

De-escalating Childhood Aggression in Hong Kong

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ABSTRACT

Numerous studies have linked aggression during childhood with long-term maladjustments and anti-social behaviour. Despite the alarming rise of aggression and violence in Hong Kong, few studies have been conducted on anger control intervention. It is well-known that aggression hinders development in children and creates numerous problems in the family, school, and community. The researcher reviewed the aetiology of childhood aggression from the ecosystemic perspective, and implemented an indigenous Anger Coping Training (ACT) programme for children aged 8-10, with physically aggressive behaviour and for their parents. Based on cognitive-behavioural therapy, the parent-child parallel group ACT program involved experimental and control groups with pre- and post-comparisons. Quantitative data collection consisted of the Child Behaviour Checklist (CBCL), Child Behaviour Checklist Teacher's Report Form (CBCL-TRF), and Peer Observation Checklist (POC). Meanwhile, two pilot studies were conducted prior to the main study. Eighteen out of 34 applicants were selected and divided into two experimental groups and one control group using the rule of randomization. There were no significant differences in the pre-treatment scores, and none of the demographic variables were statistically different among the three groups. The effectiveness of the ACT program was consistent. In post-intervention and follow-up studies, the treated children showed a consistent reduction in their physically aggressive behaviour. However, there was no obvious decline in their verbally aggressive behaviour. The research aims to contribute insights and practical help to parents, social workers, and teachers concerning childhood aggression in Hong Kong.

Keywords: Childhood aggression, de-escalating

INTRODUCTION

Despite the alarming rise of aggression and violence in Hong Kong, there has been no evidence-based outcome study conducted on anger control intervention. The researcher reviewed the aetiology of childhood aggression from the ecosystemic model, and implemented an indigenous Anger Coping Training (ACT) programme for children aged 8-10 years with physically aggressive behaviour and their parents.

DEFINITION

The researcher's definition of aggression in this study has a number of implications: (1) aggression is behaviour, it consists of overt action which can be observed by others; (2) aggression can be directed at either a person, an animal or an object; (3) aggression can be intended to do psychological as well as physical harm, and it may be manifested by verbal attack; and (4) aggression involves hostile intent, and is associated with cognitive processing. The above implications provide

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a foundation for understanding childhood aggression (Rutherford, Robert and Nelson, 1995; Cavell, 2000; Bassarath, 2003; Hotton, 2003; Camodeca and Goossens, 2005).

SUB-CATEGORIES

There are two major sub-categories of aggression: proactive and reactive (Kempes, Matthys, Vries, and Engeland, 2005; Vitaro, Gendreau, Tremblay, and Oligny, 1998). Proactive aggression is intentional injury to another with the purpose of gaining dominance, but reactive aggression is marked by anger arousal to hurt others. For proactive aggressors, appropriate punishments for aggressive behaviours and consistent rewards for pro-social behaviour are recommended. For reactive aggressors, cognitive restructuring through anger control training programme is recommended for reducing their hostile attributional biases (Kempes *et al.*, 2005; Vitaro *et al.*, 1998).

THEORETICAL FRAMEWORK

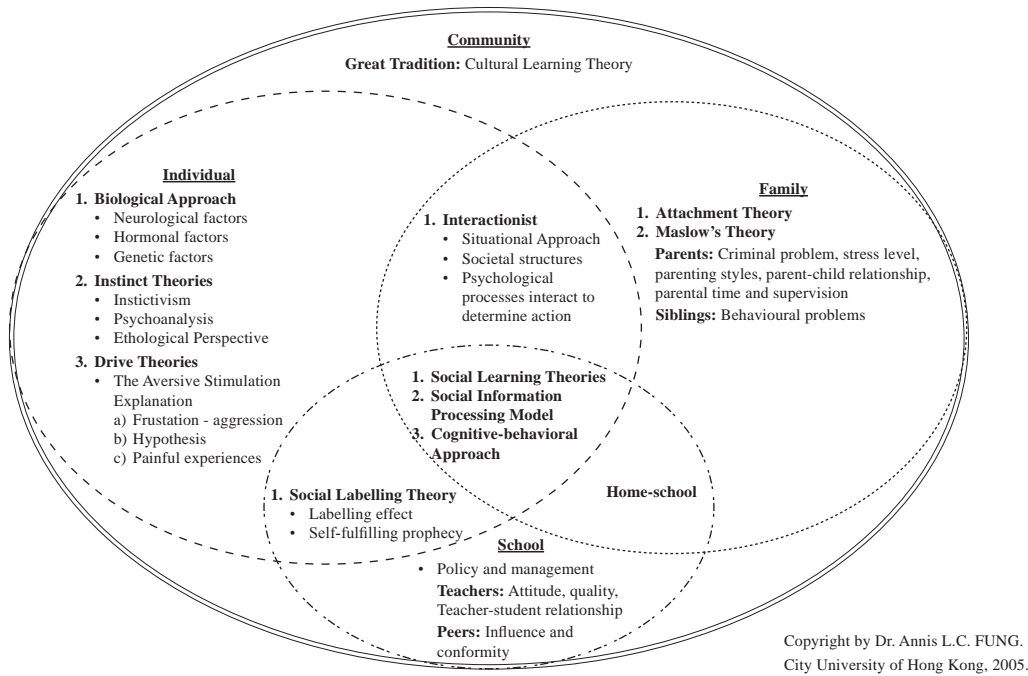
The researcher reviewed and linked different theoretical paradigms into an ecological approach, in an attempt to provide an in-depth understanding of the various aspects affecting a child's aggressiveness potential (Fung, 2004) (*Fig. 1*). There are a number of theoretical perspectives and approaches to view the development of childhood aggression, such as psychodynamics theory, biological theories, attachment theory, Maslow's theory, social labelling theory, interactionist situation approach, social learning theory, social information processing theory, and cognitive-behavioral approach. In addition, the researcher integrated the related theories into different systems, including an individual system, individual and family systems, school and social community systems, individual, family and community systems, as well as individual, family, school and community systems. The aetiology of childhood aggression from an ecological approach helps to enhance the understanding of the development of

childhood aggression from multiple perspectives and different points of view. In addition, it also provides groundwork for identifying the causes, processing and variables of childhood aggression, and a precise evaluation from multi-dimensional views (*Fig. 2*).

There are various determinants of childhood aggression, and these include physical attributes, psychological attributes, psychological disorders, and social influences. All contextual risk factors serve to cause, maintain, and escalate these problems; therefore, understanding the developmental risk factors and multi-systemic points of view will ultimately inform intervention efforts. The ecological approach and multi-systemic model view the aggressive behaviors of children as a function of the interaction among the sub-systems of the larger system, and take into account how child and environmental factors influence each other in a transactional manner over time. This includes the reciprocal influences of child, family, peers, school, neighbourhood, and society. Interventions conducted within one sub-system will have direct and indirect influences on the other sub-systems (Bloomquist and Schnell, 2002). Thus, by intervening at the family level, the parents will promote changes in other areas (e.g. school) of influence on the child. Multi-systemic interventions simultaneously address multiple sub-systems to affect change (Tremblay, 2000; Williams, Van Dorn, Hawkins, Abbott and Catalano, 2001).

In reviewing previous work conducted on treating childhood aggression, parent-child parallel group intervention with cognitive-behavioral therapy has been found to be the most effective way among other levels and approaches of intervention. Meanwhile, numerous studies have found a link between certain types of social cognitions and aggressive behaviour. Children who display social problem-solving deficits and distorted beliefs about the legitimacy of aggression are likely to behave aggressively (Casto, Veerman, Koops, Bosch and Monshouwer, 2002; Camodeca

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School

- Policy and management

Teachers: Attitude, quality, Teacher-student relationship

Peers: Influence and conformity

Home-school

Social Learning Theories

2. **Social Information Processing Model**
3. **Cognitive-behavioral Approach**

Social Labelling Theory

- Labelling effect
- Self-fulfilling prophecy

Fig. 1: A review of the aetiology of childhood aggression from an ecological approach

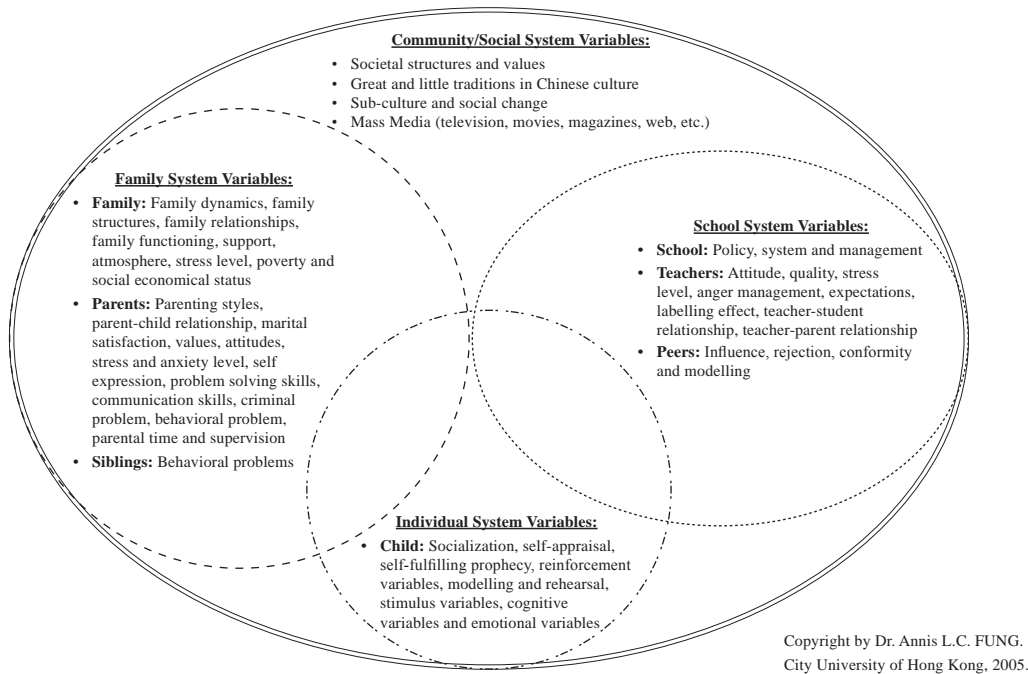


Fig. 2: Background variables in childhood aggression

and Goossens, 2005; Schwartz, Dodge, Coie, Hubbard, Cillessen, Lemerise and Bateman, 1998). Consistent with the findings, aggressive children tend to access social problem-solving responses which are more aggressive and less pro-social than responses of non-aggressive children (Quiggle, Garber, Panak and Dodge, 1992). Therefore, children's social cognition is an essential part of studying childhood aggression. Their habits of thought and beliefs which directly govern their aggressive responses have to be taken into account.

Based on the cognitive-behavioral therapy as the theoretical framework, the ACT programme focused on the social cognitive factors in childhood aggression. Cognitive treatment and skills training programs have been effective in preventing and reducing aggressive and anti-social behaviour (Howell, 1995; Kazdin, 1994; Phillips, Schween and Saklofske, 1997). Moeller (2001) proposed that interventions targeting both a child's cognitive and behavioral processes are more likely to be successful than those which only aimed at reducing the child's problematic behaviours.

Parents play a critical and essential role in contributing to childhood aggression. Parent functioning, parent-child relationships, and family interactions are strongly related to the development of children with physically aggressive behaviour (Pakaslahti, Spoof, Asplund-Peltola and Keltikangas-Jaevinen, 1998). Children who experience unresponsive parenting, coercive parenting, or inconsistent and ineffective parent discipline are at heightened risk for the development of childhood aggression (Hart, Nelson, Robinson, Olsen and McNeilly-Choque, 1998). These parent-child relationships and family variables function as risk factors which have the potential to interfere with normative development in children and amplify the maladjusted childhood aggression developmental trajectory (Newson, Newson and Adams, 1993). The parent, parent-child, and family factors are addressed in this study (Kosterman, Graham, Hawkins, Catalano and Herrenkohl, 2001).

PROGRAM CONTENT

The construction of ten two-hour sessions in the parent-child parallel group of the ACT programme was done to promote resilient development in children with reactively aggressive behaviors (Fung, Wong and Wong, 2004). The ACT programme provides parenting skills training and forms of support for the parents, and teaches parents skills to enhance the parent-child relationships, as well as methods to provide family support.

The current ACT programme was tested through two pilot studies over a two-year's period. There are four phases of the ACT programme, which are: (1) relationship building; (2) cognitive preparation; (3) skill acquisition, and (4) application training.

The design of the first and second sessions in the relationship building phase was to emphasize the starting of a new parent-child relationship which focused on constructing a positive and supportive atmosphere in the group. Parents are assigned to pay attention to the child's pro-social behaviours and give compliments to them. The homework assignments are focused on positive self-talk, self-appreciation, and the parent-child activities are based on desirable experiences. Children can get positive and pleasant experiences from their parents' appreciation and positive reinforcement of their pro-social skills and strengths, instead of scolding and nagging about their misbehaviours. Being respected and enjoyed are the two basic foundations in the pyramid of building the parent-child relationship (Webster-Stratton and Hancock, 1999).

In the cognitive preparation phase, the third and fourth sessions are designed to strengthen aggressive children's ability to accurately detect others' intentions. A variety of instructional activities train the subjects to search for, interpret, and properly categorize verbal, physical, and behavioural cues exhibited by others in social situations. In ambiguous situations, highly aggressive children typically make their social decisions quickly, ignore available social cues, and endorse retaliatory aggression (Crick and Dodge, 1994; Dodge,

Lansford, Burks, Bates, Pettit, Fontaine and Price, 2003). Aggressive children also tend to have inappropriate judgments about the intent of others (Hudley, Britsch, Wakefield, Smith, Demorat and Cho, 1998).

The skills acquisition phase emphasizes gaining skills in the interpretation of social cues. The fifth to seventh sessions were designed to increase the likelihood that aggressive children would attribute negative outcomes to accidental causes (Lochman and Larson, 2002). These sessions addressed the children's social-cognitive deficits by having them identify problems and social perspective taking with pictured and actual social problem situations, generate alternative solutions and consider the consequences of alternative solutions to social problems, view modelling videotapes of children becoming aware of physiological arousal to anger, use self-statements (Stop-Think-Do), and utilize the complete set of problem-solving skills with social problems. For the parents, workers revise the application of calming methods when facing angry circumstances. Parents' anger coping skills and stress coping techniques are also essential in managing their aggressive children (Cavell, 2000).

The eighth to tenth sessions in the application training phase emphasize on participants applying these newly acquired interpretive skills by making the connection between unbiased thinking and less verbally and physically aggressive behavioural responses. Children generate decision rules about when to enact particular responses. Such decision rules enhance maintenance and generalization of the newly acquired processing skills beyond the treatment setting. The final session stressed on strengthening the participants' problem-solving skills and relapse prevention. Parents are highlighted to play a training role for helping their children to internalize pro-social skills and anger coping strategies.

METHODOLOGY

In this study, a mixed method approach using an experimental and control group pre- and post-

comparison design was adopted (Appendix 1), because quantitative methods provide hard and reliable data while qualitative methods provide rich and deep data (Kazdin, 1998). It was hypothesized that the children's overall aggressive behaviour would decrease after completing the ACT programme. The quantitative data collection consisted of self-report questionnaires, whereas the Child behaviour Checklist (CBCL) reported by parents and the Child behaviour Checklist-Teacher Report Form (CBCL-TRF) rated by teachers generated two types of scores: a frequency of aggressive behaviour score and an intensity of aggression score. The CBCL scales had high internal consistency and test-retest reliability with reliability coefficients ranging from 0.7 to 0.9 (Achenbach, 1991) and high popularity use in Hong Kong with a coefficient alpha equalled to .88 in the first measurement and .90 in the second one, respectively. In addition, an individual structured interview for an in-depth assessment was offered for the children, their parents and teachers. The data from different sources could be triangulated so as to reduce the risks which could stem from reliance on a single source of data, as well as maximize the reliability of the test data and increase confidence in their validity. Two pilot studies contributed to field-test the screening and assessment process, the pre-test and post-test phase of the study, the effectiveness of the new curriculum of the ACT program, and the entire research design.

In line with the variables of childhood aggression and the theoretical framework of cognitive-behavioural therapy intervention in this research, the particulars of the ecological assessment were examined as follows: (1) data were collected for the multiple ecosystems, such as school and the home; (2) assessment came from four data sources which included the child with aggressive behaviors, his or her parents and teachers (counselling teacher, discipline teacher, class mistress, one of the teachers of a major subject); (3) data were collected about the child (physical, behavioral, and cognitive-affective domains) and situation (physical environment, behavioural-psychosocial environment, and historic normative environments); (4) data on

the child's aggressive behaviors were collected across different environments (the home and school), from different sources (the child, parents and teachers), and using different methods (structured diagnostic instruments included the CBCL and CBCL-TRF; and structured interviews); (5) data were integrated into a comprehensive perspective on each participant child's situation; (6) the assessment was linked to the cognitive-behavioural intervention approach which could change the child, significant others and the environment. In conclusion, this study used multiple methods, informants, settings, and domains with an ecological assessment. Data collected from all of these strategies are useful for the ACT programme planning. Due to limited sample size, non-parametric statistics, such as the Mann-Whitney U test, was applied to analyze the outcome of the programme.

RESULTS

Eighteen out of 34 applicants were selected and divided into two experimental groups and one control group in accordance with the rule of randomization. The two experimental groups were identical; both being involved in the ACT programme with the same facilitators. There were no significant differences in the pre-treatment scores, and none of the demographic variables were statistically different among the three groups. Evidence indicated that the randomization in this study was effective.

Based on the CBCL, the mean rank of aggression rated by the parents in the control group was higher (Post-test: 14.25; Follow-up: 14.90) than the mean ranks of the two experimental groups (Post-test: 7.13; Follow-up: 6.54). However, there was a significant difference between the experimental and control groups, $z = -2.67$, $p < .01$ in the post-test, and $z = -3.13$, $p < .01$ in the results from the three-month follow-up.

Teachers' reports in the CBCL-TRF were consistent with the parents' ratings. The results from the three-month follow-up indicated that the mean rank of aggression, rated by the teachers at different positions in the control group, were

higher (discipline teachers: 12.67; counselling teachers: 11.67; main subject teachers: 14.75) than the mean ranks of the two experimental groups (discipline teachers: 7.00; counselling teachers: 6.60; main subject teachers: 6.88). Meanwhile, the Mann-Whitney U analysis revealed significant differences between the two experimental and the control groups, $z = -2.22$, $p < .05$ in the discipline teachers' reports, $z = -2.08$, $p < .05$ in the counselling teachers' reports, and $z = -2.97$, $p < .01$ in the main subject teachers' reports. The mean rank of aggression rated by the class mistresses in the control group was higher (12.33) than the mean ranks of the two experimental groups (8.08). However, there was no significant difference between the two experimental and control groups, $z = -1.60$, *ns*.

Although children in the treatment and non-treatment groups were found to have no significant differences in terms of their aggressive behaviours in the classes, as rated by the class mistresses, the mean rank of both the experimental groups was lower than the control group. In conclusion, parents, discipline teachers, counselling teachers, main subject teachers, and class mistresses rated the intervention children as less aggressive than the control children at the end of the ACT intervention.

During the pre-, post-intervention and follow-up procedures, structured interviews were conducted for children, their parents and teachers. Children were asked about their interpersonal conflicts in their daily life. They were also assessed through the use of hypothetical ambiguous situations in the screening and assessment interviews. At the pre-intervention assessment, most of the children were overly sensitive to hostile cues, showed bias in attributing hostile intentions to others, and then relied on the physical aggression as a direct action solution:

"This was not an accident; he was deliberately blocking my way. I was so furious that I wanted to take the revenge of beating and killing him" (LAI).

Treated children indicated that they felt less aggressive towards others, and the frequency and intensity of aggressive behaviour was decreased. Their hostile attributional bias became less influential to them. Moreover, an anger coping system of stop, think, do was also established in their cognitive structure, as explained in the following:

“Now, I will stop like a traffic light, think more about why people do this and fight less” (TONG).

They were also found to use pro-social problem solving methods to deal with interpersonal conflict at the post-intervention. Meanwhile, the parents’ reports indicated the children exhibited a tendency to over-recall hostile cues and to include hostile commission errors or intrusions. They remembered some items in hostile terms rather than in their original positive or neutral form. Moreover, parents found they overacted in a hostile manner under neutral and non-provoking situations, as distorted cue interpretation was detected:

“He said that other people humiliate, insult and laugh, tease, and intentionally reject him, and do not let him play with them” (LING’s father).

Based on the parents’ reports during the post-intervention, children were found to exhibit less egocentric and distorted perceptions of social situations after completing the ACT programme. They also lessened over-attribution of hostile intent on the part of others and tended to take others’ perspectives, and integrated self- and other-oriented concerns:

“His behaviour has changed, he talks more. He will assess his ability before taking action and question whether he should do such a thing. He asks more questions...” (TAM’s mother). Children demonstrated more verbal assertion.

Based on the teachers’ observations, they found it difficult to manage an aggressive child in class. Such children overact angrily to accidents, always threaten and bully others, respond negatively to failure, and use physical force to dominate:

“In the classroom, he left the seat to disturb his fellow students. However, he said that this student triggered him first and laughed at him for being punished by the teacher” (AU’s class mistress).

Four teachers in different positions at school found that after involvement in the 10-session ACT programme, the treated children became less cognitively impulsive, less inattentive, and generated more problem solutions. Ng’s student guidance officer pointed out the children’s improvement at school:

“He will now think before taking action, and cause less nuisance in school. His emotions in school are stabilized as well; complaints from school are drastically reduced. In these three months, there has been no complaint.”

The qualitative results were consistent with the quantitative findings, offering additional support to verify the effectiveness of the ACT programme.

DISCUSSION

This study demonstrates that the ACT programme developed through this research has the potential to be used for helping aggressive children and their families improve such children’s management of aggression (Fung, 2004; Fung and Tsang, in press). There are several potential contributions of the study: (1) it is the first systematic research of childhood aggression in Hong Kong; (2) it strives to link up separate literatures and design an indigenous intervention program; (3) it offers a multi-method assessment

of a child's aggressive behaviours, which provide a platform for further study in adolescence aggression; (4) it provides a comprehensive review of the aetiology of childhood aggression from an ecological approach; (5) it helps to enhance the understanding of the development of childhood aggression from multi-perspectives and different points of view; (6) it combines the theoretical framework of the ecological approach and cognitive-behavioural therapy; (7) it focuses on the cognitive, affective and behavioural characteristics of the child; (8) it involves parents in a parent-child parallel-group model; and (9) it is the first study which specific targets are mainly focused on reactively aggressive children, which provides insight to teachers, professionals, and parents on assessing and dealing with this specific type of childhood aggression.

Furthermore, it is the hope of the researcher that the ACT Programme will be expanded: (1) to focus on different types of childhood aggression; (2) to focus on some specialized target groups such as new immigrants from the Mainland; (3) to address with tailor-made anger control treatment programmes the different characteristics of each particular school; (4) to provide intensive training for teachers to improve their positive attitudes towards students' aggression and enhance their skills in problem management; (5) to offer professional training for social workers and counsellors in order to strengthen their group facilitating skills; (6) to include aggressive youth and adolescents with peers recruited as counsellors and positive role models; and (7) to promote the significance of the parental role in childhood aggression, so as to be more conscious of their parenting style and help prevent childhood aggression.

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