Prevalence and Factors Associated with Aggression among Preschool Age Children at Baraem Bader Nursery School in Al-Asher 10th of Ramadan city, Egypt

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Abstract: Childhood aggression is a major public health problems leading to children at a significant risk for continued behavior problems and other social and emotional challenges throughout their lifetime. This study aimed to study the prevalence and factors associated with aggression in preschool age children. Baraem Bader nursery school of Al-Asher 10^{th} of Ramadan city was chosen as the study setting. The study sample compromised 50 preschool age children from both sex. The validated observational checklist sheet which is designated to detect developing behavior problems of the preschool age children was used to collect required data. The study confirms that the prevalence of preschool age aggression were 68% who occasionally suffering from aggression and 32% who always suffering from aggression. The associated factors of aggression are increased with age category, male, and first birth child, also they tend to be from mothers who are working and less than university education. The study recommended that professional nurse play a critical role in partnering with parents, educators, school psychologist for early identification, prevention and intervention of aggression in preschool age children, which are essential in the prevention of serious and costly problems in later childhood.

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Key words: prevalence, aggression, aggressive behavior, preschool and risk factors.

1. Introduction

Childhood Aggression is a major public health problem worldwide especially in recent years ^(1,2). Globally the prevalence of childhood aggression was 5-10% in both male and female ⁽³⁾. In the United States the prevalence of preschool age children aggression was 22% for both male and female ⁽⁴⁾. In a Canadian nationwide longitudinal study the estimated prevalence of childhood physical aggression was 16.6% ⁽⁵⁾. In A Vietnam veterans study the prevalence of reported childhood aggression was 19.4% among childhood ⁽⁶⁾.

In Egypt there is no national figure available regarding the prevalence of aggression in the preschool age children. Also study carried out at Pittsburgh showed that the prevalence of childhood aggression was ranged from 3% to 40% ⁽⁷⁾. Further evidence was provided by A 2006 Trenton and Philadelphia study in which it was estimated that 32% overlap in children identified as higher in aggression by both mothers and teachers ⁽⁸⁾.

The reason behind this major pediatric health problem could be attributed, on one hand to a complex set of biologic, psychosocial, cultural, and familial variables $^{(7,8)}$. On the other hand, gender, frustration, modeling and reinforcement are other factors that may play a role in increasing aggressive behavior in childhood $^{(9,10)}$.

Childhood aggression is a serious problem particularly among children who exhibit aggression

across time and contexts (11-12). Preschool-aged children displaying high levels of aggression are known risk factors for increased social and emotional problems, as they are more likely to exhibit attention deficit disorder, conduct disorder, future juvenile delinquency, and later antisocial behaviors (13-15). Aggression is also associated with alcohol, drug abuse, accidents, violent crimes, depression, suicide attempts, spouse abuse, and neglectful and abusive parenting (¹⁶⁻¹⁸⁾. Furthermore, violence commonly results in serious injuries to the perpetrators themselves (19,20). Indeed, young children who manifest severe and pervasive forms of aggression demonstrate significant levels of social impairment and are therefore significantly more likely to develop subsequent mental health problems (21,22). Whitaker & Blake & Hamrin, have shown that such problematic levels of aggression in adolescence or adulthood can be identified in the preschool years and can be traced to events occurring early in life (23-26).

Childhood aggressive behavior prevention has become one of the most pressing issues facing our society today ^(27,30). While preventing aggressive behavior are increasingly receiving international attention, the nursing profession play potential role to reduce this major problem in society ⁽³¹⁾. Ironically, the nursing profession had its origins in warfare ⁽⁷⁾. Together nurse, parents, educators and school psychologist play a major role for early identification, prevention and intervention of aggression in

preschoolers which leads to prevention of serious and costly problems in later childhood ⁽³²⁻³⁶⁾.

2. Subject and Methods

Aim of the study:

To study the prevalence and factors associated with aggression in preschool age children.

Sample:

50 children from both sexes were chosen by systematic random sample their age ranged from 3 to less than 6 years.

Type of the study:

Cross sectional study.

Setting:

Baraem Bader nursery school at Al-Asher 10^{th} of Ramadan City .

Study tool:

Data was collected through using: Modified Observation checklist sheet: It is a screening test designated to detect developing behavior problems of the preschool children from 3-6 years. It was developed by **Behar**, ³⁷⁾ preschool questionnaire, translated and modified by **Abdelatif**, ⁽³⁸⁾. The checklist contain 30 items pertaining for the following categories; Hostile aggressive, anxious fearful, hyperactive distractible in addition to nervous mannerisms thumb sucking, nail biting, wet or soiled self, speech problems, unusual sexual behavior and over activity

Methods:

- Required letters were adopted from the administrator of the nursery school and Permission were obtained from the principles of the schools to facilitate the required data collection.
- The modified observational checklist sheet which is designated to detect developing aggressive behavior was used to study children aggressive behavior.
- Data were collected from 1 August to 30 September 2009. During the initial introductory period an attempt was made to establish an informal and friendly atmosphere to facilitate communication between the child and the researcher and to help

children to be more relaxed. Three children were observed daily for 3 consecutive days from 9 am to 1 p.m.

Statistical analysis:

The collected data were organized tabulated and statistically analyzed using SPSS software statistical package version 17. The variables were presented in number and percentage. The children's behavior was observed three times at different occasions. The frequency of behavior was rated at which the child was aggressive along a three-point scale ranging from rarely, occasionally and always. This rating was scored as 1 for rarely, 2 for occasionally and 3 for always. The score of the three observations was summated for each item of behavior and the average calculated. The total score was calculated by summation of the score of the nine questions. Total score of each behavior ranged as rarely (1-8), occasionally (9-17) and always (18-27). The mean and standard deviation of total score was calculated and T test was used to compare between subgroups. The chi square test was used for statistical significance of observed differences of behavior score in reaction to explanatory variables studied. Whenever the chi square was found not suitable, the Fisher exact test was used. The interpretation of significance was done using a p value of < 0.05

3. Results

From Table (1) It was found that 34.0% of preschool children were always not considering to other's feelings, and biting or pinches others and 42.0 % of them were occasionally fight with other children ,and disobedient .The result also reveals that 26.0% ,24.0% , and 22,0% of children were always blames others, opposing with other children , and destroying their and other's things respectively. In addition it was illustrated that 68% of the preschool age children were occasionally suffering from aggression and 32% them were always suffering from aggression.

Table (1) Distribution of preschool age children in relation to their aggressive	ive behavior.
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Items of behavior	Rarely		Occasionally		Always	
	N	%	N	%	N	%
Destroying his and others' things	30	60.0	9	18.0	11	22.0
Fight with other children	20	40.0	21	42.0	9	18.0
Disobedient	22	44.0	21	42.0	7	14.0
Tells lies	32	64.0	11	22.0	7	14.0
Opposing with other children	30	60.0	8	16.0	12	24.0
Not sharing playing with others	47	94.0	1	2.0	2	4.0
Blames others	21	42.0	16	32.0	13	26.0
Not considering to others' feelings	14	28.0	19	38.0	17	34.0
Bites or pinches others	24	48.0	9	18.0	17	34.0
Total score	0	0.0	34	68.0	16	32.0

Table (2) shows that less than half (42.4%) of children whose age \geq 5 years were always bites or pinches others compared to 17.6% of children whose age \leq 5 years. On the other hand the preschool age

children whose' age ≥5 years suffering from aggression than those aged <5 years and the significant differences were not found.

Table (2): Children's aggressive behavior in relation to their age in years

Items of behavior Items of behavior Boys (n=23)			Girls	P	
nems of benavior	N	%	N	%	P
Destroying his and others' things					
Rarely	11	47.8	19	70.4	0.234
Occasionally	6	26.1	3	11.1	
Always	6	26.1	5	18.5	
Fight with other children					
Rarely	6	26.1	14	51.9	0.189
Occasionally	12	52.2	9	33.3	
Always	5	21.7	4	14.8	
Disobedient					
Rarely	7	30.4	15	55.6	0.134
Occasionally	11	47.8	10	37.0	
Always	5	21.7	2	7.4	
Tells lies					
Rarely	12	52.2	20	74.1	0.241
Occasionally	6	26.1	5	18.5	
Always	5	21.7	2	7.4	
Stupor with other children					
Rarely	11	47.8	19	70.4	0.214
Occasionally	4	17.4	4	14.8	
Always	8	34.8	4	14.8	
Not sharing playing with others					
Rarely	22	95.7	25	92.6	0.344
Occasionally	1	4.3	0	0.0	
Always	0	0.0	2	7.4	
Blames others					
Rarely	6	26.1	15	55.6	0.096
Occasionally	10	43.5	6	22.2	
Always	7	30.4	6	22.2	
Not considering to others' feelings					
Rarely	5	21.7	9	33.3	0.180
Occasionally	7	30.4	12	44.4	
Always	11	47.8	6	22.2	
Bites or pinches others					
Rarely	9	39.1	15	55.6	0.149
Occasionally	3	13.0	6	22.2	
Always	11	47.8	6	22.2	
Total score (mean±SD)	16.7	<u>+</u> 5.1	13.8	<u>+</u> 3.9	0.028*

Table (3) shows that less than half (47.8 %) of boys were always bites or pinches others, and not considering to others' feelings compared to, 22.2% of girls respectively. On the other hand, 21.7% of boys were always fight with other children,

disobedient, and tells lies compared to 14.8%, and 7.4% of girls respectively. In addition the aggressive score was more in boys (\pm 5.1) than in girls (\pm 3.9) and there was a significant difference between the aggressive score in boys and girls.

Table (3): Children's' aggressive behavior in relation to their gender.

Table (3): Children's' aggressive behavior in relation to their gender. First birth Second and								
First birth (n=21)			_					
Items of behavior				(n=29)	P			
	N		N	<u>%</u>				
Destroying his and others' things								
Rarely	12	57.1	18	62.1	1.000			
Occasionally	4	19.0	5	17.2				
Always	5	23.8	6	20.7				
Fight with other children								
Rarely	9	42.9	11	37.9	0.521			
Occasionally	7	33.3	14	48.3				
Always	5	23.8	4	13.8				
Disobedient								
Rarely	10	47.6	12	41.4	0.494			
Occasionally	7	33.3	14	48.3				
Always	4	19.0	3	10.3				
Tells lies		-						
Rarely	13	61.9	19	65.5	0.768			
Occasionally	4	19.0	7	24.1	-			
Always	4	19.0	3	10.3	-			
Stupor with other children								
Rarely	13	61.9	17	58.6	1.000			
Occasionally	3	14.3	5	17.2				
Always	5	23.8	7	24.1				
Not sharing playing with others								
Rarely	20	95.2	27	93.1	1.000			
Occasionally	0	0.0	1	3.4				
Always	1	4.8	1	3.4				
Blames others								
Rarely	10	47.6	11	37.9	0.245			
Occasionally	4	19.0	12	41.4	0.2 13			
Always	$\frac{7}{7}$	33.3	6	20.7				
Not considering to others' feelings	'			20.7				
Rarely	5	23.8	9	31.0	0.934			
Occasionally	$\frac{3}{8}$	38.1	11	37.9	0.334			
Always	$\frac{8}{8}$	38.1	9	31.0	·			
Bites or pinches others	8	36.1	9	31.0				
Rarely		20 1	16	55.2	0.517			
Occasionally	8	38.1	16	55.2	0.517			
	$\frac{4}{9}$	19.0	$\frac{5}{8}$	17.2				
Always		42.9		27.8	0.500			
Total score (mean±SD)	15.5	<u>+</u> 5.1	14.8	<u>+</u> 4.4	0.588			

From table (4) It was observed that 23.8 of the first birth were always destroying their and others' things and fight with other children compared to 20.7% and 13.8 % of the second birth respectively and the significant difference were not found. Although the

significant difference were not found regarding Children's' aggressive behaviour in relation to birth order, the preschool age children whose first birth suffering from aggression than those whose second and more rank.

Table (4)Children's' aggressive behavior in relation to their birth order.

Table (4)Children's' aggressive behavior in relation to their birth order. First birth Second and							
Items of behavior	(n=21)		more(n=29)		P		
Titelins of benavior	N	%	N	%			
Destroying his and others' things							
Rarely	12	57.1	18	62.1	1.000		
Occasionally	4	19.0	5	17.2			
Always	5	23.8	6	20.7			
Fight with other children							
Rarely	9	42.9	11	37.9	0.521		
Occasionally	7	33.3	14	48.3			
Always	5	23.8	4	13.8			
Disobedient							
Rarely	10	47.6	12	41.4	0.494		
Occasionally	7	33.3	14	48.3			
Always	4	19.0	3	10.3			
Tells lies							
Rarely	13	61.9	19	65.5	0.768		
Occasionally	4	19.0	7	24.1			
Always	4	19.0	3	10.3			
Stupor with other children							
Rarely	13	61.9	17	58.6	1.000		
Occasionally	3	14.3	5	17.2			
Always	5	23.8	7	24.1			
Not sharing playing with others							
Rarely	20	95.2	27	93.1	1.000		
Occasionally	0	0.0	1	3.4			
Always	1	4.8	1	3.4			
Blames others							
Rarely	10	47.6	11	37.9	0.245		
Occasionally	4	19.0	12	41.4			
Always	7	33.3	6	20.7			
Not considering to others' feelings							
Rarely	5	23.8	9	31.0	0.934		
Occasionally	8	38.1	11	37.9			
Always	8	38.1	9	31.0			
Bites or pinches others							
Rarely	8	38.1	16	55.2	0.517		
Occasionally	4	19.0	5	17.2			
Always	9	42.9	8	27.8			
Total score (mean±SD)	15.5	<u>+</u> 5.1	14.8	<u>+</u> 4.4	0.588		

From Table 5 we found that 23.7 of preschool age children whose mother less than university were always destroying their and others' things and fight with other children compared to 16.7% and none of them whose mother have university education

respectively. In addition the aggressive score level in children whose mother less than university were higher (± 4.8) than those of children whose mothers have university education (± 3.8) and significant differences were not found.

Table (5): Children's' behavior in relation to mothers' education

Table (5): Children's benavi					
7. 01.1	Less than university (n=38)		University (n=12)		D.
Items of behavior					P
	N	%	N	<u>%</u>	
Destroying his and others' things					
Rarely	24	63.2	6	50.0	0.380
Occasionally	5	13.2	4	33.3	
Always	9	23.7	2	16.7	
Fight with other children					
Rarely	12	31.6	8	66.7	0.060
Occasionally	17	44.7	4	33.3	
Always	9	23.7	0	0.0	
Disobedient					
Rarely	16	42.1	6	50.0	0.360
Occasionally	15	39.5	6	50.0	
Always	7	18.4	0	0.0	
Tells lies					
Rarely	23	60.5	9	75.0	0.720
Occasionally	9	23.7	2	16.7	0.720
Always	6	15.8	$\frac{2}{1}$	8.3	
Stupor with other children		13.0		- 0.5	
	24	63.2		50.0	0.740
Rarely Occasionally	5	13.2	$\frac{6}{3}$	25.0	0.740
	9		$\frac{3}{3}$	$\frac{25.0}{25.0}$	
Always	9	23.7		25.0	
Not sharing playing with others					0.520
Rarely	36	94.7	11	91.7	0.520
Occasionally	1	2.6	0	0.0	
Always	1	2.6	1	8.4	
Blames others					
Rarely	13	34.2	8	66.7	0.220
Occasionally	13	34.2	3	25.0	
Always	12	31.6	1	8.3	
Not considering to others' feelings					
Rarely	11	28.9	3	25.0	0.280
Occasionally	12	31.6	7	58.3	
Always	15	39.5	2	16.7	
Bites or pinches others					
Rarely	19	50.0	5	41.7	0.320
Occasionally	5	13.2	4	33.3	
Always	14	36.8	$\frac{1}{3}$	25.0	
Total score (mean+SD)	15.5	+4.8	13.9		0.316
Total score (mean-sd)	13.3	<u>+4.8</u>	13.9	<u>+3.8</u>	0.310

Table 6 illustrates that there is a significant difference in relation to preschool age children of working mothers and aggressive score. It was found that 20% of children whose mothers were working

always disobedient and 48% of them were always bites or pinches others compared to 8% and 20% of children whose mothers were housewife respectively, there was statistically significant differences.

Table (6): Children's' aggressive behavior in relation to their mothers' occupation

Table (b): Children's aggressive behavior			men mot	ners occi	траноп
Items of behavior	Housewife (n=25)		Working (n=25)		P
	N	%	N	%	
Destroying his and others' things:					
Rarely	18	72.0	12	48.0	0.062
Occasionally	5	20.0	4	16.0	
Always	2	8.0	9	36.0	
Fight with other children:					
Rarely	10	40.0	10	40.0	1.000
Occasionally	10	40.0	11	44.0	
Always	5	20.0	4	16.0	
Disobedient:					
Rarely	16	64.0	6	24.0	0.021*
Occasionally	7	28.0	14	56.0	
Always	2	8.0	5	20.0	
Tells lies:					
Rarely	17	68.0	15	60.0	0.598
Occasionally	6	24.0	5	20.0	
Always	2	8.0	5	20.0	
Stupor with other children:					
Rarely	18	72.0	12	48.0	0.180
Occasionally	2	8.0	6	24.0	
Always	5	20.0	7	28.0	
Not sharing playing with others:					
Rarely	24	96.0	23	92.0	1.000
Occasionally	0	0.0	1	4.0	
Always	1	4.0	1	4.0	
Blames others:					
Rarely	12	48.0	9	36.0	0.767
Occasionally	7	28.0	9	36.0	
Always	6	24.0	7	28.0	
Not considering to others' feelings:					
Rarely	10	40.0	4	16.0	0.204
Occasionally	8	32.0	11	44.0	
Always	7	28.0	10	40.0	
Bites or pinches others:					
Rarely	17	68.0	7	28.0	0.021*
Occasionally	3	12.0	6	24.0	
Always	5	20.0	12	48.0	
Total score (mean+SD)	13.7	+4.3	16.5	+4.7	0.034*
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^{*} Significant

4. Discussion

Aggression is widely prevalent among preschool age children in Al-asher 10th of Ramadan City Bader nursery school. Results of present study revealed that the overall prevalence of preschool age children who always suffering from aggression was 32% the same

results was reported by **Bendersky** *et al.* ⁽⁸⁾ who indicated that 32% overlap in children identified as higher in aggression by both mothers and teachers. Our study finding was higher than that reported by **Crick** *et al.* (22%) ⁽⁴⁾ and **Cote** *et al.* ⁽⁵⁾ (16.6%), this may be attributed to adverse family background and

family environment as compared to all other children.

Regarding child aggressive behavior in relation to their age in years, results of the present study showed that the preschool age children ≥5 years suffering from aggression than those aged less < 5 years. These findings are in line with the **NICHD** (36) and **Tremblay**, *et al.* (22) who indicated that children who exhibit high levels of aggression during the preschool remain on a relatively high throughout childhood. Also **Cote** *et al.* confirmed that some children become aggressive in kindergarten as a result of the stress generated by the transition from preschool to formal schooling (5).

Results of present study revealed that the gender of the child was an important factor associated with aggression in the preschool age children as the boys had aggressive behavior than girls. This may be due to the biology in particular to male sex hormones, at the same time the development of gender typing that males and female are expected to behave differently. In addition parents tendency to discipline boys more harshly magnifies this effect. This results also go in line with recent large US study and Canadian sample of children NICHD, 2004 & Cote, et al. who found that children in a high level of aggression were likely to be boys from families whose using a hostile ineffective parenting strategies (36,5). Moreover the differences in gender possibly are explained as children learn aggressive behavior tactics from their families cultural or media influence also our finding agree with Keller et al. (39) Ostrov et al. (40) and **Adams,** ⁽⁴¹⁾ they emphasized that gender is blamed by the general public as a reason for aggressive behavior, which indicated that males were more physically aggressive than female where males were likely to engage in physically and avoidance aggression.

Concerning children aggressive behavior in relation birth order, results showed that first birth children suffering from aggression than those whose second and more rank this may be due to children learn to be aggressive from all around them including parents, teachers and peers. The same was reported by **Gershhoff**, in 2002 (42) and **Breitenstein** *et al.* (43) who stated that children who see their parents as physically abusive are observing that they come to know as acceptable and therefore may exhibit this behavior with others, also early harsh discipline may lead to aggressive behavior. This is parallel with **Adams**, (41) who revealed that first born children were most likely to exhibit more aggression than third or later born children.

Regarding mother education, findings of this study revealed that the aggressive score level in children whose mother less than university were higher than those of children whose mothers have university education. The same was reported by **Cote** *et al.* ⁽⁵⁾ and **Adam**, ⁽⁴¹⁾ who reported that a child's

mothers with less than a high school diploma significantly predicted aggression in preschool age children. **Tremblay**, *et al.* emphasized that children who remain aggressive throughout childhood are tend to be from mothers who have low educational level (22)

As regards children's aggression in relation to their mothers' occupation, results showed that children whose mothers were working always aggressive than whose mother housewife, this may be due to mothers exposed to life stress, low social support may provide a mother experience characterized by inconsistency of rule setting, harsh discipline and low supervision and lack of warmth, all found relate to aggressive behavior in children. Results are consistent with **Campbell** *et al.*, (13) **Dodge and Pettit**, (44) and **Bendresky** *et al.*, (8) who found that children whose mothers are working remain aggressive throughout childhood.

Conclusion

The study concluded that prevalence of preschool age aggression were 68% who occasionally suffering from aggression and 32 % who always suffering from aggression. The associated factors of aggression are increased with age category, male, and first birth child. They tend to be from mothers who are working and less than university.

Recommendations

Based on the findings of the present study, the following can be recommended

- Provide early identification and appropriate referral of children who are suffering from aggression in the nursery school.
- 2. Incorporate mental health assessment in the daily pediatric practice.
- 3. Conduct early aggression prevention program to make school safer for today's young children.
- Provide a consistent school nurse in the nursery school.

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References

- 1. Comerci, G. (1996). Efforts by the American Academy of Pediatrics to prevent and reduce violence and its effects on children and adolescents. Bulletin of the New York Academy of Medicine, 73(2): 398–410.
- 2. Seven, S., Gulay, H & Damar, M. (2011):Assessing the relationship between aggression tendencies and the secure parental attachment of children going through early adolescence. World Applied Sciences Journal, 13(3), 404-409

- 3. World Health Organization (2002): World report on violence and health. Geneva, World Health Organization 1-44.
- 4. Crick, R., Casas, F., & Mosher, M. (1997): Relational and Overt Aggression in Preschool Developmental Psychology, 33(4): 579-588.
- Cote, S., Vaillancourt, T., & Leblanc, J. (2006): The development of physical aggression from toddlerhood to pre-adolescence: A Nationwide longitudinal study of Canadian children, Journal of Abnormal Child Psychology, 34(1): 71-85.
- Windle, C., & Windle, M. (1995): Longitudinal patterns of physical aggression: associations with adult social, psychiatric, and personality functioning and testosterone levels, Development and Psychopathology, 7(3): 563-585.
- 7. Loeber R, Keenan K, & Zhang Q. (1997): Boys' experimentation and persistence in developmental pathways toward serious delinquency. Journal of Child and Family Studies, 6(3): 321-357
- 8. Bendersky, M., Bennett, D., & Lewis, M. (2006): Aggression at Age 5 as a Function of Prenatal Exposure to Cocaine, Gender, and Environmental Risk. Journal of Pediatric Psychology, 31(1): 71–84.
- 9. Liu, J., & Wuerker, A. (2005): Biosocial bases of aggressive and violent behavior-implications for nursing studies. International Journal of Nursing Studies, 42(2):229–241.
- 10. Hockenberry, M., & Wilson, D. (2007): Wong's nursing care of infants and children, 8 ed., Mosby Elsevier, St.Louis, 655-657.
- 11. Stephenson, C.W. (2009): The effectiveness of a violence prevention program used as a nursing intervention too on aggression among children in pre-kindergarten. Doctorate Thesis, Florida Atlantic University,4-15.
- 12. Brendgen, M., Boivin, M., Dionne, G., Vitaro, F., &Perusse, D. (2006): Examining genetic and environmental effects on reactive versus proactive aggression. Developmental Psychology, 42(6): 1299-1312.
- Campbell, S., Shaw, D., & Gilliom, M. (2000): Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. Developmentand Psychopathology, 12(3):467–488.
- McMenamy, J., Sheldrick, C. & Perrin, E. (2011): Early intervention in pediatrics offices for emerging disruptive behavior in toddlers, Journals of Pediatric Health Care, 25(2):77-86.
- 15. Sivan,A.,Ridge,A.,Gross,D.,&Richardson,R.(2008) :Analysis of two measures of child behavior problems by African,latino, and non-hispanic caucasian of young children: Afocus group syudy, Journal of Pediatric Nursing, 23(1): 20-27
- 16. Davenport, Becky R.; Bourgeois, & Nicole, M. (2008): Play, aggression, the preschool child, and

- the family: A review of literature to guide empirically informed play therapy with aggressive preschool children, International Journal of Play Therapy, 17(1): 2-23.
- 17. Bierman, K. (2003): Programs and services proven to be effective in reducing Aggression in young children. Retrieved May 20, from http://www.child-encyclopedia.com/document/BiermanANGxp.pdf.
- 18. Stephenson ,C.W. (2009): The effectiveness of a violence prevention program used as a nursing intervention tool on aggression, Doctorate thesis, Florida Atlantic University, College of Nursing, 4-25.
- 19. Rivara P, Shepherd P, Farrington P, Richmond W. (1995): Victim as offender in youth violence. Annals of Emergency Medicine, 26 (5): 609–614.
- Kokko, K., & Pulkkinen L. (2000): Aggression in childhood and long-term unemployment in adulthood: a cycle of maladaptation and some protective factors. Developmental Psychology, 36, (4): 463-472.
- 21. Keenan, K., Uncovering preschool precursors to problem behavior. In: Loeber R, Farrington D.P.,(2001) 1st ed. Child delinquents: development, intervention, and service needs. Newberry Parc, CA: Sage Publications; 117-136.
- 22. Tremblay, R., Nagin, D., Seguin, J., Zoccolillo, M., Zelazo, P, Boiv in, M., *et al.*. (2004) Physical aggression during early childhood: trajectories and predictors, Pediatrics, 114(1): 43-50.
- 23. Blake, C., & Hamrin, V. (2007). Current approaches to the assessment and management of anger and aggression in youth: A review. Journal of Child and Adolescent Psychiatric Nursing, 20(4): 209-221.
- 24. Whitaker, R.N. (2010): Evaluation of two treatments for reactive and proactive aggression in preschool, Doctorate thesis, Walden University, College of Social and Behavioral Sciences, 1-3.
- 25. Broidy M., Tremblay E., Brame, B., Fergusson, D., Horword, J., Laird, R. *et al.*(2003): Developmental trajectories of childhood disruptive behaviors and adolescent delinquency: a six-site, cross national study. Developmental Psychology, 39(2): 222–245.
- McCord, J., Widom, S., & Crowell, E. (2001): Juvenile Crime, Juvenile Justice, Washington, DC: National Academy Press. 66-70.
- 27. Arseneault, L.,Moffit, E., Caspi, A., Taylor, A., Rijsdijk, V., Jaffee, R., *et al.* (2003): Strong genetic effects on cross-situational antisocial behavior among 5-year-old children according to mothers, teachers, examiner-observers, and twins' self-reports. Journal of Child Psychology and Psychiatry, 44 (6):832–848.
- 28. Caspi, A., McClay, J., Moffitt, T., Mill, J., Martin, J., Craig, I. W., *et al.* (2002): Role of genotype in

- the cycle of violence in maltreated children. Science, 297(5582): 851–854.
- Dodge, K. (2003) A Biopsychosocial Model of the Development of Chronic Conduct Problems in Adolescence. Developmental Psychology, 39(2):349-371.
- 30. Hann, M. (2002). Taking Stock of Risk Factors for Child/Youth Externalizing Behavior problems. National Institute of Mental Health, 1-5.
- 31. Ahmad, K. (2004). Violence prevention receives international attention. Lancet, 363: 220.
- 32. National Association of School Nurses. (2009). Position statement: Role of the school nurse in violence prevention. Retrieved March 20, from http://www.nasn.org/Default.aspx?tabid=254
- 33. U.S. Public Health Service. (2000): Report of the Surgeon General's Conference on Children's Mental Health: A national action agenda. Washington, DC: Department of Health and Human Services, 1-15
- Flannery, D.J., Vazsonyi, A.T., Liau, A.K., Guo, S., Powell, K.E., Vesterdal, W., & Embry, D. (2003) Initial behavior outcomes for the peace Buildsre Universal School-based violence prevention program. Developmental Psychology, 39(2): 292-308
- 35. Keenan, K., & Wakschlag, L. S. (2000): More than the terrible twos: The nature and severity of behavior problems in clinic-referred preschool children. Journal of Abnormal Child Psychology, 28, (1): 33–46.
- 36. NICHD, M., Early Child Care Research Network. (2004): Trajectories of physical aggression from toddlerhood to middle childhood. Monographs of

- the Society for Research in Child Development, 69(278):4.
- 37. Behar, L. and Stringfield, S. (1975): A behavior rating scale for the preschool child. Developmental Psychology. 10(5):601-610.
- 38. Abdelatif, F. (1986): study of development pattern in preschool children, Doctoral thesis, High institute of public health, Alex. University, 1-59.
- 39. Keller, E., Spieker, J., & Gilchrist, L. (2005). Patterns of risk and trajectories of preschool problem behaviors: A person-oriented analysis of attachment in context. Development and Psychopathology, 17 (2): 349-384.
- 40. Ostrov, M., Gentile, A., & Crick, R. (2006). Media exposure, aggression and prosocial behavior during early childhood: A longitudinal study. Social Development, 15(4): 612-627.
- 41. Adams, I. (2009): Preschool aggression within the social context: A study of families, teacher, and the classroom environmental, Doctorate thesis, Florida university, College of Education, 97-109.
- 42. Gershhoff, T. (2002): Corporal punishment by parent an associated child behaviors and experiences: a metanalysis and theoretical review psycho. Bull, 128 (4): 539-579.
- 43. Breitenstein, M., Hill, C., and Gross, D. (2009): Understanding disruptive behavior problems in preschool children. Journal of Pediatric Nursing, 24(1): 3-12.
- 44. Dodge, A., & pettit, S. (2003): A biopsychosocial model of the development of chronic conduct problems in adolescence, developmental psychology. Developmental Psychology, 39 (2): 349-371.

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