

## PUBLIC OPINION AND VIOLENCE PREVENTION

by Richard E. Tremblay

Last June, when we invited newspapers to collaborate with the CEECD to conduct an opinion poll on children's aggression<sup>1</sup>, Paule Des Rivières (an editorialist at *Le Devoir*) told us, "It isn't newsworthy." This reaction came as a bit of a surprise since, over the past decade, *Le Devoir* has covered the progress of Canadian longitudinal studies on child development very well indeed. Des Rivières, in particular, has often recognized the importance of early intervention in her editorials.

Our aim with the opinion poll was to verify to what extent the Canadian public understood (like Des Rivières) that the Canadians who use physical aggression most often are preschoolers, and that preventive interventions during the preschool years are probably the best way to prevent subsequent problems with schoolyard bullying, violent juvenile delinquency, biker gang violence, and spousal violence.

Of course, the CEECD forged ahead with the poll. We asked a random sample of 1,500 Canadians to select the age at which they thought young Canadians used physical aggression most often, and which age category the Canadian government should target if it were to invest \$100 million (of new money) into violence prevention. Des Rivières was astonished by the results of the poll and the story made the front page of *Le Devoir*.

According to the poll, more than 60% of Canadians believe that adolescents resort to physical aggression more frequently than any other category of young Canadian boys (see Figure 1). Only 2% correctly identified



photo: Marie-Claude Saint-Laurent

preschoolers as being the most frequent physical aggressors. Des Rivières was especially interested by the fact that no Quebecers (0%) correctly identified preschoolers as the leading age group for frequent physical aggression. So while we know that *Le Devoir* has been doing its job reporting research results and writing editorials on this subject, its efforts do not appear to have changed public opinion in Quebec - not even by 1%!

Considering that, across the country, most Canadians perceive adolescents as being prone to physical aggression, it is not surprising that 41% wanted to spend the \$100 million on preventing physical violence in this age group (Figure 2). No more than 10% of respondents said they would spend the money to help preschool children learn alternatives to physical aggression. These results are disturbing, especially when we consider that politicians often rely on public opinion to decide where to allocate government resources.

There is clearly a long way to go if we want Canadians to understand the results of research on child development and its implications for the prevention of childhood precursors to more serious problems. Results from

we are able to demonstrate that the programs we have implemented for young children actually prevent school problems and juvenile delinquency, it will be much easier to request further resources. For the time being, our main problem is that we have to convince politicians to invest billions in early childhood development when the short- and long-term effects of the programs are not being adequately evaluated. **In 10 years time will we be able to identify which of the early childhood programs did change the life-course of children? Who is keeping score?**

For more information, see:

<http://www.excellence-earlychildhood.ca/documents/SondLégerAggressionANG.pdf>

<sup>1</sup> *Opinion Poll Regarding Aggression among Young Children in Canada -*

Conducted by Léger-Marketing 

figure 1

AGE BOYS RESORTING MOST FREQUENTLY TO PHYSICAL AGGRESSION ? \*

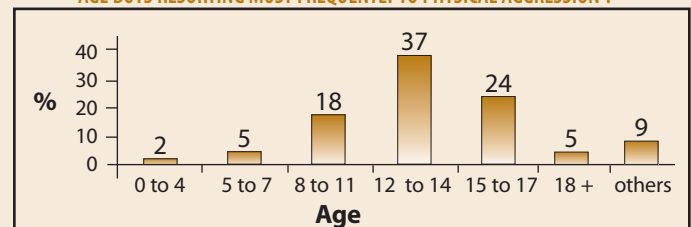
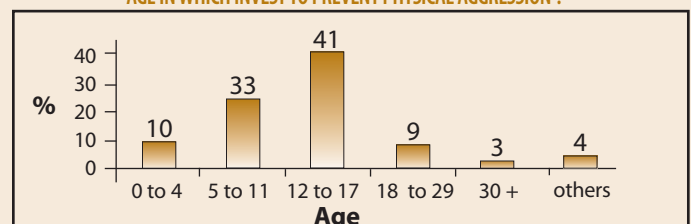


figure 2

AGE IN WHICH INVEST TO PREVENT PHYSICAL AGGRESSION ? \*



\* Poll conducted by Léger-Marketing, perception of a representative sample of the Canadian population

by Liz Warwick

## EARLY CHILDHOOD AND VIOLENCE PREVENTION

**Aggression is one of society's most pressing issues. From fights in the schoolyard to senseless shootings of innocent bystanders, hardly a community today can say it has not been affected by violent acts. Yet, contrary to what many Canadians think, researchers are discovering that the keys to understanding aggression - and thus providing appropriate treatment and intervention - are to be found in the prenatal and early childhood years.**

obstetric complications usually require another stressor, such as poor parenting or low socio-economic status, before increased levels of aggression will be found.

### When Aggressive Behaviour Peaks

Regardless of a baby's prenatal conditions, almost all infants will exhibit some form of aggression. Studies by Richard E. Tremblay, Professor at the University of Montreal, and others have shown that aggression tends to peak at

mature. "Rates of aggression decrease sharply during the preschool years as children develop their verbal, emotional, and social skills," comments Bierman.

Researchers estimate that a small group of children (5% to 10%) will continue to show aggressive patterns of behaviour throughout childhood and adolescence. Unfortunately, no definitive line has been established to distinguish normal aggression from problematic behav-

"Preschoolers who have not successfully developed age-appropriate strategies for regulating aggressive behaviour are at high risk for embarking on a trajectory to chronic antisocial and aggressive behaviour."

While some people worry about the risks of pathologizing normal toddler behaviour, Dale Hay, Professor at Cardiff University's School of Psychiatry, stresses that "extensive use of aggression is not normal, even in the earliest years of life."

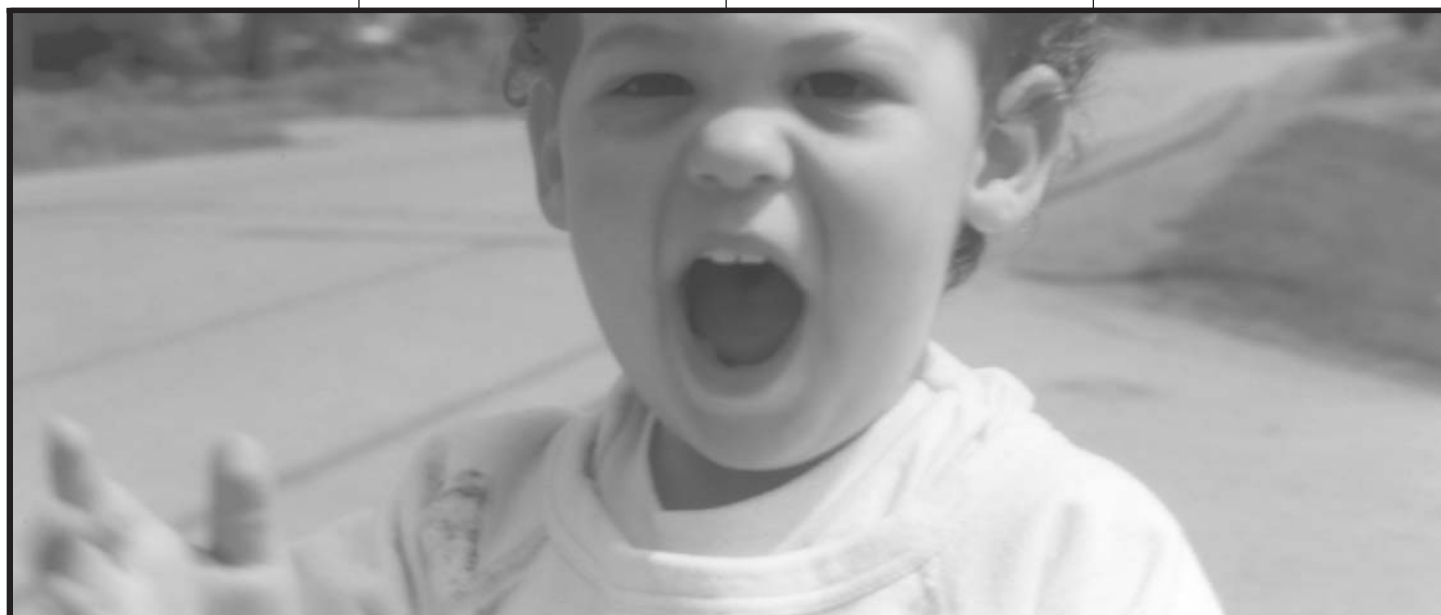


photo: Marie-Claude Saint-Laurent

Indeed, research has established some salient correlations between chronic physical aggression and numerous prenatal and perinatal conditions. However, the impact of these different complications is variable. For

about 2½ years of age and then decrease steadily. Karen Bierman, Director of the Children, Youth and Families Consortium at Pennsylvania State University notes, "There is a growing consensus that children dis-

play aggressive behaviour when they are first learning to get along with others. This happens around the ages of 2 to 3." Fortunately, these negative behaviours tend to wane as children iours. "We struggle with how to define atypical and normative aggression," says Kate Keenan, Assistant Professor of Psychiatry at the University of Chicago. "We don't know how early we can identify children who will have problems with aggression." Researchers lack well-tested models or ways to identify very young children at risk for continuing aggression. "Most etiological models do not incorporate the first years of life," says Keenan.

Hay points out that toddlers are more inclined to engage in prosocial behaviours such as sharing, helping, and empathizing. "The impulse to relate positively to others is there," says Hay, and children who have problems engaging in these prosocial behaviours appear to be at higher risk for increased levels of aggression. Hay cites findings from the South London Development Study, which measured prosocial skills in children at age 4 and again at age 11. The study concluded that a child's ability to cooperate with his or her mother on a specific task (used as a measure of prosocial skills) was a

*"Rates of aggression decrease sharply during the preschool years as children develop their verbal, emotional, and social skills." - Karen Bierman*

example, the link between prenatal alcohol exposure and aggression is much stronger than the link between poor maternal nutrition and aggression. Researchers also suggest that

play aggressive behaviour when they are first learning to get along with others. This happens around the ages of 2 to 3." Fortunately, these negative behaviours tend to wane as children

Yet the need for such models is great. In a research paper on the development and socialization of aggression, Keenan confirms that

unique predictive factor for aggressive behaviour.

### Prosocial vs. Aggressive Tendencies

The emergence of both prosocial and aggressive tendencies does not occur in a vacuum; children are born into and develop within particular families, neighbourhoods, schools, and peer groups. Rolf Loeber, Director of the *Pittsburgh Youth Study*, notes that a variety of factors increase children's risk of developing aggressive behaviour later in life, including low socioeconomic levels, mistreatment or abuse, peer drug use, poor school performance, and living in dangerous neighbourhoods. The greater the number of risk factors and risk domains, the greater the chance a child will become aggressive, according to Loeber.

Thus, when risk factors accumulate or "stack up" over a period of time, an individual may become increasingly aggressive, according to John Lochman, Professor of Clinical Psychology at the University of Alabama. Given the problem of developmental stacking, Lochman con-



photo: Andree Vallée

pared to the immense costs of containment and repair associated with troubled development. With early intervention, we have the hope of setting these troubled children on a positive pathway." However, many questions remain about the most effective and efficient means of intervening.

### Prevention Programs

Prevention programs may focus on the child, parents, the parent-

tent, non-violent strategies in managing child misbehaviour have the most positive effects on reducing child aggression." Others suggest that while parents play a key role, additional work with children and their schoolteachers may be needed. In discussing *The Incredible Years* program, Carolyn Webster-Stratton, Professor at the University of Washington, and Nazli Baydar, Research Associate Professor, point out that it is one of the few programs to have been evaluated using randomized control trials conducted both by the developer and independent researchers. For children with pervasive problems, a complementary child or teacher component is also recommended. Research has shown that *The Incredible Year's* teacher training also improved children's behaviour in the classroom and

cies in key areas of communications skills, emotional understanding, and self-regulation," she says. "Prevention programs that include a comprehensive focus on promoting child competencies in cognitive and social-emotional skills are more likely to be successful than those that focus narrowly on the suppression of aggressive behaviours."

In her research work, Bierman argues for early intervention to help aggression-prone children. "Developmental research suggests that efforts to prevent aggression and related developmental problems should begin in early childhood, when learning to control aggression is a normative developmental task, rather than waiting until school age, when the problems manifest themselves at clinically significant rates."

### How to Reduce Aggression

Canada has taken some significant steps to ensure that necessary intervention services are made available at the appropriate stages during childhood to reduce aggression. Under Canada's Early Childhood Development Agreement, provinces and territories receive funds for programs that cover a continuum of early interventions: promoting health in pregnancy, birthing and infant care; expanding family and parenting support systems; strengthening early childhood development, learning and care; and improving community support networks. Programs and services are tar-

**"The greater the number of risk factors and risk domains, the greater the chance a child will become aggressive." - Rolf Loeber**

tends that there is an urgent need to intervene early. "Interventions prior to school entry can impact children's increasingly stable aggressive behaviour before some of the later additional risk factors become crystallized," he says. In a research paper on reducing aggressive behaviour in young children, Lochman warns that failing to act has serious consequences in young children. "Aggressive and disruptive behaviour is one of the most enduring dysfunctions in children, and, if left untreated, frequently results in high personal and emotional costs to children, their families, and to society in general."

Clearly, there is a pressing need for programs and services to deal with aggression. As researcher Debra Pepler, Professor of Psychology at York University, notes, "The cost of early intervention seems minimal com-

child dyad, teachers, or some combination thereof. Unfortunately, very few programs have been validated through randomized control studies. There are also significant gaps in knowledge concerning the effectiveness of programs for various risk groups (high-, medium- or low-risk aggressors), the persistence of their effects over time (eg. 6 months, one year, or longer), the timeframe needed (eg. once a week for 12 weeks) as well as the most effective target groups (children, parents, and/or teachers).

While some programs focus on the child alone, researchers suggest that successful aggression reduction interventions also target parents. Kenneth A. Dodge, Professor at Duke University, holds that "Programs that teach parents to implement consis-

augmented the overall impact of parent training.

The development of prosocial skills in children must be a core element in any program, according to Karen Bierman, Professor at the Pennsylvania State University. "To inhibit their aggressive impulses, children need to develop competen-

geted, culturally sensitive and community based. Patricia Bégin, then Director of *Research and Evaluation at Canada's National Crime Prevention Centre*, says that in these programs and services, "the emphasis is on knowledge, information, effective practices and accountability." Bégin  
see page 8

**"Programs that teach parents to implement consistent, non-violent strategies in managing child misbehaviour have the most positive effects on reducing child aggression." - Kenneth A. Dodge**

## BREAKING THE CYCLE OF VIOLENCE

**Study by Avshalom Caspi, Joseph McClay, Terrie E. Moffitt, Jonathan Mill, Judy Martin, Ian W. Craig, Alan Taylor, and Richie Poulton**

Maltreated children are at risk for becoming antisocial adults who act aggressively or commit crimes - but not all go on to experience these problems. Researchers have long pondered the reasons behind this divergence of outcomes. Some suggest that the earlier the abuse takes place, the more likely it is that children will become antisocial adults. But this explanation only goes so far in explaining why some children seem to be affected by abuse while others are not.

In recent years, scientists have begun examining genetics as another factor contributing to these differences. In particular, they have focussed on a gene that produces monoamine oxidase A (MAOA), an enzyme that produces nervous system hormones. When scientists studied transgenic mice in which this gene had been deleted, they found that

the mice behaved much more aggressively. Therefore, the question then became: Could the MAOA gene influence aggressive behaviour in people?



photo: Marie-Claude Saint-Laurent

An international team of researchers in New Zealand designed a study to measure the effects of the MAOA gene on children raised in envi-

ronments where they were likely abused. They selected a large group of men who had been part of a study since their birth in Dunedin, New Zealand. The researchers tested each of the men to determine whether they registered high or low activity levels for the MAOA gene. Then they looked for antisocial behaviour, diagnosis of conduct disorder during adolescence, conviction for a violent crime, tendency towards violent behaviour, and signs of an antisocial personality.

In all four areas, men who had been maltreated but who had the genotype for high MAOA activity were far less likely to show antisocial

behaviour as adults. In contrast, while maltreated men without the genotype for high MAOA activity made up only 12% of the group studied, they accounted for 44% of the group's convictions for violent crimes. In other words, in adults, a gene that generated higher levels of MAOA seemed to provide protection or a buffer against the potential negative effects of maltreatment experienced in childhood.

The study's findings, while still preliminary, may help researchers to better identify maltreated children at greater risk for antisocial or criminal behaviour. The study also suggests that by discovering ways to increase MAOA activity in children at risk, researchers might be able to reduce problem behaviours in adulthood. **L.W.**

Ref.: Caspi A, McClay J, Moffitt TE, Mill J, Martin J, Craig IW, Taylor A, Poulton R, "Role of Genotype in the Cycle of Violence in Maltreated Children" *Science* 2002;297(8); 851-854. 🦋

## LANGUAGE DELAYS AND PHYSICAL AGGRESSION

**Study by Ginette Dionne, Richard E. Tremblay, Michel Boivin, David Laplante, and Daniel Pérusse**

"Try to put it into words," an adult urges a toddler who is hitting, kicking, and punching her in frustration. The child may want to express himself. But for many young children, expressing their feelings may not be so easy. For more than 60 years, research has demonstrated that there is a strong link between antisocial behaviour and poor language performance in children, adolescents, and adults. However, it remains to be seen why such a correlation exists.

Some researchers have suggested that language development and disruptive behaviour may be influenced by the same factors (such as genetics or family environment) and thus emerge at the same time. Others wonder whether children with poor lan-

guage skills are aggressive and disruptive because they are frustrated with their limited ability to communicate. Still others think that perhaps language development is limited by disruptive behaviour since children may be too busy acting out to focus on acquiring new verbal skills.

Faced with these conflicting theories, a group of researchers decided to examine aggression and language development in a group of 19-month-old twins who are part of the *Quebec's Newborn Twin Study*. Using a specially designed checklist, parents were asked to rate each twin's tendency to use physical aggression. They were then asked to provide details about each twin's spoken vocabulary. Results showed that the association between physical aggression and language skill was present by 19 months of age,

albeit less strongly than in older children. The data also revealed a complex interaction of factors that may be critical to helping children to avoid life-long problems with aggression.

Through specific statistical analyses for twin data, the researchers determined that language skills and aggression were each influenced by genetic or environmental factors. However, physical aggression was more influenced by genetic factors, while environmental factors had more impact on language skills. There was some indication that language delays increased the chances a 19-month-old would use physical aggression, but longitudinal data will be needed to confirm the direction of the effect.

These findings suggest that young children with early signs of language problems should also be

screened for higher rates of disruptive behaviours and given appropriate services if necessary. In addition, the study showed that higher rates of aggression can be identified in very young children, not just school-aged children. In other words, while aggression may be developmentally appropriate for toddlers, some resort to aggression much more than others and may need extra help in learning more socially appropriate behaviour. By helping these children improve verbal as well as social skills, more serious problems with aggression may be averted. **L.W.**

Ref.: Dionne G, Tremblay RE, Boivin M, Laplante D, Pérusse D, "Physical aggression and expressive vocabulary in 19-month-old twins" *Developmental Psychology* 2003;39(2); 261-273. 🦋



## A TODDLER'S USE OF FORCE

**Study by Dale F. Hay, Jenny Castle, and Lisa Davies**

Two toddlers play side by side. One reaches over and grabs the other child's doll. A tug of war ensues. One child strikes out; the other cries. Such scenes are common when young children get together. Yet researchers are questioning whether this early use of force might point to problems with aggression later in life. Recently, a British team studied 66 children aged 18 to 30 months to learn how they used force (either by grabbing or hitting) against their peers.

A group of mothers of toddlers were asked to arrange a play date at home for their child and a friend around the same age. In two separate sessions, the children were observed and videotaped at play. The researchers also asked the mothers to rate their child's aggressiveness.

They then examined the tapes, looking for points where children used force, either by tugging or grabbing an object held by their



photo: Marie-Claude Saint-Laurent


friends or by hitting, kicking, or pushing. Slightly more than half of the children never lashed out at all. The ratings of aggression did not show significant differences between boys and girls. However, a gender difference was shown in the consideration of whether children ever used aggression: 65.6% of the boys were likely to hit at least once while

only 33.3% of the girls did so. If a girl did hit, she was more likely to do so again at the second session, which occurred six months later. This was not true for the boys.

The researchers also looked at the toddlers' ability to draw conclusions about a friend's intentions. Understanding what someone intends to do is a complex process, and research

has shown that misunderstanding or being suspicious of people's intent may lead older children to act aggressively. The British team found that toddlers in the study who quickly withdrew a toy when a friend pointed at or gestured towards it were more likely to eventually hit or kick the friend.

The study's findings showed that the tendency to hit, particularly in girls, tended to be stable - a child who lashed out in one session would likely do so again in the second session. However, as the study was conducted over a short period of time, the researchers could not determine whether children's early use of force might predict later problems with aggression. Only careful, long-term follow-up studies will determine how many of these toddlers learn to channel their aggression into socially acceptable behaviour. **L.W.**

Ref.: Hay DF, Castle J, Davies L, "Toddler's Use of Force against Familiar Peers: A Precursor of Serious Aggression?" *Child Development*, 2000;71(2);457-467. 

## IDENTIFYING BEHAVIOUR PROBLEMS IN YOUNG CHILDREN

**Study by Kate Keenan and Lauren S. Wakschlag**

As children move into the preschool years (ages 2½ to 5½), cries of "No!" and "I'll do it myself!" are frequently heard. Children this age may be easily frustrated when faced with limits. They will cry, throw tantrums, and even lash out at a parent, caregiver, or friend. However, some preschoolers show even more extreme and difficult behaviours, often defying adults and deliberately hurting other people. Some may be so disruptive that they are banned from preschool.

Identifying and helping these children is a vital task. Current research suggests that, without help, these children

may go on to have serious problems with aggression. Indeed, researchers are finding that intervening at this time in life (rather than in middle childhood or adolescence) can be highly effective in helping children develop better coping skills.


In order to intervene, researchers need to identify those at risk. Unfortunately, when it comes to children under age 6, there are very few tools to help with this task. The *American Psychiatry Association's Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV)* (the indispensable reference tool for those working in the field of mental health) offers methods of measuring serious behavioural

problems, but these methods are used only for children 6 years of age and older. Until recently, that is. A team of researchers in Chicago decided to try applying the DSM-IV criteria to younger children.

The researchers selected 79 children who had been referred to a special clinic in Chicago for behaviour problems. They then evaluated the children using a modified version of the DSM-IV criteria and discovered that over 70% met the DSM-IV definition for disruptive behaviour problems.

The researchers also evaluated the children using other measures of behaviour they had specifically designed for the preschool age group. Then they compared findings.

The DSM-IV criteria appeared to identify behaviour problems just as well as the other, more age-oriented, measures. It was therefore suggested that the DSM-IV might also be used with children under 6.

However, the researchers emphasized that these findings are preliminary. Further work is needed to improve and refine even better tools for evaluating preschoolers with behaviour problems so that they can receive timely and effective help. **L.W.**  
Ref.: Keenan K, Wakschlag LS, "More than the Terrible Twos: The Nature and Severity of Behavior Problems in Clinic-Referred Preschool Children" *Journal of Abnormal Child Psychology* 2000; 28(1):33-46. 

## HELPING CHILDREN TO HELP THEMSELVES

**Study by Carolyn Webster-Stratton, Jamila Reid, and Mary Hammond**

When it comes to helping children with serious behaviour problems, the mantra has tended to be "Help the parents to help their children," through parent training programs. Studies have proven this method effective. But while children's behaviour often improves at home, problems at school may continue, despite their parents' best efforts. Then there is the problem of parents being unwilling or unable, for many reasons, to participate in a training program.

Researcher Carolyn Webster-Stratton, well known for developing The Incredible Years training program (aimed at reducing behaviour prob-

lems in young children), wondered if there might be another way to help children with behaviour problems. She began to offer the children in her programs training in social skills, problem solving, and anger management classes. She and a team of researchers then designed a study to see whether children who participated in her *Incredible Years Dinosaur Social Skills and Problem Solving Curriculum* (aimed at ages 4 to 8) showed improved behaviour.

The children met weekly in small groups for about six months. The training program used videotapes, puppets, role-playing, colouring books, stickers, and prizes to help children talk about and use social

skills. At the end of the program, the researchers evaluated the children to see whether their behaviour had improved both at home and at school. They found that the children had made significant improvements in both settings. A year later, when the researchers reevaluated the children, these positive changes were still in evidence.

The research team also looked at how children facing additional risks might react to the training. They looked specifically at children diagnosed with attention deficit hyperactivity disorder (ADHD), those coming from families facing the stresses of poverty, depression, or marital problems, as well as children in families

where parents used physical punishment or harsh criticism. They found that children with ADHD or from stressed families benefited from the training. However, children from families with poor parenting practices did not show as much improvement. In the latter case, the researchers suggested that both the parents and the children might require training in order to improve behaviour at home and at school. **L.W.**

Ref.: Webster-Stratton C, Reid J, Hammond M, "Social skills and problem-solving training for children with early-onset conduct problems: who benefits?" *Journal of Child Psychology and Psychiatry* 2001; 42(7):943-952. 🦋

## HELPING BOYS TO FIND THEIR WAY

**Study by Eric Lacourse, Sylvana Côté, Daniel S. Nagin, Frank Vitaro, Mara Brendgen, and Richard E. Tremblay**

How do kindergarten boys develop and grow into antisocial adolescents? Do they move in steady steps, from impulsive behaviour, to fighting, to more serious crimes? Or do they reach early adolescence and, for reasons unknown, resort to antisocial behaviours like fighting, stealing, and vandalism? Can we prevent disruptive kindergarten boys from becoming hard core juvenile delinquents? To answer these questions, researchers looked at a large group of Montreal boys who have been participating in a long-term study.

The researchers began by identifying the different pathways that the boys take. Two groups (more than half the boys in the study) showed little antisocial behaviour from 11 to 17 years of age. Two groups registered levels that declined as the boys matured. The two remaining groups represented a minority, but they had

increasing levels: boys with low levels of problem behaviour that rose steadily to relatively high levels, and boys with high levels of antisocial behaviour that increased then decreased their level.

The researchers then decided to see whether, by intervening, they could change the antisocial pathways of the disruptive kindergarten boys.

These boys and their families received for two years a parent and social skills training program - and it worked. Compared to boys who had comparable behaviour problems and did not receive treatment - the control group - the boys in the program were far less likely to be physically aggressive or engage in vandalism or theft. In fact, the effect of the program seemed to last

throughout adolescence as the boys from the selected group continued to exhibit comparatively less antisocial behaviour than the control group.

By testing the effectiveness of a prevention program, the researchers highlighted an important point, namely that a disruptive or antisocial child is not doomed to become an antisocial adolescent. Interventions

can make a difference, allowing boys and young men to find new, less antisocial pathways that can lead them to a productive adult life. **L.W.**

Ref.: Lacourse E, Côté S, Nagin DS, Vitaro F, Brendgen M, Tremblay RE, "A longitudinal-experimental approach to testing theories of antisocial behaviour development" *Development and Psychopathology* 2002; 14:909-924. 🦋



# WORKING WITH AGGRESSIVE YOUNG CHILDREN

Comments by **Sandra Griffin**,  
Executive Director, *Canadian Child  
Care Federation*

Collected by *Lucie Beaupré*

Challenging behaviour in a child puts the child at risk, interfering with his learning, development and success at play. People who work with aggressive young children need to help them develop more successful behaviours.

The principal challenge for professionals working with aggressive young children is to maintain a positive response pattern. As well, in group settings, child care professionals must give the attention aggressive children require without neglecting the other children in a group, and they have to ensure that other children do not get hurt when they work with a physically aggressive child.

Early childhood educators also have to initiate and maintain positive interactions with the challenging children, independently of their difficult behaviours, and they have to avoid seeing the difficult children as abnormal. "We like to think that we like all children, but it can sometimes be a challenge to do so." Yet how we view children has a big impact on how they view themselves.

A key element to helping a child develop successful behaviours is to build on the child's strengths instead of focusing on his challenging behaviours. Equally important is to evaluate the child's environment to see if it is somehow contributing to the child's aggression. For example, is there enough room for the child to be active? Is there too much noise? Or are there too many choices?

Most of the time, when we think of aggression we think of active aggression like hitting. Yet passive aggression is also a challenge, especially among children 3 to 4 years of age. Passive aggression shows up in these children through a lack of coopera-



photo: Marie-Claude Saint-Laurent

tion or participation. Such passive aggressive children are also a challenge to work with.

To manage aggression, whether passive or active, practitioners need a comprehensive understanding of child development and professional

training in how to manage difficult situations. Some aggressive behaviour is part of normal child development in the early years, before children have all the words they need to describe their feelings. That is important to remember. Those who work in

direct contact with children need to know about the environmental and physiological bases of aggression. For example, a child who is tired, who is exposed to stressors at home, or who witnesses acts of aggression at home or on television, may be more likely to exhibit aggressive behaviour.

Developing an individual work plan is a vital ingredient for professionals to use to help a child with challenging behaviours. By observing and recording observations of the child, professionals learn what triggers the behaviour and what could change that could alter it. "As you follow your plan, the less you will react and the more you will be able to be proactive and help the child to find healthy, successful coping strategies."<sup>1</sup>

<sup>1</sup> *Interaction*, Winter 2003, p. 31. 🐾

## FIRST NATIONS AND AGGRESSION DISORDERS IN YOUNG CHILDREN

Comments by **Pierre Picard, MPs,**  
**APIRG Director** (*Aboriginal Psycho-social Interventions Research Group*).

Despite the lack of scientific or empirical studies on the extent of aggression disorders in young Aboriginal children, the environments in which they grow up leads us to believe that the problem is significant.

In reviews of statistics on the living conditions in the Aboriginal environment, the prevalence of drug addiction, fetal alcohol syndrome, low education levels, poverty, adolescent pregnancy, and suicide has often been noted. All of these rates are clearly higher than Canadian averages. While these factors are generally indicative of the development and perpetuation of various social problems, they are also considered important risk factors in the development

of conduct and behaviour disorders in young children.

Current knowledge on the subject coming from research conducted in the dominant population is very useful. It allows practitioners in Aboriginal communities to better understand the risk factors that are generally comparable from one population to another. By promoting a better understanding of the problem and recognizing that it is during the early years that the foundation for aggression disorders is established, it will be easier to find pathways to solutions that adequately meet the needs of an entire population.

Although the needs for intervention are similar in Aboriginal as well as non-Aboriginal populations, this similarity must not eliminate the need to adapt the methods of inter-

vention to the culture and identity of First Nations.

In this context, it is essential to take into account the social and contextual variables of First Nations in the establishment of prevention and intervention programs. The community and holistic approaches are often best adapted in the resolution of social problems that relate to the heart of the community.

In fact, the social interpretation that First Nations make with regard to social problems and solutions to combat them, describes the emergence and continuation of social problems as being the result of a combination of historical and environmental elements along with psychosocial agents, all of which are interconnected. The solutions must therefore be related to this context. 🐾


# EARLY CHILDHOOD AND VIOLENCE PREVENTION

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also stresses that Canada's National Crime Prevention Strategy (a policy

down" programs, whereby communities selectively implement parts of pro-

grams and therefore potentially reduce their impact and efficacy. Researchers such as Celene E. Domitrovich and Mark Greenberg, Professors at Pennsylvania State University, agree, suggesting that the future of prevention programs resides in generation, replication, and implementation.

ing it but for some reason or other, we forget it." He says that far too many Canadians are under the impression that aggression and violence are problems to be addressed in late childhood and adolescence. But nothing could be further from the truth. According to Tremblay, if Canada wants to ensure the well-being of future generations, "early intervention is one of the best investments that can be made." 

*"Early childhood is important. It's been said over and over. Everyone has been saying it but for some reason or other, we forget it." - Richard E. Tremblay*

and set of programs to reduce crime) goes beyond simply policing communities and addresses the root causes of violence. "It is a long-term, proactive approach. The crime prevention benefits will accumulate over time through a social developmental approach," she says.

grams and therefore potentially reduce their impact and efficacy. Researchers such as Celene E. Domitrovich and Mark Greenberg, Professors at Pennsylvania State University, agree, suggesting that the future of prevention programs resides in generation, replication, and implementation.

There is also a clear need for expanded knowledge, more services, and better policy-making for earlier intervention. Richard E. Tremblay is emphatic when he talks about the benefits of early intervention. "Early childhood is important. It's been said over and over. Everyone has been say-

Dan Offord, Director of the *Canadian Centre for Studies of Children at Risk*, wants to take current policies aimed at reducing aggression to the next level. "If you are going to do a national program, you must have clear objectives," says Offord. While communities want and need choice, Offord emphasizes the importance of establishing the effectiveness of programs. "We need evidence that they work," he says, but he also warns against the danger of "watering-

### The Need for Better Services

Most researchers agree that there is a pressing need to evaluate the effectiveness of programs, but very little money has been allocated to program evaluation. Offord is calling for increased collaboration between academic centres and the community organizations that implement aggression prevention programs. He says groups should be keeping detailed participant records, looking

## News Flash: Conference PREVENTION OF ABUSE TOWARDS YOUNG CHILDREN SEPTEMBER 5-6, 2003, MONTREAL

This conference, organized by the *Centre of Excellence for Early Childhood Development* (CEECD), the *Centre of Excellence for Child Welfare* (CECW), and McGill and Concordia universities, is intended for Canadian service planners and service providers. It will focus on the prevention of abuse and neglect of young children and on what we know about the effects of abuse on

child development, protective factors, and preventive interventions. Presentations on the *Ospedale della Pieta* which combines music and support in the treatment of abandoned children, will also be covered.

For more information and for registration material, consult the CEECD Website:  
[www.excellence-earlychildhood.ca](http://www.excellence-earlychildhood.ca)

**YOU WISH TO FIND OUT MORE ABOUT YOUNG CHILDREN AND AGGRESSION?**  
Please Refer to Our Experts Texts on Aggression in the CEECD Encyclopedia:  
[http://www.excellence-earlychildhood.ca/liste\\_theme.asp?lang=EN&act=32](http://www.excellence-earlychildhood.ca/liste_theme.asp?lang=EN&act=32)

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The *Centre's* partners are Health Canada, Université de Montréal, Centre de Recherche de l'Hôpital Sainte-Justine, Fondation Jules et Paul-Émile Léger, Canadian Paediatric Society, Canadian Child Care Federation, University of British Columbia, Institut national de santé publique du Québec, Dalhousie University, IWK Health Center, Centre de Psycho-Éducation du Québec, Queen's University, First Nations of Quebec and Labrador Health and Social Services Commission, Canadian Institute of Child Health, Human Resources Development Canada.

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