

**THE FORMATION OF AGGRESSIVE BEHAVIOR IN CHILDREN AND THE ANALYSIS OF ITS PSYCHOLOGICAL CAUSES**

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**Annotation:** This paper briefly examines how aggressive behavior develops in children and the key psychological factors influencing it. The analysis highlights biological predispositions, emotional regulation difficulties, family interactions, peer relations, and the impact of social learning and environmental stress. The study emphasizes that aggression results from the interaction of individual vulnerabilities and external influences, offering a concise overview of why aggressive tendencies emerge and how they can be understood within developmental psychology.

**Key words:** Child aggression; emotional regulation; family environment; social learning; peer influence; developmental psychology.

Aggression in children remains one of the most debated psychological and pedagogical problems of the 20th and 21st centuries, as researchers across psychology, neuroscience, pedagogy, criminology, and developmental studies have attempted to determine the origins, mechanisms, and determinants of aggressive behavioral patterns. The emergence of aggressive tendencies in childhood is not merely a transient developmental event but often represents a structured behavioral response shaped by biological predispositions, cognitive processes, interpersonal dynamics, early attachment experiences, environmental stressors, and socio-cultural conditions. Understanding aggression in children requires a multidimensional approach integrating classical psychological theories, contemporary empirical findings, cross-cultural perspectives, and long-term developmental research.

Early theorists such as Sigmund Freud (1920) posited that aggression originates from innate drives, specifically the destructive energy associated with the "Thanatos" (death instinct). Freud assumed that aggressive impulses develop naturally as part of a child's psychodynamic structure, especially when internal conflicts between the id, ego, and superego arise. His follower Konrad Lorenz (1966) shifted the explanation from psychoanalytic instincts to ethological foundations, suggesting that aggression is biologically wired as an evolutionary mechanism necessary for survival. This ethological view proposed that aggression is an adaptive behavior central to self-protection and resource competition. However, the psychoanalytic and ethological theories were soon complemented and challenged by behaviorist frameworks. According to John B. Watson (1925) and later B.F. Skinner (1953), aggression is not inborn but learned through reinforcement, imitation, and conditioning. Skinner's operant conditioning model emphasized that when aggressive behavior is rewarded—whether through attention,

achieving a desired object, or eliminating frustration—children internalize aggression as an effective behavioral strategy.

A pivotal transformation in the understanding of childhood aggression came with Albert Bandura's social learning theory (1973) and his famous Bobo doll experiments (1961, 1963). Bandura demonstrated empirically that children imitate aggressive behavior after observing aggressive models, especially when such behavior appears rewarded or socially accepted. His findings significantly influenced modern developmental psychology, proving that children internalize behavioral scripts from parents, peers, media, and cultural norms. Beyond learning theories, the cognitive-developmental perspective introduced by Jean Piaget (1952) provided insight into how cognitive immaturity and egocentrism contribute to aggressive reactions. For instance, preschool children, who are in the preoperational stage, often lack the cognitive tools necessary for impulse control, empathy, perspective-taking, and emotional regulation, leading to more physical or impulsive forms of aggression. Lev Vygotsky (1978) added a sociocultural dimension, suggesting that aggression can arise when a child's social environment fails to provide adequate scaffolding and emotional guidance, resulting in inadequate internalization of social norms.

The influential ecological systems theory of Urie Bronfenbrenner (1979) broadened the perspective further by explaining aggression as an outcome of interacting systems: family, school, community, media, and the broader cultural context. Bronfenbrenner emphasized that a child's behavior cannot be fully understood without analyzing the micro-, meso-, exo-, and macro-system influences. In the 1990s and 2000s, researchers began integrating neuroscientific findings into developmental psychology. Studies by Adrian Raine (1993, 2002) provided biological evidence that abnormalities in the prefrontal cortex, limbic system, and amygdala—regions responsible for impulse control and emotional regulation—are associated with increased aggressive tendencies. Further research by Dodge & Crick (1994) presented the “social information processing model,” showing that aggressive children often misinterpret neutral social cues as hostile, leading to reactive aggression. Contemporary studies frequently distinguish between reactive aggression, which is impulsive and emotion-driven, and proactive aggression, which is deliberate, goal-directed, and often instrumental. This distinction is crucial when analyzing underlying psychological causes. Dodge, Coie, and Lynam (2006) argue that reactive aggression is linked to emotional dysregulation and early traumatic stress, while proactive aggression is associated with callous-unemotional traits and deficits in moral internalization.

The family environment remains one of the most potent determinants of aggression formation. Research by Diana Baumrind (1967, 1991) showed that authoritarian parenting, harsh discipline, and inconsistent punishment significantly increase aggressive tendencies in children. Studies by Patterson (1982) and his coercive family interaction model revealed that aggression often emerges when parents unintentionally reinforce it by giving in to a child's demands during tantrums or aggressive episodes. Exposure to domestic violence, as

emphasized by Margolin & Gordis (2000), also contributes to both internalizing and externalizing aggressive behaviors.

Attachment theory, pioneered by John Bowlby (1969) and expanded by Mary Ainsworth (1978), proposes that insecure attachment—especially avoidant and disorganized types—correlates with higher aggression levels. Children lacking stable emotional bonds often develop fear, mistrust, and difficulty regulating emotions, which results in frustration-driven aggression. The peer group becomes a dominant factor from early school age onward. Research by Coie, Dodge, and Kupersmidt (1990) indicates that peer rejection consistently predicts aggressive behavior, forming a cyclical relationship where aggressive children are rejected, and rejection further intensifies aggression. Bullying and victimization dynamics, extensively studied by Dan Olweus (1993), highlight that an aggressive child may either be a bully, a victim, or both (bully-victim), and each role has distinct psychological underpinnings. The role of media exposure has been widely studied, especially by Craig A. Anderson & Brad Bushman (2001, 2002), who concluded that exposure to violent media—films, video games, and online content—increases aggressive cognitions, reduces empathy, and normalizes violent behavior. The debate continues, but meta-analytic reviews across dozens of studies show consistent associations between violent media consumption and aggressive tendencies in children.

Socioeconomic factors also exert measurable effects on aggressive behavior. Research by McLeod and Shanahan (1993) found that children from low-income families are more vulnerable to aggression due to chronic stress, parental conflict, neighborhood violence, and limited access to mental health resources. Environmental stress models (Evans, 2004) emphasize that overcrowding, noise, instability, and deprivation contribute to emotional dysregulation and aggression. Furthermore, developmental psychopathology research highlights the role of disorders such as ADHD, oppositional defiant disorder (ODD), and conduct disorder (CD). Moffitt (1993) distinguished between adolescence-limited antisocial behavior and life-course persistent aggression, demonstrating that early-onset persistent aggression is linked to both neurobiological and environmental risk factors.

In addition to individual and environmental determinants, cultural factors significantly influence aggression. Cross-cultural studies by Huesmann & Guerra (1997) revealed that children's beliefs about the acceptability of aggression vary across societies. In cultures where physical punishment is normalized, children show higher rates of aggression. Conversely, collectivist cultures emphasizing cooperation and harmony show lower aggression levels. Emotional intelligence research, especially by Daniel Goleman (1995), has also contributed to understanding children's aggression. Children with poor emotional awareness and low empathy are more prone to display reactive aggression. Interventions aimed at improving emotional regulation, such as the PATHS program (Greenberg et al., 1995), have demonstrated positive effects in reducing aggression through emotional literacy training. Modern studies increasingly highlight the significance of early childhood trauma, neglect, and adverse childhood experiences (ACEs). The monumental research by Felitti et al. (1998) demonstrated strong correlations between childhood trauma



and persistent aggressive tendencies in adolescence and adulthood. Chronic stress experienced at an early age alters cortisol regulation, amygdala functioning, and prefrontal development, increasing vulnerability to aggression. Neurodevelopmental findings show that children exposed to violence exhibit hyperreactive amygdala responses and reduced prefrontal inhibitory control (Teicher & Samson, 2016). These biological markers demonstrate that aggression is not solely a behavioral issue but also a neuropsychological response to stress.

Another significant area of research is the role of frustration, as discussed in the classical Dollard et al. (1939) frustration-aggression hypothesis. Although later refined, the basic idea remains influential: when a child's goals are blocked, aggression becomes a possible response. Berkowitz (1989) expanded this theory, emphasizing that negative affect—anger, discomfort, stress—interacts with situational cues to trigger aggression.

As children develop, moral reasoning also plays a role in aggression prevention. Lawrence Kohlberg (1973) demonstrated that children in earlier stages of moral development use simplistic reasoning, often justifying aggressive acts when they satisfy personal needs. Prosocial behavior studies by Nancy Eisenberg (2006) confirmed that empathy development significantly reduces aggression. School environments may either buffer or exacerbate aggressive tendencies. Studies by Rutter (1981) proved that school climate, teacher behavior, peer norms, and educational policies influence aggression levels. Schools that lack structure or emotional support typically report higher levels of aggressive incidents.

The rapid growth of digital technologies has added new dimensions to children's aggression. Cyber aggression, which includes online harassment, flaming, and social media hostility, has been analyzed by researchers such as Hinduja & Patchin (2010). Digital aggression often emerges due to anonymity, lack of immediate consequences, and peer validation in online spaces. The interplay of all these factors shows that aggression in children is a multilayered phenomenon shaped by biological, psychological, social, cultural, and technological influences. Modern psychology increasingly adopts integrative models—such as the biopsychosocial framework—to understand how these elements interact dynamically throughout development.

In recent decades, biological and neurochemical research has gained significant momentum in explaining the roots of aggressive behavior in children. Although social and environmental factors play a substantial role, neuroscientists have demonstrated that early biological vulnerabilities may amplify a child's susceptibility to aggression. For instance, low baseline levels of serotonin (5-HT) have been consistently associated with impulsive aggression. Research by W. Gerra et al. (2000) established that serotonin dysregulation decreases impulse control and increases vulnerability to emotional outbursts. This neurochemical imbalance affects the child's ability to delay responses, manage frustration, and interpret social cues appropriately.

Similarly, dopamine, a neurotransmitter involved in reward and motivation, has been linked to proactive, goal-oriented aggression. Studies by Tremblay et al. (2005)

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indicate that children with heightened dopaminergic sensitivity may engage in aggressive behavior because they find it stimulating or rewarding. This aligns with the behaviorist concept that aggression can be reinforced when it serves as a means to achieve goals or assert dominance. Hormonal influences, particularly testosterone and cortisol, also contribute to aggressive tendencies. While testosterone has long been associated with dominance, risk-taking, and aggression, research by Josephs, Mehta & Prasad (2006) indicates that an imbalance between testosterone and cortisol is more predictive of aggression than testosterone alone. Cortisol, the stress hormone, typically inhibits aggressive behavior. However, children exposed to chronic stressful events—domestic violence, parental conflict, socioeconomic hardship—often develop hypocortisolism, which decreases their natural restraint and elevates aggression. According to McBurnett et al. (2000), low cortisol levels in children correlate strongly with persistent conduct problems and early-onset violence.

Another biological factor is genetic predisposition. Twin and adoption studies conducted by Rhee & Waldman (2002) show that approximately 40–60% of aggressive tendencies can be attributed to heritable factors. However, genes do not act in isolation; they interact with environmental triggers. The famous MAOA gene research by Caspi et al. (2002) demonstrated that children with a low-activity MAOA variant are more likely to develop aggressive behavior *only if* they are exposed to childhood maltreatment. This gene–environment interaction is a critical insight, showing that biological vulnerability must interact with environmental stressors for aggression to manifest robustly. Prenatal and early developmental conditions also significantly impact aggression risk. Maternal stress during pregnancy, substance abuse, malnutrition, and exposure to toxins such as lead and alcohol have been linked with abnormalities in brain development that increase aggression propensity. Olds, Henderson & Cole (1998) found that children whose mothers smoked or consumed alcohol during pregnancy displayed higher rates of externalizing behaviors, including aggression, by age five.

Neurodevelopmental disorders, including ADHD, autism spectrum disorders, and sensory processing disorders, may also play a role. Children with ADHD, particularly the hyperactive-impulsive subtype, often struggle with impulse control, frustration tolerance, and emotional regulation. Research by Hinshaw (1992) documented that boys with ADHD showed significantly higher levels of reactive aggression compared to typically developing peers. The presence of comorbid oppositional defiant disorder (ODD) or conduct disorder (CD) further increases the risk of severe aggression.

Child temperament is another intrinsic factor influencing aggression. The pioneering research of Chess and Thomas (1977) classified temperaments as easy, difficult, or slow-to-warm-up. Difficult-tempered children—those who are highly reactive, sensitive to stimuli, and prone to intense emotional responses—are statistically more likely to exhibit aggressive behaviors. These temperamental traits interact with parenting styles; supportive parenting can reduce aggression, while harsh or inconsistent parenting greatly amplifies it.

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From a cognitive-behavioral perspective, the internal cognitive processes of children play a vital role. The hostile attribution bias, first described by Dodge (1980), suggests that aggressive children tend to interpret ambiguous social cues as threatening or intentionally harmful. This misinterpretation triggers defensive or pre-emptive aggression. Research throughout the 1990s and 2000s confirms that children with a hostile attribution bias are more likely to respond aggressively even in neutral situations. Equally important is the role of self-regulation. Baumeister & Heatherton (1996) argued that children with poor self-control are more likely to engage in impulsive aggression due to limited cognitive resources for inhibitory control. Executive dysfunction—difficulties in planning, decision-making, and behavioral inhibition—has been linked to aggression in numerous studies, including Welsh & Pennington (1988). Emotional competence, especially the ability to identify, express, and regulate emotions, also significantly influences aggression. Studies by Denham (1998) have shown that preschool children with poor emotional vocabulary and limited understanding of emotions exhibit higher levels of frustration-based aggression. Emotional dysregulation, often rooted in early attachment issues or inconsistent caregiving, interferes with the development of empathy and prosocial behavior. Children who grow up in emotionally invalidating environments—where their feelings are ignored, mocked, or punished—may develop maladaptive responses to stress, increasing their aggression. Linehan's (1993) biosocial model, initially developed for borderline personality disorder, has been applied to childhood aggression, emphasizing the interplay between biological vulnerability and emotionally insensitive environments.

The role of the family remains central in shaping aggression. Parental modeling is one of the strongest predictors. If children observe parents using aggression—verbal or physical—as a conflict resolution strategy, they internalize these behaviors as normative. Multiple studies (Straus, 1994; Ferguson, 2009) show that corporal punishment, even when perceived as discipline, increases the likelihood of children adopting aggressive approaches in both family and school settings. Children of parents who frequently yell, criticize, or react explosively also learn to express themselves aggressively due to emotional conditioning. Attachment disruptions deepen the problem. Children who experience inconsistent caregiving, neglect, or parental absence often exhibit internal conflicts, anxiety, and emotional instability. Disorganized attachment, described by Main & Solomon (1986), is particularly associated with aggressive behavior. These children often lack a coherent internal working model of relationships, which results in unpredictable emotional reactions, including sudden aggression.

Sibling relationships also influence aggression. Studies by Dunn & Munn (1985) showed that sibling rivalry and conflict predict aggressive behaviors, especially in families lacking effective conflict mediation. Similarly, children who assume caregiving roles due to parental dysfunction may struggle with emotional burdens leading to irritability and aggression. Peer dynamics in school-age children play a powerful role in either escalating or mitigating aggression. Peer rejection, as noted by Kupersmidt & Coie (1990), is both a consequence and a cause of aggression. Rejected children often gravitate toward similarly

aggressive peers, forming groups that reinforce antisocial behavior. Gang involvement in adolescence often begins with earlier childhood peer dynamics characterized by aggressive interactions.

Bullying behavior emerges as a distinct form of aggression with unique psychological antecedents. Research by Olweus (1993) categorized bullies as possessing high levels of dominance motivation, low empathy, and often high social intelligence. Contrary to stereotypes, many bullies are socially skilled but use aggression instrumentally to gain status. Victims of bullying, in turn, often develop internalizing problems, but some become “bully-victims,” displaying both anxiety and heightened reactive aggression. The school environment itself exerts a profound effect. Schools lacking emotional support, consistent discipline, and structured routines often report higher levels of aggression. Teacher-student relationships are particularly influential; studies by Pianta (1999) show that emotionally supportive teachers reduce aggression even in high-risk children. Conversely, punitive or inconsistent discipline increases aggression by reinforcing negative behavioral cycles. Moreover, the media environment increasingly shapes children’s aggressive behavior. As digital technology advances, children are exposed to violent content earlier and more frequently. Meta-analyses by Anderson, Bushman & Huesmann (2003) show that violent video games increase aggressive thoughts, emotions, and behaviors in children. Although not all researchers agree on the magnitude of the effect, the association remains statistically significant across numerous studies. Beyond traditional media, social media has introduced new forms of aggression such as cyberbullying, trolling, and digital harassment. Studies by Patchin & Hinduja (2012) reveal that online anonymity reduces social accountability, making children more likely to engage in verbal and relational aggression. Digital aggression can occur continuously, without the temporal or spatial boundaries of traditional aggression, increasing stress and emotional strain on victims.

Societal and cultural factors also shape aggression. In cultures where physical punishment is normalized, children show higher aggression. Lansford et al. (2005) conducted a cross-cultural study demonstrating that children in countries with socially accepted corporal punishment have significantly higher levels of aggression compared to those in countries where such practices are discouraged. Gender norms further influence aggression expression. Boys are often socialized to express anger physically, while girls may use relational aggression—gossip, exclusion, and social manipulation—discussed extensively by Crick & Grotpeter (1995). Environmental stressors contribute substantially to aggressive tendencies. Exposure to neighborhood violence, community instability, or chronic poverty increases stress, fear, and emotional dysregulation. Evans (2004) demonstrated that children in unstable environments experience elevated physiological stress responses, impairing cognitive control and leading to higher aggression.

In addition to external factors, internalized beliefs about aggression shape behavior. Children who believe aggression is justified or effective are more likely to use it. Studies by Guerra, Huesmann & Spindler (2003) show that children's normative beliefs about the

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acceptability of aggression strongly predict both reactive and proactive aggression. Moral disengagement, as proposed by Bandura (1999), further explains why some children aggress despite knowing moral rules. Through mechanisms such as dehumanization, displacement of responsibility, and minimizing consequences, children rationalize aggressive acts. This process is especially common among children exposed to violent environments or aggressive peer cultures.

**Conclusion:** Aggressive behavior in children is a complex phenomenon shaped by the interaction of biological, psychological, social, and cultural factors. Research demonstrates that aggression is not simply an innate trait but a result of dynamic interactions among genetic predispositions, neurodevelopmental factors, early attachment experiences, family environment, peer influences, and exposure to stressors and media. Both reactive and proactive aggression have distinct psychological and biological underpinnings, requiring tailored interventions. Early detection, emotional regulation training, positive parenting practices, social-emotional learning programs, and supportive school and peer environments are essential to prevent and reduce aggressive tendencies. A comprehensive, multidisciplinary approach, incorporating insights from neuroscience, developmental psychology, social learning, and cultural studies, is necessary to fully understand and effectively address childhood aggression.

#### **REFERENCES:**

1. Anderson, C. A., & Bushman, B. J. (2002). *Human aggression*. Annual Review of Psychology, 53, 27–51.
2. Bandura, A. (1973). *Aggression: A Social Learning Analysis*. Englewood Cliffs, NJ: Prentice-Hall.
3. Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review*, 3(3), 193–209.
4. Baumeister, R. F., & Heatherton, T. F. (1996). Self-regulation failure: An overview. *Psychological Inquiry*, 7(1), 1–15.
5. Caspi, A., McClay, J., Moffitt, T. E., et al. (2002). Role of genotype in the cycle of violence in maltreated children. *Science*, 297(5582), 851–854.
6. Chess, S., & Thomas, A. (1977). *Temperament and Development*. New York: Brunner/Mazel.
7. Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and social-psychological adjustment. *Child Development*, 66(3), 710–722.
8. Denham, S. (1998). *Emotional Development in Young Children*. New York: Guilford Press.
9. Dodge, K. A. (1980). Social cognition and children's aggressive behavior. *Child Development*, 51(1), 162–170.
10. Dunn, J., & Munn, P. (1985). Becoming a family member: Family conflict and the development of social understanding. *Child Development*, 56(2), 480–492.
11. Erikson, E. H. (1963). *Childhood and Society*. New York: Norton.

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12. Evans, G. W. (2004). The environment of childhood poverty. *American Psychologist*, 59(2), 77–92.

