become less common after that.<sup>xi</sup> At school entry, the majority of children exhibit low to moderate levels of aggression that remain stable or decline steadily through the early and middle school years.<sup>xii</sup>

In contrast to this normal trajectory, *problematic* aggression follows two patterns: early- and late-onset.

1. The *early-onset* group comprise roughly 6 to 10 per cent of children and is characterised by moderate and increasing rates of aggression in early childhood that is maintained into adolescence.<sup>xiii</sup> As many as 60 per cent of those three-year-olds who have severe antisocial behaviours maintain these high rates into the early school years and beyond.<sup>xiv</sup>

2. The second pattern, *late-onset* aggression, occurs when moderate levels of antisocial behaviour escalate during early adolescence. This mainly occurs when young people associate with increasingly delinquent peers.<sup>xv</sup> The risk that they will do so is higher in disadvantaged neighbourhoods,<sup>xvi</sup> although neighbourhood quality does not explain all of the reasons for their choice of antisocial friends.

Early childhood aggression persists or declines according to whether young children learn to regulate their feelings and to sustain attention.<sup>xvii</sup> Parents' responsiveness to their children teaches skills at self-regulation which, over time, lead to fewer aggressive and destructive behaviours, improved cooperation with others and more appropriate self-assertion (that is, assertiveness which does not escalate into defiance).<sup>xviii</sup> In contrast, impairments in self-regulation result from insensitive, unresponsive or harsh parenting.<sup>xix</sup>

This considerable body of research is unanimous in concluding that a controlling, hostile and rejecting style of discipline fails to teach children self-regulatory skills and prosocial means of solving problems, resulting in the children's escalating and ongoing antisocial behaviour.<sup>xx</sup> These findings with parents have been replicated in centre-based care<sup>xxi</sup> and in schools, where punitive discipline has been found to produce higher rates of disruptive behaviour than in schools with more egalitarian discipline.<sup>xxii</sup> Given the robustness of this body of research, it is crucial that aggressive children do not receive negative responses from their parents and teachers, as this would only perpetuate the behavioural difficulties of these anger-prone and emotionally reactive children.<sup>xxiii</sup>

## TYPES OF AGGRESSION

As illustrated in figure 1, there are three types of aggression: reactive, proactive and bullying, which can be either reactive or proactive. The distinction between these three types is important, as they each require slightly different interventions.

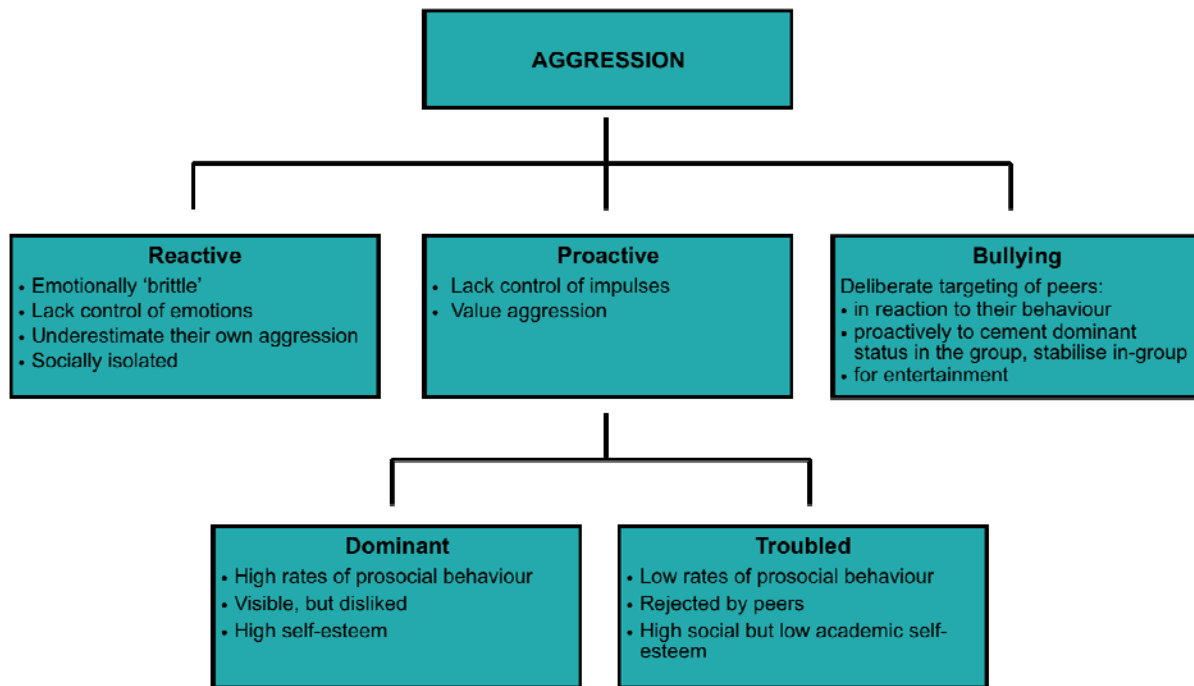
### Reactive aggression

Reactive aggression occurs in retaliation against some real or imagined provocation or threat and arises from feelings of anger or frustration.<sup>xxiv</sup> However, beyond the age of three years, children should be starting to develop self-control and employ language skills in place of hitting out at others. That they have not reflects difficulties managing their own emotional arousal.<sup>xxv</sup>

Despite their aggressive exterior, reactively aggressive children have been described as 'brittle' in the senses that they are more easily distressed, are overly sensitive to threat, have low tolerance for frustration, and display poor problem-solving and coping skills and elevated levels of hostility.<sup>xxvi</sup> They have an external locus of causality (low self-efficacy), and therefore they blame others for provoking them, while underestimating and failing to take responsibility for their own aggressiveness.<sup>xxvii</sup> These children exaggerate the consequences of affronts to their dignity, employing defeatist thinking which claims that they 'cannot *stand*' another's behaviour and therefore they react as if threatened even when little or no threat exists.

These dysregulated children tend to display behavioural difficulties across settings.<sup>xxviii</sup> Although with initially lower and declining rates of aggression over time compared with the proactively aggressive children to be discussed next,<sup>xxix</sup> nevertheless this group is more isolated because their actions are directed against others<sup>xxx</sup> and because they become disorganised when provoked. The result is that they display emotions inappropriately (both distress and glee at, say, defeating a playmate), and disengage or otherwise behave oddly in social settings, which their peers regard as both age- and situationally inappropriate.<sup>xxxi</sup> Therefore, their peers usually dislike them.<sup>xxxii</sup>

**Figure 1: Types of aggression**



### Proactive aggression

The second type of aggression is proactive. It does not require anger or provocation, but is an attempt to gain access to resources (which, for younger children, are toys) or to secure or cement aggressors' social dominance.<sup>xxxiii</sup> Those who are physically aggressive proactively are taught via parental controlling discipline to value using aggression, find it easy to do so, and have an inflated view of their own capacities and therefore expect to be successful at achieving their goals, all of which account for their stable rates of aggression over time.<sup>xxxiv</sup> Children's frequent use of proactive aggression by school age signals not that they are out of control of their emotions, but are failing to regulate their *behaviour* – that is, their impulses.<sup>xxxv</sup>

Proactive aggressors are of two types. The first group are those 'tough' boys and dominant girls with socially valued characteristics such as physical attractiveness or athleticism, whose aggression is accompanied by high rates of prosocial behaviour. Even from their toddler years, these dominant aggressors are more active and engaged and more socially and cognitively mature than less assertive youngsters; they therefore have the social finesse to gain access to activities, while also being able to use aggression strategically.<sup>xxxvi</sup> Many proactive aggressors are outgoing and confident, enjoying a wide base of peer support both within and beyond their clique.<sup>xxxvii</sup> Rather than being socially inept, their broad popularity gives them the 'social authority' to control the peer relationships around them.<sup>xxxviii</sup> They understand people very well and use this information to their own advantage.<sup>xxxix</sup> As a result, others defer to them and they acquire the status to become central and influential members of prominent cliques, which position they exploit to dominate others. They appear to onlookers to be 'popular'. However, while highly visible or central in their groups and seen to be 'cool', these youngsters are nevertheless disliked,<sup>xl</sup> particularly when their dominating behaviours are accompanied by physical aggression.<sup>xli</sup>

The second group of proactive aggressors are the 'troubled' aggressive children with low social skills and antisocial behaviour, who tend to be disliked by their peers, particularly in groups where aggression is uncommon.<sup>xlii</sup> They may initially approach others often, but

their overtures are rejected because they are less cooperative and their actions disrupt others' activities. As a result, over time these children initiate social contact less often and become increasingly isolated from their prosocial peers. Despite their unpopularity, however, these children's social self-esteem is high because they value dominance, which their aggression helps them achieve.<sup>xliii</sup>

Troubled proactive aggressors attract high levels of (often negative) teacher engagement.<sup>xliiv</sup> They tend to form friendships with similarly aggressive or marginal peers, who then reinforce each other's antisocial behaviours.<sup>xliv</sup> Although their friends provide them with emotional support, these friendships comprise more hostility and aggression than usual.<sup>xlvi</sup> Within these aggressive relationships, each child anticipates that the other will be hostile and therefore makes a pre-emptive strike that is justified by the supposed threat of the other.<sup>xlvii</sup> Thus, both children's high rates of aggression are maintained by mutual suspicion.<sup>xlviii</sup>

## **Bullying**

Bullying is distinguished from simple aggression by its repeated and targeted nature. It can be reactive to a real or imagined injustice supposedly inflicted by the target of the bullying – such as in revenge for aggression, for gossiping or for poaching of same- or opposite-sex friends.<sup>xlix</sup> However, most bullying is proactive, whereby perpetrators target others who are generally younger or weaker than themselves in gratuitous, unjustified, deliberate and repeated attempts to oppress, dominate and inflict hurt.<sup>1</sup> Given the scope of this issue, this paper will not deal with bullying – see the paper on *Bullying* on this website.

## **RESPONDING TO AGGRESSION**

Aggression is inconsiderate to its recipients, while earning for perpetrators a negative reputation and peer and adult rejection. Therefore, you will need to eliminate it to protect both victims and perpetrators. Your aims will be to comfort the recipient; to teach aggressive children another way to meet their needs and solve problems; and to reassure onlooking children about their ongoing safety, both from future assaults and from harsh adult discipline should they have a lapse of self-control in future. The basic principle is that non-violence is more successful than violence at solving problems.

## **Instrumental (proactive) aggression by infants**

Most aggression by infants occurs when they are in competition with a peer over a contested toy or access to space. In these conditions and given these young children's lack of language for solving disputes, hitting or biting and snatching a toy are a common weapon. They are particularly common prior to the age of two years, but typically decline from 30 months of age onwards. In the meantime, you will need to guard against attributing babies' behaviour to any malevolence on their part as this could lead you to responding punitively.

Babies cannot form an intent to hurt others but, in exploring other babies, sometimes do inadvertently cause pain. In these cases, you could separate the children involved, engage the perpetrator in another activity, or remind that infant to touch gently. You can even explain, 'Sam doesn't like it when you touch him like that'. Although young babies will not understand your words, they still know they are receiving an explanation and so may desist. In the case of imminent hurt or distress to the victim, you might say, 'No' or 'Stop' firmly to aggressors. (I reserve the word 'No' for dangerous behaviour, and avoid it for simple mistakes.)

Next, in the presence of the aggressor, you will check on and soothe the victim, expressing your empathy about any injury and hurt feelings. In this way, aggressors learn the effects of their behaviour, without being blamed or shamed.

## Biting

Although more emotive than other forms of aggression, biting is like any other behaviour that hurts or injures others. Therefore, in the main, you can respond to it in the same ways as you would respond to other forms of aggression.

Your responses will, however, will depend on the age of the biter and how often that child bites. Babies will sometimes bite another who happens to be nearby, simply because babies put things in their mouths. They can also bite when their mouths are sore (often from teething) or, towards one year of age, can bite repeatedly, with or without malice. Even without pain as a trigger, you could offer the child something else to bite or eat, explaining, 'Teeth are for chewing. Here is something you can eat'.<sup>li</sup> Even if the children are too young to understand your words, nevertheless they realise that they are being given an explanation, which can mollify them. Alternatively, you can respond with 'Stop' and follow up with separating the perpetrator and victim, and giving the child who bit time to calm down (see below).

By their second year, some toddlers have learned that biting works: it gets them a contested toy and is quicker than using words which do not yet come automatically to them. Although this is natural, it has to stop. You can use the same approaches for these toddlers' biting as for other forms of aggression.

## Reactive aggression

Aggression will need an equal emphasis on prevention as intervention. You will need three layers of responses: measures that will prevent disruptions on a group basis; those that teach individual children specific skills and provide supports to prevent recurrences of incidents; and, finally, targeted interventions for children with a pattern of aggressive behaviour.

### ***Build a cohesive peer group***

Given that aggression is less common within stable, cooperative groups, it will be important to foster cohesion within the peer group in general.<sup>lii</sup> The quality of the interactions between adults and children and among the children affects the overall quality of nurturing that the children experience at the time, promotes the children's social competence, and is the single largest influence on their engagement in and liking of learning.<sup>liii</sup> Over time, sensitive caregiving produces in children more prosocial and less antisocial behaviour.<sup>liv</sup>

Even at young ages, peer acceptance protects children from maladjustment arising from family stress,<sup>lv</sup> helps them to overcome reticence,<sup>lvi</sup> feeds the self-esteem of girls in particular,<sup>lvii</sup> deflects aggressive behaviour patterns,<sup>lviii</sup> and improves children's attention, engagement and cooperation and thus performance in school.<sup>lix</sup>

In contrast, peer group rejection teaches children that peers are unlikely to be friendly and supportive, which leads over time to declining academic participation and achievement,<sup>lx</sup> and increased levels of both reticence<sup>lxi</sup> and reactive aggression,<sup>lxii</sup> particularly for children who are predisposed towards aggression or are already vulnerable for other reasons.<sup>lxiii</sup>

Some measures to promote cohesion in groups are:

- ensure that the children know each other, by playing name games;
- provide materials that invite social rather than solitary play;
- instigate cooperative activities – such as obstacle courses navigated in pairs, or group collages
- facilitate the children's social play by helping them engage, guiding the children's negotiation of conflict and redirecting antisocial behaviour to protect surrounding children

- pairing children who have something in common but who ordinarily do not play together;
- promoting the inclusion of isolated children.<sup>lxiv</sup>

### ***Provide adequate space and resources***

While some children will bite or otherwise lash out aggressively out of stress arising from their strained family life, it is more likely to be an immediate reaction to their present circumstances, such as overcrowding. Therefore, to prevent recurrences, ensure that children are not crowded and competing for too few toys. Create more space, avoid large group activities, and avoid placing a repeated biter near his or her favourite victim.<sup>lxv</sup>

### ***Build a close relationship with aggressive children***

Children's aggression typically alienates their parents, educators and peers.<sup>lxvi</sup> This disconnectedness from others will only exacerbate their antisocial behaviour and therefore you will need to build a warm relationship with them.

### ***Use guiding discipline***

Reactive aggression arises from coercive discipline, which fails to teach children how to regulate their emotions.<sup>lxvii</sup> Typically the children's behaviour excites rejection from their parents, other adults and prosocial peers and is met with coercion from adults,<sup>lxviii</sup> against which these spirited children rebel. The resulting escalating cycle of adult coercion and child rebellion entrenches their behavioural difficulties.<sup>lxix</sup> My model (see the paper on *Spirited children* on this website) explains this as being caused by the fact that their self-esteem is fed mainly by their need for autonomy (that is, to be in command of themselves), rather than by their need to belong.

Therefore, as they cannot oppose a force that does not exist, if you do not try to coerce compliance but instead give children the emotional support they need to take charge of their own behaviour, you will incite less rebellion and, with it, less aggression. This means not only refraining from delivering punishment for aggressive acts, but also not praising (but instead acknowledging) prosocial behaviour. A second reason not to administer punishments for aggression is that the aim for these children in particular is that they become intrinsically motivated to build friendships and not to aggress. Consequences will only cause children to think about what happens to them when they act aggressively, when what you want to teach is how their actions hurt others. Moreover, when we teach self-management, children outgrow the need for constant supervision to ensure their considerate behaviour.

### ***Shadow perpetrators***

Shadow children who are habitually aggressive, so that you can observe their behaviour with the aim of identifying its triggers or intercepting earlier passive tantrums (whingeing or being uncooperative) before these explode into anger. It will be easier for children to gain command of their lesser feelings than to regain control once they have lost command of themselves completely.

### ***Identify exceptions***

It will be important, however, that your observations do not focus on what has gone wrong when individual children become aggressive, but focus instead on occasions when you might have anticipated aggression, but it did not eventuate. Once you have identified these exceptions, you can ask the children how they managed to respond without aggression, as this highlights to them that they already have the skills to resist losing control. Your next

questions will be how they managed to do that, and what can they do to help them do it more often? Is there anything you can do to help them remember to do it next time?

### ***Comfort victims***

After an incident of biting or physical aggression, take the perpetrator and victim aside, perhaps holding the hand of the aggressor. Address the victim, not the perpetrator, reflecting his or her feelings: "I can see that your arm is sore. (I will get some ice for it in a moment.) And I can see that you're crying, which tells me that your feelings are hurt too...Shelley must have got so angry that she forgot to use her words.' This honours the victim's injured feelings so that he or she receives some empathy, while the perpetrator hears the effect of the aggression.

Do not confront the perpetrator with questions such as, 'What did you do that for?' or force an apology, as angry children are too worked up to mean it, while proactive aggressors value aggression and therefore are not sorry. If you shame them into apologising, you might provoke another incident. Instead, you might apologise on their behalf. 'I know when Shelley calms down, she will feel very sorry to have hurt you. I'm sure she will want to say sorry then. But she's probably too angry now, so I will say it for her. I am sorry that Shelley hurt your arm and I'm sorry that she hurt your feelings'. This validates the victim's hurt feelings without confronting perpetrators with their mistakes.

Next, nurse the recipient's injuries, inviting (but not forcing) aggressors to help, to encourage them to take responsibility for their actions.

### ***Help the aggressor to calm***

Once the victim is satisfied with the care he or she has received, turn to the perpetrator, on the understanding that children act aggressively not because they do not know any better, but because they are out of control of their emotions (in the case of reactive aggression) or their impulses (for proactive aggression).

You can use children's strong sense of justice as an ally with the opening comment, 'I wouldn't let them do that to you, and I can't let you do that to them'. Then, explain that they must take time to calm down until you know that 'the other children will be safe again'.

Bring under-three-year-old perpetrators in close to you or, if for any reason that is not practicable, impose time away, in recognition that perpetrators' behaviour shows that they cannot play in a friendly way at the moment. Even if the children resist, aggression presents one of the rare occasions where you may have to use protective force – protective in the sense of keeping surrounding children safe, but also protecting the aggressor from the social costs of his or her actions. This time can be spent in a solitary occupation such as reading or listening to music, spent with you as you go about your other duties, or spent in a quiet hug until the child's emotions are spent. Throughout this time, you do not have to talk to them about their aggression as they have heard it before and their actions were not the result of a lack of information but a lapse of self-control.

The aim of providing this support to children when they are overwhelmed is to teach them to manage their emotions (in the case of those with reactive aggression) and impulses (for proactive aggressors). Once they are calm again, they might need your help to re-engage in activities.<sup>lxx</sup>

Regardless of whether aggressors *seem* out of control, this method still works. The proactive aggressors who are only out of control of their impulses still benefit from time to think about taking control of their ideas in future.

Sometimes, children will resist being isolated from the group. Here your guiding principle is that (in a herding species):

*When you can't play in a friendly way  
You can't play.*

Perpetrators can continue to have fun alone or in your company but, in the interests of keeping other children safe (which is their right), they cannot join in socially until you are certain that they are back in command of their actions. This imposed separation from the peer group is not a punishment, however, but an instance of the use of protective force. With protective force, the aim is to prevent injury or injustice (to both victims and perpetrators, who will have a social price to pay for their negative reputation). In contrast, coercive force requires children to comply because adults 'said so'.

### **Teach prosocial skills**

To ensure their social inclusion, both reactive aggressors and their victims need support within peer relationships.<sup>lxxi</sup> Toddlers who react aggressively or who bite might need guidance about how instead to use words to express their needs. Older children might need coaching in how to enter a group without disrupting its ongoing activity (see the paper on *Children's friendships and social skills* on this website). As reactively aggressive children are more likely to interpret their peers' accidental behaviours as intentionally hostile and therefore respond aggressively, some will need coaching to make more accurate interpretations of others' intent and to overlook occasional mistakes by playmates.<sup>lxxii</sup>

It can also be useful to give aggressors prosocial opportunities to lead and exercise autonomy in preference to exerting control in destructive ways. Adults cannot wait until the 'earn' the right to high-status or leadership roles, as they will seldom do so, but we must anticipate that they will rise to the occasion by awarding them these roles without reference to their behaviour.

Finally in terms of social interventions, teach recipients of aggression how to negotiate with rather than to reject an aggressor, so that peer rejection does not provoke further outbursts of violence.<sup>lxxiii</sup> Step in immediately if physical aggression is brewing<sup>lxxiv</sup> but otherwise give typically subordinate children an opportunity to be independently assertive.<sup>lxxv</sup>

### **Assess aggressive children's developmental skills**

As many as two-thirds of reactively aggressive children have learning impairments; cognitive processing problems such as attention and concentration difficulties, impulsivity and problem solving deficits; and language difficulties, including auditory working memory impairments.<sup>lxxvi</sup> Any or all of these can result in both poor school achievement and a limited repertoire for solving social dilemmas. To identify any learning difficulties, conduct your own assessments, subsequent to which recommend to parents that they seek assessments from a psychologist and speech pathologist.

### **Be alert for signs of child abuse**

High levels of aggression are a common sign of child abuse.<sup>lxxvii</sup> By school age, perhaps as many as 70 per cent of children experiencing behavioural problems have suffered abuse or neglect.<sup>lxxviii</sup> Therefore, examine whether an aggressive child is displaying other reactions found in cases of abuse (see the paper on *Child abuse* on this website) and, where indicated, report your concerns to the relevant child welfare authorities.

### **Assess aggressive children's physical health**

Reactive aggressors, for whom anger is the basis of their actions, (in contrast with proactive aggressors who simply value being dominant) can sometimes be unwell. Given that all emotions have a physical component, when the above measures have failed to produce enough improvement in high levels of aggression, it is worth recommending some physical treatment. In my experience, an accumulation of toxins can strain the body's equilibrium, with those toxins acting as irritants to the brain. Given that the brain has no pain receptors to signal that it is irritated, its only response is to think, feel, or behave emotionally. If this

pattern sounds a possibility for a particular child, I recommend bioresonance treatment. Based on biophysics (which is the basis for acupuncture), it uses a computer to detect if the child's physical system is strained and to treat its causes.

### ***Support the parents of perpetrators***

I am yet to meet a well child from a well-resourced, well-functioning family who has a pattern of chronic aggression. However, in care and school settings, just as aggressive children are rejected by the group, so too are their parents. As these parents are typically already stressed and receiving low levels of support, and as the children's aggression is likely to be most severe at home,<sup>lxxxix</sup> these parents will be doubly stressed and isolated. As a teacher or caregiver, your role may not be to support families directly, but it can be possible to recommend agencies to assist them to improve their living circumstances, so that their stress levels are lowered and they can parent more responsively.

You could also encourage these parents to provide additional opportunities for their children to practise prosocial skills by inviting home some children from your setting.<sup>lxxx</sup>

### ***Recommend an alternative placement***

If your conscientious disciplinary efforts and program adjustments ultimately prove unsuccessful, on the grounds that surrounding children have a right to feel safe in your care, it may be necessary to ask the parents to withdraw their child from your setting, while recommending to them some alternative placements. Some authors repudiate excluding children in this way on the grounds that it contradicts inclusive practice.<sup>lxxxii</sup> However, I believe that the aggressor's behaviour is a sign that the child is stressed, in which case it is a kindness to find him or her a less stressful environment. Moreover, although expulsion sounds harsh, it can be therapeutic in that it could impel the parents into gaining help for themselves and their child. (Public care and educational settings might not have this option, while private settings can be concerned about the budgetary implications of losing an enrolment, although victims of persistent aggression are often withdrawn by their parents, which would have greater costing implications and seems doubly unfair, given that the victims are not at fault and therefore should not be the ones to have their care or education disrupted.)

### ***Seek specialist help***

If children do not respond to the above methods, consult a specialist in children's behaviour, because aggression that becomes a habit is detrimental both to perpetrators and all surrounding individuals.

### **Proactive aggression (Lack of remorse)**

Once children are of an age to use language to resolve conflict but are failing to do so, their use of proactive aggression signals not that they are out of control of their emotions, but are failing to regulate their *behaviour*, particularly their impulses.<sup>lxxxiii</sup> These children 'decide' to hurt another – perhaps as a way of declaring, 'You can't stop me', or just to flex their power. They have learned to value dominance and to use aggression to achieve it. Commonly, they lack remorse, sometimes even smiling at the hurt they have inflicted. They are not out of control emotionally. Nevertheless, you can still respond by giving them time to reflect calmly on their behaviour (as already described).

At non-crisis times, you can ask proactive aggressors if they want to have friends, or want to be the boss. If they report that they want to be the boss, you can ask them how many people do they have to boss before it will be enough: this whole group, the whole school, the city, the whole country, or all the world? You might ponder out loud about what a big job that would be.

If they report that they want friends, you can ask (à la Dr Phil): 'How's it working for you?' – that is, does their aggression help, or get in the way of their friendships?

Next, when a peer is protesting at their boisterous behaviour, you can say, 'James has asked you to stop. What do you think that means?'. In this way, you are drawing the child out of the exuberance of the moment and asking him to re-engage his thought processes. Sometimes, this can be enough to teach them to notice the feedback from their peers, and hence to desist.

## CONCLUSION

Early childhood is an ideal time for assisting children to act prosocially, as they are inherently motivated to socialise with other children and because there are many natural occasions during their play when you can guide their behaviour. It is important that antisocial behaviour has begun a downward trend by school entry, as problems thereafter can become entrenched. Although it seems that aggressive children clearly need control, we must nevertheless use guidance approaches to discipline, because aggression is provoked by controlling methods.

## FURTHER RESOURCES

Porter, L. (2006). *Children are people too: A parent's guide to young children's behaviour*. (4th ed.) Adelaide, SA: East Street Publications.

Porter, L. (2008). *Young children's behaviour: Practical approaches for caregivers and teachers*. (3rd ed.) Sydney: Elsevier/London: SAGE/Baltimore, MD: Brookes.

Slaby, R.G., Roedell, W.C., Arezzo, D. & Hendrix, K. (1995). *Early violence prevention: Tools for teachers of young children*. Washington, DC: National Association for the Education of Young Children.

Sprung, B., Froschl, M. & Hinitz, B. (2005). *The anti-bullying and teasing book for preschool classrooms*. Beltsville, MD: Gryphon House.

[www.louiseporter.com.au](http://www.louiseporter.com.au)

[www.bioresonance.net.au](http://www.bioresonance.net.au)

## REFERENCES

Aguilar, B., Sroufe, A., Egeland, B. & Carlson, E. (2000). Distinguishing the early-onset/persistent and adolescent-onset antisocial behavior types: From birth to 16 years. *Development and Psychopathology*, 12 (2), 109-132.

Alink, L.R.A., Mesman, J., Koot, H.M., van Zeijl, J., Stolk, M.N., Juffer, F., Bakermans-Kranenburg, M.J. & van Ijzendoorn, M.H. (2006). The early childhood aggression curve: Development of physical aggression in 10- to 5-month old children. *Child Development*, 77 (4), 954-966.

Arnold, D.H., Homrok, S., Ortiz, C. & Stowe, R.M. (1999). Direct observation of peer rejection acts and their temporal relation with aggressive acts. *Early Childhood Research Quarterly*, 14 (2), 183-196.

Arnold, D.H., McWilliams, L. & Arnold, E.H. (1998). Teacher discipline and child misbehavior in day care: Untangling causality with correlational data. *Developmental Psychology*, 34 (2), 276-287.

Asher, S.R. (1983). Social competence and peer status: Recent advances and future directions. *Child Development*, 54, 1427-1434.

Baillargeon, R.H., Normand, C.L., Séguin, J.R., Zoccolillo, M., Japel, C., Pérusse, D., Wu, H.-X., Boivin, M. & Tremblay, R.E. (2007a). The evolution of problem and social competence behaviors during toddlerhood: A prospective population-based cohort survey. *Infant Mental Health Journal*, 28 (1), 12-38.

- Baillargeon, R.H., Zoccolillo, M., Keenan, K., Côté, S., Pérusse, D., Wu, H.-X., Boivin, M. & Tremblay, R.E. (2007b). Gender differences in physical aggression: A prospective population-based survey of children before and after 2 years of age. *Developmental Psychology*, 43 (1), 13-26.
- Belsky, J., Hsieh, K.-H. & Crnic, K. (1998). Mothering, fathering, and infant negativity as antecedents of boys' externalizing problems and inhibition at age 3 years: Differential susceptibility to rearing experience? *Development and Psychopathology*, 10 (2), 301-319.
- Blankemeyer, M., Flannery, D.J. & Vazsonyi, A.T. (2002). The role of aggression and social competence in children's perceptions of the child-teacher relationship. *Psychology in the Schools*, 39 (3), 293-304.
- Bolger, K.E. & Patterson, C.J. (2001). Developmental pathways from child maltreatment to peer rejection. *Child Development*, 72 (2), 549-568.
- Brown, S.A., Arnold, D.H., Dobbs, J. & Doctoroff, G.L. (2007). Parenting predictors of relational aggression among Puerto Rican and European American school-age children. *Early Childhood Research Quarterly*, 22 (1), 147-159.
- Buhs, E.S. & Ladd, G.W. (2001). Peer rejection as an antecedent of young children's social adjustment: An examination of mediating processes. *Developmental Psychology*, 37 (4), 550-560.
- Bukowski, W.M. (2003). What does it mean to say that aggressive children are competent or incompetent? *Merrill-Palmer Quarterly*, 49 (3), 390-400.
- Camodeca, M. & Goossens, F.A. (2005). Aggression, social cognitions, anger and sadness in bullies and victims. *Journal of Child Psychology and Psychiatry*, 46 (2), 186-197.
- Campbell, S.B. (1995). Behavior problems in preschool children: A review of recent research. *Journal of Child Psychology and Psychiatry*, 36 (1), 113-149.
- Campbell, S.B., March, C.L., Pierce, E.W., Ewing, L.J. & Szumowski, E.K. (1991a). Hard-to-manage preschool boys: Family context and the stability of externalizing behavior. *Journal of Abnormal Child Psychology*, 19 (3), 301-318.
- Campbell, S.B., Pierce, E.W., March, C.L. & Ewing, L.J. (1991b). Noncompliant behavior, overactivity, and family stress as predictors of negative maternal control with preschool children. *Development and Psychopathology*, 3, 175-190.
- Campbell, S.B., Shaw, D.S. & Gilliom, M. (2000). Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology*, 12 (3), 467-488.
- Casas, J.F., Weigel, S.M., Crick, N.R., Ostrov, J.M., Woods, K.E., Yeh, E.A.J. & Huddlestone-Casas, C.A. (2006). Early parenting and children's relational and physical aggression in the preschool and home contexts. *Journal of Applied Developmental Psychology*, 27 (3), 209-227.
- Chang, L. (2004). The role of classroom norms in contextualizing the relations of children's social behaviors to peer acceptance. *Developmental Psychology*, 40 (5), 691-702.
- Criss, M.M., Pettit, G.S., Bates, J.E., Dodge, K.A. & Lapp, A.L. (2002). Family adversity, positive peer relationships, and children's externalizing behavior: A longitudinal perspective on risk and resilience. *Child Development*, 73 (4), 1220-1237.
- Chronis, A.M., Lahey, B.B., Pelham, W.E. Jr, Williams, S.H., Baumann, B.L., Kipp, H., Jones, H.A. & Rathouz, P.J. (2007). Maternal depression and early positive parenting predict future conduct problems in children with attention-deficit/hyperactivity disorder. *Developmental Psychology*, 43 (1), 70-82.
- Cillessen, A.H.N. & Mayeux, L. (2004). From censure to reinforcement: Developmental changes in the association between aggression and social status. *Child Development*, 75 (1), 147-163.
- Coie, J.D., Cillessen, A.H.N., Dodge, K.A., Hubbard, J.A., Schwartz, D., Lemerise, E.A. & Bateman, H. (1999). It takes two to fight: A test of relational factors and a method for assessing aggressive dyads. *Developmental Psychology*, 35 (5), 1179-1188.
- Coie, J.D., Dodge, K.A. & Kupersmidt, J.B. (1990). Peer group behavior and social status. In S.R. Asher and J.D. Coie (Eds.) *Peer rejection in childhood*. Cambridge, UK: Cambridge University Press, pp. 17-59.

- Coldwell, J., Pike, A. & Dunn, J. (2006). Household chaos – links with parenting and child behaviour. *Journal of Child Psychology and Psychiatry*, 47 (11), 1116-1122.
- Coplan, R.J. & Prakash, K. (2003). Spending time with teacher: Characteristics of preschoolers who frequently elicit versus initiate interactions with teachers. *Early Childhood Research Quarterly*, 18 (1), 143-158.
- Côté, S.M., Vaillancourt, T., Barker, E.D., Nagin, D. & Tremblay, R.E. (2007). The joint development of physical and indirect aggression: Predictors of continuity and change during childhood. *Development and Psychopathology*, 19 (1), 37-55.
- Côté, S.M., Vaillancourt, T., LeBlanc, J.C., Nagin, D.S. & Tremblay, R.E. (2006). The development of physical aggression from toddlerhood to pre-adolescence: A nation wide longitudinal study of Canadian children. *Journal of Abnormal Child Psychology*, 34 (1), 68-82.
- Crick, N.R. & Grotpeter, J.K. (1995). Relational aggression, gender, and social-psychological adjustment. *Child Development*, 66 (3), 710-722.
- Crick, N.R., Grotpeter, J.K. & Bigbee, M.A. (2002). Relationally and physically aggressive children's intent attributions and feelings of distress for relational and instrumental peer provocations. *Child Development*, 73 (4), 1134-1142.
- Crockenberg, S. & Litman, C. (1990). Autonomy as competence in 2-year-olds: Maternal correlates of child defiance, compliance, and self-assertion. *Developmental Psychology*, 26 (6), 961-971.
- de Castro, B.O., Veerman, J.W., Koops, W., Bosch, J.D. & Monshouwer, H.J. (2002). Hostile attribution of intent and aggressive behavior: A meta-analysis. *Child Development*, 73 (3), 916-934.
- Denham, S.A., Blair, K.A., DeMulder, E., Levitas, J., Sawyer, K., Auerbach-Major, S. & Queenan, P. (2003). Preschool emotional competence: Pathway to social competence? *Child Development*, 74 (1), 238-256.
- Deynoot-Schaub, M.G. & Riksen-Walraven, J.M. (2006). Peer interaction in child care centres at 15 and 23 months: Stability and links with children's socio-emotional adjustment. *Infant Behavior and Development*, 29 (2), 276-288.
- Diener, M.L., Nievar, M.A. & Wright, C. (2003). Attachment security among mothers and their young children living in poverty: Associations with maternal, child, and contextual factors. *Merrill-Palmer Quarterly*, 49 (2), 154-182.
- Dionne, G., Tremblay, R., Boivin, M., Laplante, D. & Pérusse, D. (2003). Physical aggression and expressive vocabulary in 19-month-old twins. *Developmental Psychology*, 39 (2), 261-273.
- Dodge, K.A. (1983). Behavioral antecedents of peer social status. *Child Development*, 54, 1386-1399.
- Dodge, K.A., Lansford, J.E., Burks, V.S., Bates, J.E., Pettit, G.S., Fontaine, R. & Price, J.M. (2003). Peer rejection and social information-processing factors in the development of aggressive behavior problems in children. *Child Development*, 74 (2), 374-393.
- Donovan, W.L., Leavitt, L.A. & Walsh, R.O. (2000). Maternal illusory control predicts socialization strategies and toddler compliance. *Developmental Psychology*, 36 (3), 402-411.
- Egan, S.K., Monson, T.C. & Perry, D.G. (1998). Social-cognitive influences on change in aggression over time. *Developmental Psychology*, 34 (5), 996-1006.
- Eisenberg, N., Zhou, Q., Spinrad, T.L., Valiente, C., Fabes, R.A. & Liew, J. (2005). Relations among positive parenting, children's effortful control, and externalizing problems: A three-wave longitudinal study. *Child Development*, 76 (5), 1055-1071.
- Espelage, D.L. & Swearer, S.M. (2003). Research on school bullying and victimization: What have we learned and where do we go from here? *School Psychology Review*, 32 (3), 365-383.
- Farmer, T.W., Estell, D.B., Bishop, J.L., O'Neal, K.K. & Cairns, B.D. (2003). Rejected bullies or popular leaders?: The social relations of aggressive subtypes of rural African American early adolescents. *Developmental Psychology*, 39 (6), 992-1004.
- Farver, J.M. (1996). Aggressive behavior in preschoolers' social networks: Do birds of a feather flock together? *Early Childhood Research Quarterly*, 11 (3), 333-350.
- Feldman, R. & Klein, P.S. (2003). Toddlers' self-regulated compliance to mothers, caregivers, and fathers: Implications for theories of socialization. *Developmental Psychology*, 39 (4), 680-692.

- Fergusson, D.M., Horwood, L.J. & Ridder, E.M. (2005). Show me the child at seven: The consequences of conduct problems in childhood for psychosocial functioning in adulthood. *Journal of Child Psychology and Psychiatry*, 46 (8), 837-849.
- Field, T. (1991). Quality infant day-care and grade school behavior and performance. *Child Development*, 62 (4), 863-870.
- Field, T., Masi, W., Goldstein, S., Perry, S. & Parl, S. (1988). Infant day care facilitates preschool social behavior. *Early Childhood Research Quarterly*, 3 (4), 341-359.
- Flook, L., Repetti, R.L. & Ullman, J.B. (2005). Classroom social experiences as predictors of academic performance. *Developmental Psychology*, 41 (2), 319-327.
- Frankel, F. & Myatt, R. (1996). Self-esteem, social competence and psychopathology in boys without friends. *Personality and Individual Differences*, 20 (3), 401-407.
- Frick, P.J., Cornell, A.H., Bodin, S.D., Dane, H.E., Barry, C.T. & Loney, B.R. (2003). Callous-unemotional traits and developmental pathways to severe conduct problems. *Developmental Psychology*, 39 (2), 246-260.
- Gazelle, H. & Ladd, G.W. (2003). Anxious solitude and peer exclusion: A diathesis-stress model of internalizing trajectories in childhood. *Child Development*, 74 (1), 257-278.
- Gilliom, M., Shaw, D.S., Beck, J.E., Schonberg, M.A. & Lukon, J.L. (2002). Anger regulation in disadvantaged preschool boys: Strategies, antecedents, and the development of self-control. *Developmental Psychology*, 38 (2), 222-235.
- Graziano, P.A., Reavis, R.D., Keane, S.P. & Calkins, S.D. (2007). The role of emotion regulation in children's early academic success. *Journal of School Psychology*, 45 (1), 3-19.
- Greenman, J. & Stonehouse, A. (2007). *Prime times: A handbook for excellence in infant and toddler programs*. (2nd ed.) St Paul, MN: Redleaf Press.
- Hart, C.H., DeWolf, D.M. & Burts, D.C. (1992). Linkages among preschoolers' playground behavior, outcome expectations, and parental disciplinary strategies. *Early Education and Development*, 3 (4), 265-283.
- Hartup, W.W. (1989). Social relationships and their developmental significance. *American Psychologist*, 44 (2), 120-126.
- Hartup, W.W. & Moore, S.G. (1990). Early peer relations: Developmental significance and prognostic implications. *Early Childhood Research Quarterly*, 5 (1), 1-17.
- Hawley, P.H. & Little, T.D. (1999). On winning some and losing some: A social relations approach to social dominance in toddlers. *Merrill-Palmer Quarterly*, 45 (2), 185-214.
- Hay, D.F., Payne, A. & Chadwick, A. (2004). Peer relations in childhood. *Journal of Child Psychology and Psychiatry*, 45 (1), 84-108.
- Hill, A.L., Degnan, K.A., Calkins, S.D. & Keane, S.P. (2006). Profiles of externalizing behavior problems for boys and girls across preschool: The roles of emotion regulation and inattention. *Developmental Psychology*, 42 (5), 913-928.
- Hubbard, J.A. (2001). Emotion expression processes in children's peer interaction: The role of peer rejection, aggression, and gender. *Child Development*, 72 (5), 1426-1438.
- Ingoldsby, E.M., Shaw, D.S., Winslow, E., Schonberg, M., Gilliom, M. & Criss, M.M. (2006). Neighborhood disadvantage, parent-child conflict, neighborhood peer relationships, and early antisocial behavior problem trajectories. *Journal of Abnormal Child Psychology*, 34 (3), 303-319.
- Johnson, C., Ironsmith, M., Snow, C.W. & Poteat, G.M. (2000). Peer acceptance and social adjustment in preschool and kindergarten. *Early Childhood Education Journal*, 27 (4), 207-212.
- Katsurada, E. & Sugawara, A.I. (1998). The relationship between hostile attributional bias and aggressive behavior in preschoolers. *Early Childhood Research Quarterly*, 13 (4), 623-636.
- Keiley, M.K., Bates, J.E., Dodge, K.E. & Pettit, G.S. (2000). A cross-domain growth analysis: Externalizing and internalizing behaviors during eight years of childhood. *Journal of Abnormal Child Psychology*, 28 (2), 161-179.
- Kochanska, G., Coy, K.C. & Murray, K.T. (2001). The development of self-regulation in the first four years of life. *Child Development*, 72 (4), 1091-1111.

- Kochenderfer-Ladd, B. & Ladd, G.W. (2001). Variations in peer victimization: Relations to children's maladjustment. In J. Juvonen and S. Graham (Eds.) *Peer harassment in school: The plight of the vulnerable and victimized*. New York: Guilford, pp. 25-48.
- Ladd, G.W., Birch, S.H. & Buhs, E.S. (1999). Children's social and scholastic lives in kindergarten: Related spheres of influence? *Child Development*, 70 (6), 1373-1400.
- Ladd, G.W. & Burgess, K.B. (1999). Charting the relationship trajectories of aggressive, withdrawn, and aggressive/withdrawn children during early grade school. *Child Development*, 70 (4), 910-929.
- \_\_\_\_\_ (2001). Do relational and protective factors moderate the linkages between childhood aggression and early psychological adjustment? *Child Development*, 72 (5), 1579-1601.
- LaFontana, K.M. & Cillessen, A.H.N. (2002). Children's perceptions of popular and unpopular peers: A multimethod assessment. *Developmental Psychology*, 38 (5), 635-647.
- Lansford, J.E., Deater-Deckard, K., Dodge, K.A., Bates, J.E. & Pettit, G.S. (2004). Ethnic differences in the link between physical discipline and later adolescent externalizing behaviors. *Journal of Child Psychology and Psychiatry*, 45 (4), 801-812.
- Leary, A. & Katz, L.F. (2005). Observations of aggressive children during peer provocation and with a best friend. *Developmental Psychology*, 41 (1), 124-134.
- Letcher, P., Toumbourou, J., Sanson, A., Prior, M., Smart, D. & Oberklaid, F. (2004). Parenting style as a moderator of the effect of temperament on adolescent externalising and internalising behaviour problems. *The Australian Educational and Developmental Psychologist*, 20 (1), 5-34.
- Little, T.D., Brauner, J., Jones, S.M., Nock, M.K. & Hawley, P.H. (2003). Rethinking aggression: A typological examination of the functions of aggression. *Merrill-Palmer Quarterly*, 49 (3), 343-369.
- Lochman, J.E., Powell, N.R., Whidby, J.M. & FitzGerald, D.P. (2006). Aggressive children: Cognitive-behavioral assessment and treatment. In P.C. Kendall (Ed.) *Child and adolescent therapy: Cognitive-behavioral procedures*. (3rd ed.) New York: Guilford, pp. 33-81.
- Loeber, R. & Hay, D. (1997). Key issues in the development of aggression and violence from childhood to early adulthood. *Annual Review of Psychology*, 48, 371-410.
- López, E.E., Olaizola, J.H., Ferrer, B.M. & Ochoa, G.M. (2006). Aggressive and nonaggressive rejected students: An analysis of their differences. *Psychology in the Schools*, 43 (3), 387-400.
- MacKinnon-Lewis, C., Rabiner, D. & Starnes, R. (1999). Predicting boys' social acceptance and aggression: The role of mother-child interactions and boys' beliefs about peers. *Developmental Psychology*, 35 (3), 632-639.
- McFadyen-Ketchum, S.A., Bates, J.E., Dodge, K.A. & Pettit, G.S. (1996). Patterns of change in early childhood aggressive-disruptive behavior: Gender differences in predictions from early coercive and affectionate mother-child interactions. *Child Development*, 67 (5), 2417-2433.
- Merrell, K.W., Buchanan, R. & Tran, O.K. (2006). Relational aggression in children and adolescents: A review with implications for school settings. *Psychology in the Schools*, 43 (3), 345-360.
- Miller, G.E., Brehm, K. & Whitehouse, S. (1998). Reconceptualizing school-based prevention for antisocial behavior within a resiliency framework. *School Psychology Review*, 27 (3), 364-379.
- Miller-Lewis, L.R., Baghurst, P.A., Sawyer, M.G., Prior, M.R., Clark, J.J., Arney, F.M. & Carbone, J.A. (2006). Early childhood externalizing behaviour problems: Child, parenting, and family-related predictors over time. *Journal of Abnormal Child Psychology*, 34 (6), 891-906.
- Mitchell, G. (1993). *Help! What do I do about...?* New York: Scholastic.
- Nagin, D. & Tremblay, R.E. (1999). Trajectories of boys' physical aggression, opposition, and hyperactivity on the path to physically violent and nonviolent juvenile delinquency. *Child Development*, 70 (5), 1181-1196.
- National Institute of Child Health and Human Development Early Child Care Research Network (2001). Child care and children's peer interaction at 24 and 36 months: The NICHD study of early child care. *Child Development*, 72 (5), 1478-1500.
- \_\_\_\_\_ (2005). Predicting individual differences in attention, memory, and planning in first graders from experiences at home, child care, and school. *Developmental Psychology*, 41 (1), 99-114.

- Nelson, D.A., Hart, C.H., Yang, C., Olson, J.A. & Jin, S. (2006). Aversive parenting in China: Associations with child physical and relational aggression. *Child Development*, 77 (3), 554-572.
- Nelson, J.J., Rubin, K.H. & Fox, N.A. (2005). Social withdrawal, observed peer acceptance, and the development of self-perceptions in children ages 4 to 7 years. *Early Childhood Research Quarterly*, 20 (2), 185-200.
- O'Brien, M., Roy, C., Jacobs, A., Macaluso, M. & Peyton, V. (1999). Conflict in the dyadic play of 3-year-old children. *Early Education and Development*, 10 (3), 289-313.
- O'Leary, S.G., Slep, A.M.S. & Reid, M.J. (1999). A longitudinal study of mothers' overreactive discipline and toddlers' externalizing behavior. *Journal of Abnormal Child Psychology*, 27 (5), 331-341.
- Ostrov, J.M., Woods, K.E., Jansen, E.A., Casas, J.F. & Crick, N.R. (2004). An observational study of delivered and received aggression, gender, and social-psychological adjustment in preschool: 'This white crayon doesn't work...'. *Early Childhood Research Quarterly*, 19 (2), 355-371.
- Owens, L., Shute, R. & Slee, P. (2000). 'I'm in and you're out...': Explanations for teenage girls' indirect aggression. *Psychology, Evolution and Gender*, 2 (1), 19-46.
- Parke, R.D., Coltrane, S., Duffy, S., Buriel, R., Dennis, J., Powers, J., French, S. & Widaman, K.F. (2004). Economic stress, parenting, and child adjustment in Mexican American and European American families. *Child Development*, 75 (6), 1632-1656.
- Pellegrini, A.D., Bartini, M. & Brooks, F. (1999). School bullies, victims, and aggressive victims: Factors relating to group affiliation and victimization in early adolescence. *Journal of Educational Psychology*, 91 (2), 216-224.
- Petterson, S.M. & Albers, A.B. (2001). Effects of poverty and maternal depression on early child development. *Child Development*, 72 (6), 1794-1813.
- Phillips, D.A., McCartney, K. & Scarr, S. (1987). Child-care quality and children's social development. *Developmental Psychology*, 23 (4), 537-543.
- Porter, L. (1999). *Behaviour management practices in child care centres*. Unpublished doctoral thesis. Adelaide: University of South Australia.
- \_\_\_\_\_ (2008). *Young children's behaviour: Practical approaches for caregivers and teachers*. (3rd ed.) Sydney: Elsevier/London: SAGE/Baltimore, MD: Brookes.
- Poulin, F. & Boivin, M. (2000). The role of proactive and reactive aggression in the formation and development of boys' friendships. *Developmental Psychology*, 36 (2), 233-240.
- Prinstein, M.J. & Cillessen, A.H.N. (2003). Forms and functions of adolescent peer aggression associated with high peer status. *Merrill-Palmer Quarterly*, 49 (3), 310-342.
- Qi, C.H. & Kaiser, A.P. (2003). Behavior problems of preschool children from low-income families. *Topics in Early Childhood Special Education*, 23 (4), 188-216.
- Reinke, W.M. & Herman, K.C. (2002). Creating school environments that deter antisocial behaviors in youth. *Psychology in the Schools*, 39 (5), 549-559.
- Rigby, K. (2006). What international research tells us about bullying. In H. McGrath and T. Noble (Eds.) *Bullying solutions: Evidence-based approaches to bullying in Australian schools*. Sydney: Pearson Longman, pp. 3-15.
- Ripley, K. & Yuill, N. (2005). Patterns of language impairment and behaviours in boys excluded from school. *British Journal of Educational Psychology*, 75 (1), 37-50.
- Rodkin, P.C., Farmer, T.W., Pearl, R. & Van Acker, R. (2000). Heterogeneity of popular boys: Antisocial and prosocial configurations. *Developmental Psychology*, 36 (1), 14-24.
- Rodkin, P.C. & Hodges, E.V.E. (2003). Bullies and victims in the peer ecology: Four questions for psychologists and school professionals. *School Psychology Review*, 32 (3), 384-400.
- Romano, E., Tremblay, R.E., Boulerice, B. & Swisher, R. (2005). Multilevel correlates of childhood physical aggression and prosocial behavior. *Journal of Abnormal Child Psychology*, 33 (5), 565-578.
- Rose, A.J., Swenson, L.P. & Waller, E.M. (2004). Overt and relational aggression and perceived popularity: Developmental differences in concurrent and prospective relations. *Developmental Psychology*, 40 (3), 378-387.

- Rubin, K.H., Burgess, K.B., Dwyer, K.M. & Hastings, P.D. (2003). Predicting preschoolers' externalizing behaviors from toddler temperament, conflict, and maternal negativity. *Developmental Psychology*, 39 (1), 164-176.
- Rutter, M. (1983). School effects on pupil progress: Research findings and policy implications. *Child Development*, 54 (1), 1-29.
- Schaeffer, C.M., Petras, H., Jalongo, N., Poduska, J. & Kellam, S. (2003). Modeling growth in boys' aggressive behavior across elementary school: Links to later criminal involvement, conduct disorder, and antisocial personality disorder. *Developmental Psychology*, 39 (6), 1020-1025.
- Schwarz, J.C., Krolick, G. & Strickland, R.G. (1973). Effects of early day care experience on adjustment to a new environment. *American Journal of Orthopsychiatry*, 43 (3), 340-346.
- Shaw, D.S., Bell, R.Q. & Gilliom, M. (2000). A truly early starter model of antisocial behavior revisited. *Clinical Child and Family Psychology Review*, 3 (3), 155-172.
- Shaw, D.S., Gilliom, M., Ingoldsby, E.M. & Nagin, D.S. (2003). Trajectories leading to school-age conduct problems. *Developmental Psychology*, 39 (2), 189-200.
- Slaby, R.G., Roedell, W.C., Arezzo, D. & Hendrix, K. (1995). *Early violence prevention: Tools for teachers of young children*. Washington, DC: National Association for the Education of Young Children.
- Slee, P.T. (1995a). Peer victimisation and its relationship to depression among Australian primary school students. *Journal of Personality and Individual Differences*, 18 (1), 57-62.
- \_\_\_\_\_ (1995b). Bullying: Health concerns of Australian secondary school students. *International Journal of Adolescence and Youth*, 5 (4), 215-224.
- Slee, P.T. & Rigby, K. (1994). Peer victimisation at school. *Australian Journal of Early Childhood*, 19 (1), 3-10.
- Smeeckens, S., Riksen-Walraven, J.M. & van Bakel, H.J.A. (2007). Multiple determinants of externalizing behavior in 5-year-olds: A longitudinal model. *Journal of Abnormal Child Psychology*, 35 (3), 347-361.
- Smith, C.A. & Farrington, D.P. (2004). Continuities in antisocial behavior and parenting across three generations. *Journal of Child Psychology and Psychiatry*, 45 (2), 230-247.
- Smith, P.K. & Sharp, S. (1994). The problem of school bullying. In P.K. Smith and S. Sharp (Eds.) *School bullying: Insights and perspectives*. London: Routledge, pp. 1-19.
- Spinrad, T.L., Eisenberg, N., Harris, E., Hanish, L., Fabes, R.A., Kupanoff, K., Ringwald, S. & Holmes, J. (2004). The relation of children's everyday nonsocial peer play behavior to their emotionality, regulation, and social functioning. *Developmental Psychology*, 40 (1), 67-80.
- Strain, P.S. & Joseph, G.E. (2004). Engaged supervision to support recommended practices for young children with challenging behavior. *Topics in Early Childhood Special Education*, 24 (1), 39-50.
- Stormshak, E.A., Bierman, K.L., Bruschi, C., Dodge, K.A., Coie, J.D. & The Conduct Problems Prevention Research Group (1999). The relation between behavior problems and peer preference in different classroom contexts. *Child Development*, 70 (1), 169-182.
- Thompson, A., Hollis, C. & Richards, D. (2003). Authoritarian parenting attitudes as a risk for conduct problems: Results from a British national cohort study. *European Child and Adolescent Psychiatry*, 12 (2), 84-91.
- Thompson, R.A. & Wyatt, J.M. (1999). Current research on child maltreatment: Implications for educators. *Educational Psychology Review*, 11 (3), 173-201.
- Tremblay, R.E. (2004). Decade of behavior distinguished lecture: Development of physical aggression during infancy. *Infant Mental Health Journal*, 25 (5), 399-407.
- Vandell, D.L., Henderson, V.K. & Wilson, K.S. (1988). A longitudinal study of children with day-care experiences of varying quality. *Child Development*, 59 (5), 1286-1292.
- van Lier, P.A.C., Wanner, B. & Vitaro, F. (2007). Onset of antisocial behavior, affiliation with deviant friends, and childhood maladjustment: A test of the childhood- and adolescent-onset models. *Development and Psychopathology*, 19 (1), 167-185.
- Vaughn, B.E., Vollenweider, M., Bost, K.K., Azria-Evans, M.R. & Snider, J.B. (2003). Negative interactions and social competence for preschool children in two samples: Reconsidering the

- interpretation of aggressive behavior for young children. *Merrill-Palmer Quarterly*, 49 (3), 245-278.
- Vitaro, F., Barker, E.D., Boivin, M., Brendgen, M. & Tremblay, R.E. (2006). Do early difficult temperament and harsh parenting differentially predict reactive and proactive aggression? *Journal of Abnormal Child Psychology*, 34 (5), 685-695.
- Vitaro, F., Brendgen, M., Larose, S. & Tremblay, R.E. (2005). Kindergarten disruptive behaviors, protective factors, and educational achievement by early adulthood. *Journal of Educational Psychology*, 97 (4), 617-629.
- Vitaro, F., Brendgen, M. & Tremblay, R.E. (2002). Reactively and proactively aggressive children: Antecedent and subsequent characteristics. *Journal of Child Psychology and Psychiatry*, 43 (4), 495-505.
- Yoon, J.S., Hughes, J.N., Cavell, T.A. & Thompson, B. (2000). Social cognitive differences between aggressive-rejected and aggressive-nonrejected children. *Journal of School Psychology*, 38 (6), 551-570.
- Young, E.L., Boye, A.E. & Nelson, D.A. (2006). Relational aggression: Understanding, identifying, and responding in schools. *Psychology in the Schools*, 43 (3), 297-312.
- Zhou, Q., Hofer, C., Eisenberg, N., Reiser, M., Spinrad, T.L. & Fabes, R.A. (2007). The developmental trajectories of attention focusing, attentional and behavioral persistence, and externalizing problems during school-age years. *Developmental Psychology*, 43 (2), 369-385.

## Notes

- i Vaughn et al. 2003.
- ii Johnson et al. 2000.
- iii Ostrov et al. 2004.
- iv Alink et al. 2006; Baillargeon et al. 2007b; Côté et al. 2007; Loeber & Hay 1997.
- v Deynoot-Schaub & Riksen-Walraven 2006; Vaughn et al. 2003.
- vi Kochanska et al. 2001.
- vii Baillargeon et al. 2007a; Côté et al. 2006; Deynoot-Schaub & Riksen-Walraven 2006; Gilliom et al. 2002; Rubin et al. 2003; Shaw et al. 2003; Tremblay 2004.
- viii Deynoot-Schaub & Riksen-Walraven 2006; Vaughn et al. 2003.
- ix Loeber & Hay 1997.
- x Baillargeon et al. 2007b.
- xi Côté et al. 2006; Hay et al. 2004; Schaeffer et al. 2003; Shaw et al. 2003.
- xii Côté et al. 2006; Ingoldsby et al. 2006; Nagin & Tremblay 1999; Zhou et al. 2007.
- xiii Ingoldsby et al. 2006; van Lier et al. 2007.
- xiv Campbell 1995; Campbell et al. 2000.
- xv van Lier et al. 2007.
- xvi Ingoldsby et al. 2006.
- xvii Eisenberg et al. 2005; Hill et al. 2006.
- xviii Crockenberg & Litman 1990; Donovan et al. 2000; Gilliom et al. 2002; Hart et al. 1992.
- xix Aguilar et al. 2000; Belsky et al. 1998; Brown et al. 2007; Campbell 1995; Campbell et al. 1991a, 1991b; Casas et al. 2006; Chronis et al. 2007; Côté et al. 2007; Diener et al. 2003; Hart et al. 1992; Ingoldsby et al. 2006; Lansford et al. 2006; López et al. 2006; McFadyen-Ketchum et al. 1996; NICHD Early Child Care Research Network 2005; Parke et al. 2004; Petterson & Albers 2001; Qi & Kaiser 2003; Romano et al. 2005; Shaw et al. 2000; Smeekens et al. 2007; Smith & Farrington 2004; Thompson et al. 2003; Vitaro et al. 2002, 2005, 2006.

- 
- xx Coldwell et al. 2006; Côté et al. 2006; Fergusson et al. 2005; López et al. 2006; Miller-Lewis et al. 2006; O'Leary et al. 1999; Romano et al. 2005; Rubin et al. 2003; Shaw et al. 2003; Smeekens et al. 2007; Tremblay 2004; van Lier et al. 2007.
- xxi Feldman & Klein 2003; Porter 1999.
- xxii Rutter 1983.
- xxiii Belsky et al. 1998; Letcher et al. 2004; Shaw et al. 2000.
- xxiv Hubbard 2001; Prinstein & Cillessen 2003; Vitaro et al. 2006.
- xxv Denham et al. 2002; Frick et al. 2003; Rubin et al. 2003; Vitaro et al. 2006.
- xxvi Camodeca & Goossens 2005; Crick et al. 2002; de Castro et al. 2002; Little et al. 2003; MacKinnon-Lewis et al. 1999; Prinstein & Cillessen 2003; Vaughn et al. 2003.
- xxvii Lochman et al. 2006; Miller et al. 1998; Nelson et al. 2006; Yoon et al. 2000.
- xxviii Eisenberg et al. 2005.
- xxix Little et al. 2003.
- xxx Bukowski 2003.
- xxxi Hubbard 2001; Leary & Katz 2005.
- xxxii LaFontana & Cillessen 2002; Prinstein & Cillessen 2003.
- xxxiii Vitaro et al. 2002.
- xxxiv Camodeca & Goossens 2005; Coie et al. 1999; Egan et al. 1998; Vitaro et al. 2006.
- xxxv Frick et al. 2003.
- xxxvi Hawley & Little 1999.
- xxxvii Pelligrini et al. 1999; Rodkin & Hodges 2003.
- xxxviii Crick & Grotpeter 1995.
- xxxix Espelage & Swearer 2003.
- xl Cillessen & Mayeux 2004; Farmer et al. 2003; LaFontana & Cillessen 2002; Ostrov et al. 2004; Prinstein & Cillessen 2003; Rodkin et al. 2000; Rose et al. 2004; Young et al. 2006.
- xli Merrell et al. 2006.
- xliv Chang 2004; Hay et al. 2004; Johnson et al. 2000; Rodkin et al. 2000; Stormshak et al. 1999.
- xliviii Frankel & Myatt 1996.
- xliv Coplan & Prakash 2003.
- xliv Arnold et al. 1998; Dodge 1983; Farver 1996; Hartup 1989; Hartup & Moore 1990; Hay et al. 2004; Poulin & Boivin 2000.
- xlvi Coie et al. 1999; Hay et al. 2004.
- xlvi Coie et al. 1999.
- xlvi Coie et al. 1999.
- xlvi Owens et al. 2000.
- I Kochenderfer-Ladd & Ladd 2001; Rigby 2006; Slee 1995a, 1995b; Slee & Rigby 1994; Smith & Sharp 1994.
- li Mitchell 1993.
- lii Farver 1996.
- liii Graziano et al. 2007; Ladd & Burgess 2001.
- liv Field 1991; Field et al. 1988; NICHD Early Child Care Research Network 2001; O'Brien et al. 1999; Phillips et al. 1987; Schwarz et al. 1973; Vandell et al. 1988.
- lv Criss et al. 2002.
- lvi Gazelle & Ladd 2003.
- lvii Nelson et al. 2005,
- lviii Dodge et al. 2003.
- lix Flook et al. 2005; Ladd & Burgess 2001; Ladd et al. 1999.
- lx Buhs & Ladd 2001; Ladd & Burgess 2001.
- lxi Flook et al. 2005; Gazelle & Ladd 2003; Spinrad et al. 2004.
- lxii Dodge et al. 2003; Hay et al. 2004; Johnson et al. 2000; Keiley et al. 2000; Stormshak et al. 1999.
- lxiii Hay et al. 2004.
- lxiv Porter 2008.
- lxv Greenman & Stonehouse 2007.
-

- 
- lxvi Blankemeyer et al. 2002.  
lxvii Casas et al. 2006; Romano et al. 2005; Vitaro et al. 2002, 2006.  
lxviii Ladd & Burgess 1999, 2001; Romano et al. 2005.  
lxix Reinke & Herman 2002.  
lxx Slaby et al. 1995.  
lxxi Ostrov et al. 2004.  
lxxii Asher 1983; Katsurada & Sugawara 1998.  
lxxiii Arnold et al. 1999.  
lxxiv Arnold et al. 1999.  
lxxv Farver 1996.  
lxxvi Dionne et al. 2003; Ripley & Yuill 2005; Schaeffer et al. 2003; Vitaro et al. 2002.  
lxxvii Bolger & Patterson 2001.  
lxxviii Thompson & Wyatt 1999.  
lxxix Little et al. 2003.  
lxxx Hartup & Moore 1990.  
lxxxi Strain & Joseph 2004.  
lxxxii Frick et al. 2003.