



Aggression in developmental age and antisocial conduct: an in-depth investigation into causes, forms and social implications

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Abstract

The work explores the phenomenon of developmental aggression through a multidimensional perspective, addressing several key aspects of aggressive behaviour in children and adolescents. Initially, the concept of aggression is defined, examining its manifestations and its impact in the context of individual development. Subsequently, the multiple risk factors that may contribute to the emergence of aggressive behaviours are examined, analysing biological, environmental and social influences. The focus then shifts to aggressive behaviour in developmental age, outlining the various manifestations and possible underlying dynamics and the relationship between aggressive behaviour and antisocial behaviour is explored in detail. The document also investigates the different forms and varieties of aggressive behaviour, recognizing the complexity of the phenomenon and the need to consider multiple facets. Particular attention is paid to gender differences in aggressive behaviour, exploring the peculiarities and cultural influences that may contribute to such disparities. Finally, the article examines aggressive behaviour in relation to peers, analysing the social impacts and interpersonal dynamics. Through this in-depth analysis, the article aims to provide a comprehensive view of developmental aggression, thus helping to inform clinical practice, research and intervention policies to support the psychosocial well-being of young people.

Keywords: aggression, risk-factor, behaviour, crimes, male, female.

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1. Introduction

Aggression in developmental age represents a theme of growing relevance today. Over the years, research has focused on the definition and analysis of the many aspects involving aggression, ranging from its behavioural manifestations to its deep roots that fuel it. This study aims to explore the nature of aggression, trying to clearly define the concept and outline the different facets that make up its complexity. Through this initial definition, we will delve into the heart of the academic debate on the causes of aggression, focusing on the multiple risk factors that can contribute to its manifestation in developmental age. Understanding these elements is essential to develop targeted and preventive intervention strategies. Subsequently, we will focus on the analysis of aggressive behaviours in developmental age, exploring the different manifestations that characterize this critical phase of development. From interpersonal conflicts to group dynamics, the objective is to explore the many facets that characterize aggressive conduct and its impact on the individual and social sphere. We will highlight the link between aggressive behaviour and antisocial behaviour, examining the complex interactions that can contribute to behavioural deviance. Through an in-depth analysis, we will try to identify the possible connections that link aggressive conduct to an antisocial pattern. Next, we will explore the different forms and varieties of aggressive behaviour, recognizing its multiformity. We will also focus on the relevant differences between males and females in aggressive behaviour, analysing the biological, psychological and social influences that can contribute to these disparities. Finally, this overview will conclude with an in-depth analysis of aggressive conduct and its relationship to peers. Through a critical look at social dynamics, we will try to understand how aggressive conduct can influence and be influenced by the sphere of peer relationships, thus providing a complete picture of this complex phenomenon. Ultimately, this article aims to offer an integrated and in-depth perspective on aggression in developmental age, thus contributing to the understanding and effective addressing of this important psychosocial problem.

2. What is aggressiveness

The Latin term “*adgreditor*”, to which the Italian aggressiveness can be traced back, indicates a forward movement which does not necessarily imply the intention of damaging something or someone (Muratori 2005). Currently, in psychology, negative aggression is referred to as a set of deliberately harmful acts on a physical, material and psychological level (Camaioni 1993). The complex nature of destructive behaviour is well known to experts and in 1968 Storr defined aggression as a suitcase term, which includes very different phenomenologies of violent conduct, both from the point of view of their external characteristics and from the point of view of their environmental, emotional and cognitive determinants. Contrary to popular opinion, there is no single aggressive demonstration. Much violence, physical and/or verbal, can express an attempt by the subjects who carry it out to show an image of themselves to others and to receive feedback. By aggressive behaviour, or aggression, we mean a set of actions aimed at harming a person, such as to



inflict suffering of a physical or moral nature. Aggressive behaviours are however understood as aggression, that is, as a tendency to produce conduct aimed at causing harm to other people or their substitutes. More generally, the term aggression indicates different types of behaviour which include innate modules of motor expression aimed at offense, defence, predation, attaining and maintaining positions of dominance in any hierarchy. Some authors, such as Freud and Klein, consider aggressive behaviours as instincts, blind and irrational forces that are implemented independently of the circumstances and the appropriateness of the conduct (Masala et al. 2002); while others such as Caprara and Bandura believe that the environment exerts an important influence in determining conduct. Aggression can take on a dual meaning since, even if in everyday life we often tend to classify it as negative, it most of the time helps us deal with situations by helping us overcome them positively; it does not always result in negativity, but often plays the role of a force which, if well channelled, accompanies the subject towards the growth and affirmation of his own individuality. Aggression seen in a positive light can be linked to the desire to overcome an obstacle with strength and determination, while negative aggression is linked to a destructive intentionality (Beretti, B., 2008). Among the emotional states that most influence aggressive behaviour we find anxiety and depressive sadness (Masala et al. 2002). Aggression in the classroom manifests itself in very different ways, sometimes directed against classmates and sometimes towards the teachers themselves. In some situations, it can be so pervasive as to make it difficult to carry out the lessons and, in any case, undermines the group climate, hindering learning and educational processes.

2. The causes of aggressiveness: risk factors

The tendency to aggressive behaviour is the result of several factors: heredity (some children are born with a greater potential for aggression, even within the same family); sex (males are generally more aggressive than females); education (children raised in families where aggression is the norm also demonstrate aggressive behaviour); environment (stress, unhappiness, anxiety, frustration and fear are all triggers of aggressive behaviour (Lawson 2001)). The aggressive and violent behaviour of children and adolescents is much more frequent in families that are disadvantaged from an emotional-relational point of view. The environmental factors most connected to the development of conduct disorder are:

1. poor parental supervision associated with aggressive behaviour and/or exaggerated punishment.

2. *inconsistent and/or rejecting parental figures.*
3. *family alcoholism (especially paternal).*
4. *maternal depression.*
5. *mistreatment and/or sexual abuse.*

However, not all people who live in disadvantaged situations and/or who have suffered mistreatment adopt an aggressive lifestyle. In fact, it seems that the co-presence of biological and environmental factors is necessary for an aggressive disorder to occur. Aggression is caused by impulsiveness, that is, by a temperament trait that makes one incapable of self-regulation; this involves both difficulties with peers and difficulties in paying attention in class, in concentrating, in memorizing, in adequately planning the operations to be carried out during school activities; a child with these characteristics is therefore exposed more than others to school and social failures and frustrations, and therefore more than others will be able to react to them with anger and aggression; aggression is caused by a learning disorder, or in any case by cognitive deficits that compromise academic performance, resulting in a profound sense of personal disesteem. Children and adolescents who frequently exhibit aggressive behaviour often have difficulties in recognizing emotions and above all in understanding the relationships between emotions and context. Some individual characteristics increase the probability of becoming victims and abusers. In addition to some temperament traits (Olweus 1996) which can predispose to the implementation of prevaricating behaviours at school age, the presence of attention deficit hyperactivity disorder (ADHD), characterised by a lack of prolonged attention and impulsiveness, increases the risk of playing the roles of abuser and victim (Genta 2002). As regards the abuse implemented, the high tendency of children with ADHD to seek immediate gratification, their low self-control and their difficulty in inhibiting impulsive responses explain the problematic behaviours that often distinguish these children and, in part, also bullying behaviour carried out in the school environment. The quality of the family climate and relationships undoubtedly influences the child's bullying behaviour at school (Fonzi 1997). The families of pupils identified as aggressive are characterised by certain educational styles which, based on studies on aggression, appear to favour the acquisition of violent conduct by their children. In these families, the child in his early childhood was looked after with little warmth by his parents, who did not exercise adequate control of the boy's activities, nor were they clear and consistent in establishing and enforcing the rules of conduct. These young people, therefore, first of all experience in the family that lack of affection and understanding and that relational conflict which they subsequently reproduce in interactions with their classmates at school.

Many young people reproduce what they usually experience in their daily lives; they reproduce in a micro-context the rules of social life that have been transmitted to them, directly or indirectly (Bourcet and Tyrode 2002). Certain undisciplined and/or aggressive behaviours can result from a state of emotional deficiency felt by the child. This would arise both from a lack of inclusion within the school environment, and from a feeling of discomfort felt in the family, or in society in general, in which the child lacks a satisfactory



dimension of dialogue (Bourcet and Tyrode 2002). In sanctioning aggressive conduct, the relationship between the individual's personal characteristics, the type of conduct he carries out and the environment is fundamental. This relationship is defined as "reciprocal and triadic determinism" whereby each factor influences and is influenced by the other elements of the triad. On the one hand, individual predisposition and the surrounding environment play a crucial role in the manifestation of aggressive behaviours. On the other hand, no less relevant are the cognitive mechanisms used to justify such actions. The young person, in fact, could choose to perceive their aggression as legitimate and acceptable, making use of strategies of moral disengagement. In this way, a complex intertwining of internal and external factors is activated, which contributes to a more in-depth understanding of the dynamics underlying such aggressive behaviours. In the school context, for example, some students may develop aggressive behaviour because they are placed in a peer group that emphasizes these attitudes. Furthermore, kids who are predisposed to aggression will be more inclined to seek out groups within which to propose their behavioural style. In fact, subjects who develop aggressive styles tend to choose activities and companions who share a similar behavioural style, and therefore the pre-existing inclinations reinforce each other (Bandura 2000). During adolescence, it happens that completely normal children develop aggressive behaviours aimed at managing the conflict with their parents and defending their right to experiment as autonomous individuals. Genetic studies lead to the estimate that approximately 40% of the tendency to aggressive behaviour, particularly that of an impulsive nature, can be attributed to genetic factors. Genes therefore cannot be considered solely responsible for aggressive behaviour, nor can they be considered as leaders in the determinism of interactions between environment and brain in the construction of personality. They certainly contribute directly to the definition of individual predisposing cognitive and temperamental factors, which in turn influence the emergence of aggressive and antisocial conduct, without, however, being considered as having a direct impact on violent behaviour. As regards the behavioural aspects, an attempt was made to distinguish oppositional-aggressive behaviour from delinquent behaviour, which, taken together, are the expression of externalized disorders, i.e. characterised by the child and adolescent's tendency to express their conflicts externally. Studies on twins have shown that oppositional and aggressive behaviour is highly heritable and little influenced by environmental factors, while delinquent behaviour is little linked to genetic factors and more connected to factors belonging to the shared social environment. Individuals with a

propensity for violence have a temperamental predisposition characterised by oppositional traits, strongly influenced by genetic factors. This innate predisposition can trigger dysfunctional social interactions, resulting in a transformation of the genetic propensity into effectively antisocial and violent behaviour. In this context, the complex interaction between genetic and environmental elements in shaping the behavioural profile of individuals prone to violence is highlighted. We can also say that in general the degree to which a genetically inherited temperamental predisposition actually becomes violent behaviour depends on the quality of the social environment in which the child and young person lives. The progression from the predisposition to aggressive behaviour to actual violent and antisocial gestures occurs when children with a genetic predisposition live in marginal families where the father in turn has antisocial behaviour or is absent from the family, and the child is raised by mothers depressed, in turn with antisocial behaviour and substance abuse. Research on temperament characteristics indicates that children with challenging traits at an early age are prone to display aggressive behaviour in later periods of their growth. It has been reported that corporal punitive attitudes up to physical abuse on the part of parents are significantly correlated with violent behaviour in their children. From the same perspective, the importance of coercive attitudes was highlighted as a manifestation of parental inability to manage the child's normal disobedience. These attitudes induce a mutual reinforcement of aggression in the interaction between parent and child, offering the child a negative model of identification. Some studies have found that the association with an insecure attachment is frequent, as there is a prevalence of hostility and difficulty managing anger. But above all, solid relationships with a disorganized attachment were highlighted, characterised by the absence of a coherent attachment style, by rapid fluctuations between situations of security and situations of great insecurity and instability, by reactions of fear towards the person affects the child, from avoidant and hostile behaviour, from difficulties in regulating emotions, from reduced cognitive and social skills, all aspects which are also typical of children with violent behaviour.

3. Aggressive behaviours in developmental age

The initial path towards aggressive behaviour begins with the newborn recognizing anger in the facial expressions of adults, a skill that develops from the third month of life. This process is followed by the child's expression of anger in response to frustrations, which begins in the second half of the first year of life. Patterns of aggressive behaviour, manifested through outbursts of anger and the use of physical force, emerge particularly during the second and third year of life during conflicts with peers and adults. Aggressive behaviour tends to decrease from early to middle childhood thanks to the development of social and self-regulation skills, with the only exception being the relationship between brothers and sisters. Aggressive behaviour tends to become more dangerous, also due to the spread of firearms and other weapons among adolescent boys (Verlinden et al. 2000). An important change in the pattern of aggressive behaviour from childhood to adolescence is that aggression and violence tend to become more socially organized.



Longitudinal studies have shown that aggressive behaviour remains rather stable over time (Laub and Lauritsen 1995). Aggression in young children would not be a problem that can be overcome as the years go by, unless they are helped with specifically planned interventions. There is evidence of a steady decline in aggression as a function of age (Loeber and Stouthamer-Loeber 1998). However, it is equally true that some individuals can develop violent behaviour without any previous signs of aggression having emerged. The reason why some people become noticeably aggressive during adolescence without evidence of a gradual increase in aggressive behaviour patterns from childhood is not entirely clear. Some scholars suggest that those who become violent in later life are often highly controlled individuals, who seek to repress their aggressive inclinations, and who exhibit aggression only when the aggressive stimulation is intense enough to overcome such inhibitions. Another possibility is that the social organization of violence in adolescence within youth gangs may attract vulnerable individuals due to other problems unrelated to aggression, such as low self-esteem or social isolation. Children who demonstrate a deficiency in impulse control and emotional regulation are more likely to develop and maintain aggressive behaviour patterns. These children, who are often attributed with difficult temperaments, have difficulty controlling their aggressive impulses in age-appropriate ways (Kingston and Pri1995). Variations in temperament emerge early and exert an influence on how children are interacted within their social context. A link has been found between a rigid education received by parents and high levels of aggression in children, also because the message received by the child is that physical punishment represents an acceptable way of resolving conflicts. Similarly, high levels of aggression have been observed in neglected and abused children (Coie and Dodge 1998). Aggressive children are rejected by peers from the age of 6 and this rejection is associated with an increase in aggression. The association of some of these aggressive individuals with equally aggressive peers is limited to adolescence and does not continue into adulthood. The literature has highlighted that children use aggressive behaviour between peers very early and with at least three purposes:

- 1. defend personal property or what is perceived as such.*
- 2. establish a sort of dominance within the group, also aimed at regulating interpersonal conflicts.*
- 3. act on a psychomotor level, psychological tensions that are not necessarily pathological.*

Even in children it is possible to distinguish a reactive form of aggression from a proactive one (Dodge and Coie 1987); it has been observed that the tendency to use reactive forms of aggression is related to a history of negative affective experiences, social isolation, the inability to correctly interpret the behaviour of others with a tendency to attribute hostile intentions to the other; vice versa, the child who uses proactive forms of aggression apparently has a high opinion of himself and may show moderate leadership or social control skills. There is also a form of pro-social aggression, detectable as early as two years of age, which does not primarily aim to inflict damage but to achieve a socially approved objective. We observe the young child's tendency to predominantly use forms of direct physical aggression, while, when the linguistic tool is available, the aggression is enriched by the verbal component. During the adolescence period, children develop aggressive behaviours aimed at managing the conflict with their parents and defending their right to experiment as autonomous individuals.

4. Aggressive conduct and antisocial behaviour

Aggressive behaviour increasingly reveals itself as a complex construct within which we can trace different behaviours and meanings (Caprara and Laeng 1988). Although more recent literature has highlighted that many aggressive acts take place in the context of other antisocial behaviours, such as drug use, vandalism, etc., the two terms are partially different. The concept of aggression highlights in a peculiar way a latent potential, an intrinsic strength in the human being which is therefore difficult to observe directly. Talking specifically about aggressive behaviour means focusing above all on the act itself, which is objective, practical and therefore easily observable. Aggression represents the greatest point of similarity that characterizes and unites two distinct phenomena such as bullying and Conduct Disorder. We are talking about distinct phenomena as in the first case it is not a personality disorder while in the second case it indicates a pathology, a disorder that can be diagnosed in children. School, in recent times, has been increasingly affected by the educational emergency constituted by Conduct Disorders, aggressive and deviant behaviours and bullying phenomena. These are evolutionary difficulties that inhibit the learning possibilities of the subjects involved and compromise their human education and correct social integration. Pupils with DdC like bullies, if not recovered thanks to a course during growth, carry the consequences until adulthood where the individual, social and working life path is affected. It seems relevant to point out that the violence in school, the abuse and humiliation by some towards the most disturbing classmates are due to the greater diffusion of the phenomenon and the attention paid to them by educational agencies. In both phenomena, bullying and DDC, due to the aggression that the subjects display, social functioning is compromised (Buccoliero and Maggi 2005) as the subject is unable to build stable and long-lasting friendly relationships and is unable to show empathy towards others as he is only in contact with himself. The characteristics of aggression are present in both phenomena treated, bullying and DdC: in both the one and the other the aggressive conduct is carried out with the aim of causing



harm to the other person, is repetitive and persistent and does not produce remorse in the subject who performs them. Aggression presents an infinite number of behaviours which may be different from each other, but which are all classified as aggressive even if they present a different level of severity. In bullying as in DdC the type of behaviour can go from minor to greater severity: in bullying the physical actions of abuse can range from episodes of mild aggression such as pulling hair or pushing, to the appropriation or damage of other people's objects, up to the most serious forms of physical violence (Mariani 2005); in Conduct Disorder, subjects may show domineering, threatening, intimidating behaviour, start physical fights, even using a weapon, or steal by attacking the victim. To understand what exactly is meant by aggressive conduct, it is appropriate to specify what it means. The term aggressive behaviour, or aggressiveness, means a set of actions aimed at harming a person, such as to inflict suffering of a physical or moral nature. Aggressive behaviours are however understood as aggression, that is, as a tendency to produce aimed at harming other people or their substitutes. When aggression involves explicit violations of the norms, values and laws that regulate social behaviour we speak of delinquency or anti-sociality. Some authors believe that it is necessary to distinguish between aggressive syndromes (destruction of objects, bullying, vandalism, getting into fights and in general causing physical harm to someone) and delinquent syndromes (characterised by behaviours aimed at transgressing social rules such as stealing, lying, do not attend school). The evidence that some antisocial behaviours are not necessarily associated with manifest aggression, and that they are indeed covered by an apparently irreproachable attitude and carried out by subjects with high social status, has made it possible to overcome the cliché that saw delinquency solely as the product of poor socioeconomic conditions.

5. Forms and varieties of aggressive behaviour

We speak of direct aggression (physical and/or verbal, explicitly aimed at a subject), indirect (which is based not on physical or even necessarily explicit actions, but rather through various forms of ostracism), reactive (impulsive, often explosive and uncontrolled, characterised by high levels of arousal, anger and fear, and generally manifests itself as a reaction to antecedent conditions which represent, in the eyes of the subject, a provocation), and proactive (aimed at pursuing a specific goal, it is dominated by cognitive and intentional and characterised by low levels of arousal, i.e. a colder attitude, if

associated with a poor ability to empathize with others and in general to experience deep emotions it is also defined as psychopathy). Aggressive behaviours can be divided into two different types, positive and negative aggressive behaviours. The main characteristic that distinguishes truly positive aggression from negative or pathological aggression is given by the symmetry of the relationship between the aggressor and the attacked who can, at a later stage or context, exchange roles. Anger and aggression can become harmful as they can turn into violence and/or abuse towards others. By negative aggressive behaviours, we mean, in fact, those behaviours which, if observed, must represent an alarm bell for the identification of a problematic child, who presents a dysfunctional conduct for the achievement of healthy development and must lead to reflection and looking for the motivation for their implementation. Within aggressive behaviours, some authors (Coie et al. 1991) have identified some subtypes. Let's start by distinguishing between two forms of aggression: the first, defined as proactive aggression, occurs without any provocation from the partner and has as its objective the realization of the aggressor's intentions; the second, known as reactive aggression, manifests itself as a response to previous circumstances such as provocations or constraints. The same authors (Coie et al. 1991) further divided proactive aggression into two subclasses: bullying and instrumental aggression. The first form of aggression, previously also defined as hostile aggression (Caprara et al.1988), finds its motivation in the affirmation of interpersonal dominance, while the second is a coercive behaviour aimed at non-personal ends, such as possession of an object. There are two types of aggression: predatory aggression and affective aggression. The first is offensive aggression with a clear purpose, aimed at obtaining a positive result for the subject; the second is defensive and reactive aggression to the fear of a negative event. We also talk about impulsive aggression and programmed aggression. Impulsive aggression is an aggression associated with affective instability, it is explosive, it is not controlled, it is sometimes also directed towards oneself, it is often accompanied by anger and fear, and high levels of excitement. This type of aggressive behaviour has a very distinct impulsive character and is permanently associated with antisocial conduct. A distinction can be made between gang aggression, which involves antisocial and aggressive group behaviour, and aggression experienced and acted out in a solitary way, connected to difficulties in establishing bonds, and usually more emotionally charged. Secondly, we can distinguish overt aggression characterised by quarrelsomeness, fights, outbursts of anger, hostility and which is closer to impulsive aggression, from hidden aggression characterised by gestures made so as not to be discovered and which expresses itself in more controlled ways which bring it closer to predatory aggression. Thirdly, an instrumental aggression aimed at obtaining rewards or advantages is kept distinct from an aggression characterised by hostility and impulsiveness, which would lead the child to obtain punishments rather than advantages. Finally, it is possible to distinguish reactive aggression, which manifests itself in response to a provocation and which is of an affective nature, from proactive aggression, calculated and aimed at obtaining a useful result; children with reactive aggression are those who are more likely to interpret the behaviours of their peers as hostile, while those with proactive aggression do not show this tendency to interpret the intentions of others as



maliciously. Ultimately, two types of aggressive patterns appear to emerge: the predominantly impulsive-reactive-hostile-affective one and the predominantly controlled-proactive-instrumental-predatory one. The first consists of unplanned impulsive attacks carried out in a state of uncontrollable rage, following minimal provocation and without clear purpose. Feshbach in 1970 classified aggression as accidental and intentional, and the latter as hostile, in which the offense of the other is the aim, and as instrumental, aimed at achieving a different purpose. Coie and collaborators (Coie et al. 1991) have distinguished forms of proactive aggression, aimed at pursuing the aggressor's goal and which is carried out in the absence of provocation, and reactive, following a provocation, while Tani (1990, 1994) has categorized violent behaviour into direct aggression, oriented towards harming the target, specific, similar to Feshbach's instrumental aggression, and playful, consisting of aggressive conduct characterised however, it has a different relational meaning, connected to exploration and competition. Even from the point of view of its manifestations and the dynamics it assumes, aggressive conduct differs. A taxonomy of aggressive typologies allows us to differentiate:

- 1. physical aggression, carried out through body contact.*
- 2. verbal aggression, such as insults, teasing, threats.*
- 3. social aggression, carried out through less explicit methods of attack, such as social isolation and the manipulation of friendship networks.*

6. Differences between males and females in aggressive behaviour

In the early school years, gender differences in aggression become evident, with boys generally showing higher levels of physical aggression than girls. The latter, however, frequently show both verbal and physical forms of aggression (Crick and Grotpeter 1995). Girls often replace aggressive behaviour with non-aggressive strategies to resolve conflict, while boys' frequent tendency to resolve social conflicts aggressively persists well into adolescence and early adulthood. The belief that men are generally more aggressive than women is well rooted in everyday observations, emerges from crime reports and common sense. Developmental research indicates that gender differences in aggressive behaviour appear very early, as early as the third year of age (Coie and Dodge 1998). Loeber and Stouthamer-Loeber report that the path of aggressive behaviour appears to be different in boys and girls: a higher percentage of girls begin to become aggressive in adolescence without having shown signs of aggression in the past, and girls' involvement in of violence

peaks earlier than in boys. Girls' judgment regarding aggressive behaviour also differs from that of boys, who show different opinions regarding aggression as a way of resolving conflicts (Huesmann and Guerra 1997). The available evidence regarding the global differences between the aggressive behaviour of men and women, emerging both from individual studies and from meta-analyses, is particularly clear: men show higher levels of aggression in all domains, although the difference is not exaggerated (Hyde 1984). The results obtained from cross-cultural studies also confirm this conclusion. Gender differences in aggression vary depending on the type of aggressive behaviour analysed; they are greater if he considers physical aggression more than verbal aggression and direct aggression more than indirect aggression. Just because there is solid evidence that men are more aggressive than women do not mean that women are not aggressive.

It is known that violent behaviour is much more frequent in males than in females. Conduct disorders, which represent the nosographic category identified by the two most important manuals for psychiatric diagnosis, the Diagnostic and statistical manual (DSM-5) drawn up by the APA (American Psychiatric Association), and the International Classification of Diseases tenth edition (Icd-10), published by the WHO (the World Health Organization), for children and young people who exhibit these behaviours, are four or five times more frequent in males than in females. Today, being male is unequivocally a risk factor for developing violent behaviour. There is in fact a clear prevalence of these behavioural disorders in male subjects. Already from the age of four, boys are much more likely to be the protagonists of antisocial acts with or without expressed aggression.

7. Aggressive conduct and relationships with peers

Children frequently adopt aggressive relational methods towards peers, which differ depending on age and context. Generally, as they grow up they learn to manage conflicts more effectively, through dialogue, sharing of goods and cooperation. A normal development of language, mentalization and empathy allows you to use more refined conflict negotiation strategies, to understand other people's intentions and motivations and to adopt the interlocutor's point of view. The literature shows that the children most accepted by their peers are those who possess some prosocial characteristics, namely (Bierman, K.L., 2004):

- 1. ability to cooperate.*
- 2. ability to communicate.*
- 3. ability to introduce himself into the group using diplomatic strategies.*
- 4. ability to regulate one's emotions, to tolerate frustrations, to show a sense of humour.*

On the contrary, aggressive behaviours are poorly tolerated by the group, unless they fall into the category of prosocial aggression, that is, they are aimed at achieving a socially approved goal, such as winning in the case of a match, defending oneself or other classmates from aggressions considered unjust, or the defence of one's own honour: in this case some aggressive behaviours can be supported and even encouraged by the peer group.



The rejected forms of aggression are instead those with impulsive characteristics, inadequate to the contingent situation and apparently unmotivated, for example tantrums or fits of anger following frustrations in the game, or proactive forms of aggressive aggression, i.e. apparently not provoked by any condition antecedent. It is therefore important, especially for teachers, to note whether or not a child's aggression is pro-social, that is, whether or not it is accepted by classmates: in the latter case, in fact, aggressive behaviour, although it can create problems in the classroom, it will have less negative consequences than impulsive aggression both on the development of the individual self, on his ability to learn and on the child's mental health in general. The child who uses forms of impulsive or harassing aggression and even more so the one who shows oppositional-provocative behaviour are typically rejected by their classmates, not only because they are aggressive, but above all because they are quarrelsome, irritable, hypersensitive and touchy, insecure and suspicious about interpersonal level and with a strong orientation towards power in playing with others. The behaviour of these children, which can be defined as generally hostile, triggers aggressive counter-reactions from others with consequent confirmation of the initial negative predictions: in this way the vicious circle is maintained and indeed strengthened, with further damage to development and worsening of the relational climate in the classroom. Aggression is therefore not a sufficient condition for serious problems to occur in relationships with peers: the latter event occurs when the aggressive behaviour presents characteristics of impulsiveness or hostility and in any case does not appear motivated by social goals. It is then that aggressive children are rejected, and this is the main risk factor for their development: it has in fact been shown that aggressive and/or hyperactive children who are also rejected by their peers present greater problems over time compared to aggressive and /or hyperactive accepted by peers (Miller-Johnson 2002). It is also interesting to note that children with conduct disorders are often sensitive to the opinions of their peers, more than adults, so much so that their levels of self-esteem, already particularly unstable, are further reduced following negative interactions with their peers. (Esposito et al. 2005). The child who is unable to communicate with others except through forms of harassing aggression or who reacts explosively to frustrations and conflicts must therefore not be neglected by teachers: his behaviour is in fact indicative of a profound discomfort and a sense of personal contempt that fuels anger and hostility towards others.

Conclusions

In closing this in-depth examination of aggression in developmental age, the complexity and multi-dimensionality of this psychological phenomenon clearly emerge. Our analysis spanned fundamental definitions, exploring the underlying causes, multiple behaviours, and social connections that characterize aggressive conduct in children and adolescents. Aggression, understood as a set of behaviours that can vary considerably in intensity and form, represents a challenge to be addressed with an integrated approach. The multiple causes that contribute to this behavioural manifestation highlight the need for a holistic assessment that takes into account biological, environmental and social factors. A targeted analysis of risk factors can, in fact, guide preventive interventions, providing effective tools to counter potential negative dynamics. The evolutionary phase, with its multiple aggressive behaviours, underlines the importance of an in-depth understanding of the various facets that characterize this period of growth. The connection between aggressive conduct and antisocial behaviour, which emerged in our analysis, suggests the urgency of timely and targeted interventions to prevent the evolution of deviant behaviour. The diversity of forms and varieties of aggressive behaviour underlines the importance of personalizing intervention strategies, recognizing the uniqueness of each individual. Furthermore, the differences between males and females in aggressive behaviour require particular attention, promoting a sensitive approach to the gender dynamics that can influence the manifestation of such behaviours. Finally, the analysis of aggressive behaviour in relation to peers led us to a more in-depth understanding of the social dynamics involved. Promoting positive relationships and creating supportive environments can play a crucial role in directing aggressive behaviour toward more constructive outcomes. In conclusion, aggression in developmental age requires an integrated and multidisciplinary approach that considers the complexity of the factors involved. Only through in-depth understanding and an active response at an individual and social level can we hope to mitigate the negative impacts of this phenomenon, favouring the development of resilient individuals who are harmoniously integrated into the community.

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