

VOICES FROM THE FIELD - Public Policies and the Prevention of Early Childhood Aggression

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(Published online July 5, 2004)

Policy perspective

Aggression and violence are linked to a range of serious and costly psycho-social problems that present significant challenges for individuals, families, teachers, peers, communities and mental-health and criminal-justice practitioners.

CEECD authors have made an important contribution to our understanding of the origins of aggression, its physical and social developmental trajectory^{1-5,11} and promising approaches to preventing and reducing aggressive behaviour.⁶⁻¹⁰ Their research shows that infants engage in aggressive behaviour, which intensifies during the first two and a half years after birth. Significantly, such aggression occurs even in the absence of observed aggressive behaviour models. Through the process of socialization, aggression steadily declines as children learn to regulate their emotions and resolve conflict without acting out aggressively. Pre-school children who do not “unlearn” aggression in their family environment and interactions during this sensitive period of development are at risk for serious behaviour problems during childhood and early adolescence.

Aggressive behaviour problems that emerge and become stabilized in the pre-school years – a period of dramatic cognitive, linguistic, emotional development – are highly predictive of antisocial behaviours in both adolescence (e.g. violence, delinquency, early school leaving and drug abuse) and adulthood. In fact, aggression is seen to be the best predictor for delinquent behaviour before the age of 13¹² and a risk factor for heavy illicit drug use and dependence in the late teenage years.¹³ From this perspective, unchecked early aggression leads to the accumulation or stacking of additional social and developmental risk factors. This trajectory of antisocial behaviour in turn leads to more serious, multi-problem criminal behaviour, which is more difficult and costly to treat.¹⁴

Socio-economic factors, especially family environment and poverty, are associated with aggressive conduct problems in children.¹⁵ Family-related risk factors of significance are parents who are young and single, family violence, maternal depression, poor parenting practices and history of familial criminality. Recent Canadian research using data from the National Longitudinal Survey on Children and Youth (NLSCY) examined the effect of witnessing family violence on child aggression. It found that “exposure to violence in the home has a strong association with aggressive behaviour among children.”¹⁶ Hostile

parenting practices, coupled with exposure to violence, also increased the odds of aggression for children. Prenatal substance exposure is also associated with cognitive and social deficits, including aggression.

If we accept that in most cases, it is never too late to effect a change in behaviour,¹⁷ then effective and accessible intervention should be available to address conduct problems at different developmental stages. However, from a community-safety and cost-effectiveness perspective, it is prudent to direct public policies and resources to approaches with the potential to reduce early aggression. Given the evidence suggesting that human behaviour becomes stabilized during the developmental period occurring before the onset of formal schooling, it is warranted to develop policies and invest public resources in prevention and early intervention measures with at-risk families during the preschool years.

Promising measures to reduce early behaviour problems assessed include quality daycare programs using evidence-based pedagogical approaches in child skills/behaviour development, teacher training focusing on appropriate classroom management techniques, and parent training and support to improve parental functioning, child-rearing techniques and the parent-child relationship. Program interventions focusing on both parent and child behavioural deficits appear to produce better results than those that focus exclusively on the conduct of the child. The CEECD authors also point to approaches to prevent and respond to prenatal substance exposure, including timely medical diagnosis, assessment and planning.¹⁻¹¹

The number of prevention/treatment strategies targeting problem behaviour in pre-school children is woefully inadequate. Most have been developed to meet the clinical requirements of children enrolled in elementary school, a developmental period when treatment of aggression is more difficult and costly. There is a dearth of empirically validated treatment interventions for this age group in Canada.

These facts point to a fundamental need for more research and programming in the area of early childhood aggression, particularly in the Canadian context. At a minimum, interventions for children from birth to age five should be grounded in developmental theory, adequately funded, well executed and target both children and parents at risk and those experiencing aggressive conduct problems. As well, they should be tested with culturally diverse populations and in different environments. Evaluation and replication in high-quality trials, using experimental designs with random assignment to treatment and comparison groups, must be an integral aspect of social programs.

Research has the capacity to indicate which social development approaches have achieved their intended outcomes and, of equal importance, which have produced unanticipated, harmful outcomes.¹⁸ Canada owes it to the next generation to develop early-childhood development policies that flow from a knowledge base and contribute to the advancement of best social practice.

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To cite this document:

Bégin P. Voices from the field – Public policies and the prevention of early childhood aggression. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2004:1-5. Available at: <http://www.child-encyclopedia.com/documents/BeginANGps.pdf>. Accessed [insert date].

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