

A PRELIMINARY LOOK AT AGGRESSIVE AND VIOLENT BEHAVIOUR IN ABORIGINAL ADOLESCENT GIRLS

KIM A. VAN DER WOERD
'NAMGIS FIRST NATION
SIMON FRASER UNIVERSITY

DR. DAVID N. COX
SIMON FRASER UNIVERSITY

TRICA McDIARMID
TR'ONDEK HWECH'IN FIRST NATION
UNIVERSITY COLLEGE OF THE FRASER VALLEY

© Kimberly A. van der Woerd, Simon Fraser University

All rights reserved. This work may not be reproduced in whole or in part, by photocopy or other means, without permission of the author

ABSTRACT

Rates of aggression in adolescent girls are increasing, and Aboriginal adolescent girls are particularly at risk. No single variable has been found to predict involvement in aggressive or violent behaviour as either a victim or perpetrator. When conducting research with Aboriginal communities, it is particularly important to first consider historical context, and then review unique individual, school, family, and community factors related to aggressive and violent behaviour. The intention of this paper is to develop a proposal for future research on violent behaviour for Aboriginal adolescent girls. Therefore, this paper reviews data from the *Raven's Children* report, which is based on data from the McCreary Centre Society's Adolescent Health Survey (AHS) II. In 1998, the AHS II was administered to over 26,000 youth attending school in the province of British Columbia, of whom 1707 participants (45 percent male, 55 percent female) identified themselves as Aboriginal. An encouraging finding was that the majority of Aboriginal girls rated their health as good or excellent. Aboriginal girls who experienced harassment or abuse demonstrated significantly higher levels of emotional distress. A limitation of this study was that the AHS II did not specifically address issues from the perspective of the perpetrator. However, we did gain insight into factors related to being a victim of aggressive or violent behaviour. Future directions for research are discussed.

INTRODUCTION

Despite small reductions in criminal behaviour in Canada, the crime rate is 400 percent higher than it was in the 1960s. This figure may be somewhat of an understatement, as many crimes such as abuse and violence towards women are not reported (Health Canada 2004a). Although little attention has been paid to aggressive behaviour among girls, there is growing evidence that adolescent girls are increasingly involved in violent and aggressive acts both as victims and perpetrators (Moretti, Odgers, and Jackson 2004). The rate of violent crime among girls in Canada increased three-fold during the late 1980s and early 1990s. However, it is important to note that while the percentage of adolescent girls participating in violent acts has increased, adolescent boys are still more likely to be involved in violent behaviour (Health Canada 2004c). The issue of violence is particularly important in Canadian Aboriginal communities where the single most important health issue related to morbidity and mortality is involvement in violent acts (Health Canada

2004b). In addition, when historical and social contexts are considered, it is apparent that Aboriginal adolescent girls are particularly at risk for engaging in aggressive behaviour. That said, there is a paucity of academic research that focuses on health and delinquency issues in Aboriginal populations (van der Woerd and Archibald, in preparation). This paper will begin with the definition of relevant terms, briefly review historical and social events that have influenced Aboriginal communities, and consider a literature that has focused on aggressive behaviour in adolescent girls. This is followed by a presentation of data from the *Raven's Children* report which was based on the Adolescent Health Survey (AHS) II administered to British Columbia (BC) adolescents by The McCreary Centre Society. The purpose of this analysis was to gain some insight into issues for Aboriginal adolescent girls by looking at the prevalence of aggressive behaviour including related factors such as mental health issues and other delinquent or health promoting behaviours. It should be noted that this paper represents initial understandings and it is intended to serve as a proposal for more in-depth analysis. The purpose of this paper is to explore factors that correlate with aggression in Aboriginal girls, so these correlates can be further analyzed in future studies

DEFINING KEY TERMS

To gain a deeper understanding of aggressive or violent acts by an adolescent girl, it is important to agree on terminology. *Aggressive* behaviour is any demanding or intrusive behaviour that has an adverse effect on others (e.g., name calling, taunting, or verbal threats). Aggressive behaviour can be direct (yelling, destroying personal property, insulting), or indirect (gossiping, ignoring, spreading false rumours). It has been found that girls engage in indirect aggression at a higher rate than boys (Health Canada 2004c). *Violence* differs from aggressive behaviour by involving physical force. Generally speaking, boys have been found to be more likely to engage in violent acts, but involvement in violent acts by girls is increasing both directly and indirectly (e.g., influencing a boy to engage in the violent act on her behalf) (Health Canada 2004c). Finally, the term *bullying* is used to define behaviours that seek to control or exert power over others through aggressive actions such as name calling, gossiping, or threats directed at a victim. Girl who bully are more likely to engage in non-physical harassment than boys, and have been reported to be increasingly involved in harassment via the internet (Health Canada 2004c).

HISTORICAL AND SOCIAL CONTEXT

Aboriginal people in Canada have experienced a history of colonization and oppression that continues to have an effect today (Kelm 1998). In order to understand current multifaceted problems, Aboriginal researchers must include historical and contextual analysis, as current behaviours have been influenced by previous government policies (Guno 2001, Smith 1999). This section will briefly highlight key historical events.

Colonization has had a long-lasting negative impact of identity loss, oppression, and subjugation. In 1815, a policy intending to civilize Aboriginal people was adopted. This policy came to represent an important aspect of the Euro-Canadian-Aboriginal relationship. A reserve system for land use was conceived, and by 1850, an alliance between the Canadian government and churches facilitated the expansion of boarding schools and industrial schools. The government thought that removing Aboriginal children from their culture, uncivilized parents, and diseased homes would expedite the assimilation process (Tobias 1976). This residential school system was conducted under the guise of a humanitarian effort to save, protect, and assimilate Aboriginal people. However, residential schools did not preserve the health of the child, as morbidity and mortality rates actually increased (Kelm 1998). In addition, the emotional health of the child, family, and community was also negatively affected (Nuu-Chah-Nulth Tribal Council 1996). Children were forcibly removed from their homes, siblings, parents, extended families, communities, and traditional territories. As a result, they experienced physical and cultural dislocation and separation from family traditions. The loss of identity also caused a loss of self-respect, created decreased expectations, and alienated them from their culture. Children learned inappropriate behaviour patterns, and became disrespectful of "ignorant parents" and traditions. In addition, the residential school concept wreaked havoc on the emotional well being of families and communities as they dealt with the grief and loss of not only their children, but the continuation of their cultural traditions.

Aboriginal children raised in the residential school system, rather than being raised by their own parents, acquired few parenting skills for use when they became parents. Additionally, these children learned abusive behaviours from residential school teachers (Nuu-Chah-Nulth Tribal Council 1996). Colonization also dramatically changed the role of women. Prior to European contact, Aboriginal communities were predominantly matriarchal. With the advent of colonization, the status of women and their role in the

community diminished significantly (Health Canada 2004b). These historical events and policies have contributed to higher levels of emotional distress, substance use, and incarceration, and lower levels of educational achievement and socioeconomic status in Aboriginal peoples (van der Woerd and Cox 2003). Furthermore, factors such as the loss of culture, lack of parenting skills, and the influence of alcohol have contributed to identity confusion, boredom, frustration, and increased involvement in aggressive behaviours by Aboriginal girls (Health Canada 2004c).

LITERATURE REVIEW

There is no single variable that explains why a girl would engage in aggressive or violent behaviour. Rather, many maladaptive behaviours have overlapping risk and protective factors on both the individual and systemic level (Barton, Watkins, and Jarjoura 1997, Health Canada 2004c). This section will include a brief review of some of the factors associated with aggressive or violent behaviour in adolescent girls, including the available literature on Aboriginal girls.

At the individual level, proposed risk factors for aggressive behaviour have included the influence of gender, popularity issues, personality factors, experiences of abuse, bonding with antisocial peers, poor academic achievement, and substance abuse (Battin-Pearson et al. 2000, Health Canada 2004c, White 1999). Also, a girl with aggressive tendencies who witnesses male domination over females may consequently view women as deserving of abuse. Additionally, a young girl may view other girls as competition for the attention of a male or authority figure (Artz 2000).

The social network of adolescents is very influential in determining their behaviour. Socializing with peers who engage in delinquent behaviours will increase the likelihood that an adolescent girl will engage in aggressive behaviours simply because opportunities to do so will present themselves more often (Health Canada 2004c). Interestingly, girls are more likely to be rejected by their social network when they engage in aggressive behaviour (Leschied et al. 2000). Conversely, a girl may engage in aggressive or violent behaviour in an attempt to obtain validation from a group who previously rejected her, or others (Ashford 2000). Finally, girls have been found to be more attracted to participating in violent or gang behaviour when they come from economically disadvantaged homes or communities, have low self-esteem, or they are seeking revenge (Joe and Chesney-Lind 1995).

Adolescents who were at risk for problems with school authorities are more likely to have displayed early conduct difficulties such as oppositional or antisocial behaviour. Consequently, these youth were more likely to have affiliations with antisocial peers, and thus, reduced commitment to educational achievement. Interestingly, there were no differences found between male and female participants, because the developmental processes were the same when early conduct difficulties were present (Fergusson and Horwood 1998). In addition to conduct disorder, aggressive or violent young girls were more likely to have been diagnosed with anxiety disorders, depression, and attachment disorders (Leschied et al. 2000, Zoccolillo and Rogers 1991).

According to Artz (1998), young girls who have been abused or victims at some point are more likely to engage in aggressive behaviour. Additionally, it has been found that young girls who are violent often have chronic drug problems (Auditor General of British Columbia 2000). Finally, aggressive behaviour has been linked to the experience of racism. Racism has resulted in the dehumanization of Aboriginal people (e.g., portraying Aboriginal women as "squaws"). Thus, many Aboriginal people have internalized or have come to believe these humiliating images culminating in feelings of shame, rejection, and anger (Health Canada 2004b).

There are many factors that affect aggressive behaviours in schools. Poor academic achievement has been found to be related to low self-esteem, depression, hopelessness and suicidal ideation, and low expectations for success (Jessor, Turbin, and Costa 1998, Thompson and Eggert 1999, Ystgaard 1997). In addition, academic failure, truancy and school misbehaviour were found to be associated with poor school attitudes, and increased cigarette and alcohol use during adolescence (Bryant et al. 2000, Swaim and Beauvais 1997). Girls who experienced social rejection at school, or who had learning disabilities were found to be more likely to engage in aggressive behaviour (Whitcomb 1997).

Baer (1999) describes adolescence as a crucial period for the emergence of a number of problems such as delinquency, lowered social competence, and decreases in academic performance, all of which correlate highly with negative experiences in the family environment. In general, the literature indicates that cohesive or highly connected families appear to provide adolescents with emotional support and security (Berdoncini and Smith 1996, Wentzel and Feldman 1996). Conversely, when there is low family cohesion, a parent with a mental disorder, family violence, inconsistent and poor parent-

ing skills, substance abuse, or violence between siblings, an adolescent girl is more likely to engage in aggressive behaviour (Leschied et al. 2000).

There are many factors that affect aggressive behaviours at the community level. Aboriginal youth continue to experience additional challenges including geographical isolation, high rates of unemployment, restrictive policies regarding the use of natural resources such as fish and lumber use, poor economic conditions, and administrators or teachers who have negative attitudes toward youth at risk (Kortering and Braziel 1999, van der Woerd 2002). Chandler and Lalonde, (1998) found that Aboriginal communities in BC that have taken initiatives to restore their culture in the areas of self-governance, land claims, education, health, cultural facilities, and police and fire services experienced lower rates of suicide in their youth. Many solutions have been suggested at the community level, such as mentorship programs, or "comprehensive community initiatives" which would include a collaborative partnership between citizens, primary institutions, service providers and public officials in promoting the health and well-being of adolescents and their families (Barton et al. 1997, Blechman 1992). In order to understand aggressive or violent behaviour for Aboriginal adolescent girls, it is again important to understand the historical context, along with factors at the individual, family, school, and community levels. The AHS II is a comprehensive survey capable of exploring such factors. At this point, it is only possible to review what is currently published. As there is a lack of research that focuses on issues specific to Aboriginal adolescent female aggression, the next section will consider data relevant to this population.

METHOD

PARTICIPANTS

In 1998, the McCreary Centre Society administered the Adolescent Health Survey II to over 26,000 adolescents from 44 of 59 school districts attending high school throughout the province of British Columbia (Tonkin et al. 2000). The McCreary Centre Society is a not-for-profit organization committed to improving the health of BC youth through research, information, and community-based participation projects. This paper considered data from the 1,701 adolescents who identified themselves as Aboriginal.

INSTRUMENT

The AHS II is a 127-item self-report survey. The AHS questions look at the following topics: demographic information, connection to school and fam-

ily; self-rated physical health status, illness and disabilities; emotional health, suicide risk, help-seeking behaviours, sexual activity; experience of abuse, harassment, or violence; drugs, alcohol, and tobacco use; involvement in physical fights; and weapons carrying.

For the purpose of this paper, aggressive behaviour will be defined as the experience of harassment or threats. Violence will be defined as involvement in physical fights, or experience of assault (physical or sexual). It is important to note at the outset that this data provides information from the perspective of the victim, and not on the experience of the perpetrator.

RESULTS

Of the 1,707 Aboriginal youth in grades 7-12 who participated in the AHS II, 55 percent were female. Data analysis will focus on Aboriginal girls specifically unless otherwise specified. It should also be noted that as this paper is a proposal for further research with AHS data, the authors limited themselves to data contained in the *Raven's Children* report. As such, it was not possible to present parametric analysis. Most Aboriginal youth (84 percent) reported that their physical health was good or excellent (both boys and girls). In total, 46 percent of the Aboriginal girls reported that they were overweight, but 57 percent of the girls reported that they were trying to lose weight. In addition, Aboriginal girls reported poorer emotional health than Aboriginal boys (Tonkin et al. 2000).

Again, aggressive behaviour was defined as the experience of threats or harassment. The AHS II provided data on victim experience, but did not include data when the participant was the perpetrator of aggressive behaviour. In total, 60 percent of the girls reported that they had experienced verbal sexual harassment at least once in the past year, and 65 percent reported that they experienced verbal harassment at least once in the past year at school. It is unclear whether a male or female perpetrator was involved. Given the relationship identified between aggressive behaviour and the experience of discrimination, it is important to note that 17 percent of the boys and girls reported discrimination due to race/skin colour in the past year.

The AHS II provides data on whether the participant was a victim of violent behaviour, and also documents involvement in physical fights. However, we are unable to determine whether the participant was the perpetrator, victim or equal partner in the fight. In total, 31 percent of the girls reported they had been victims of physical abuse, and 28 percent reported they were

victims of sexual abuse. When considering physical fights, 29 percent of the girls reported they had been in a fight at least once in the past year.

DISCUSSION

It is important to remember that the intention of this paper is to explore issues related to violence and aggression in Aboriginal girls as there has been very little research focusing on this matter. While this data has provided a glimpse into the experience of being a victim for Aboriginal girls, it does not provide information on the part played by the perpetrator.

A significant number of Aboriginal girls reported being the recipient of verbal or physical aggressive or violent behaviour, including sexual harassment or abuse. We are unable to determine whether these girls or the perpetrators believed that women were deserving of this behaviour. While the definition of aggression or violence does not include the concept of discrimination or racism, there is evidence that Aboriginal women who have experienced racism are more likely to be aggressive (Health Canada 2004b). In this situation, many Aboriginal girls reported that they had experienced discrimination due to race/skin colour or for their appearance. Leschied et al. (2000) found that aggressive girls were often diagnosed with anxiety or depression. The AHS included a scale to measure emotional health and it was found that Aboriginal girls did experience lower levels of emotional health than Aboriginal boys. It was also evident that girls who experienced physical or sexual abuse, or verbal or physical sexual harassment experienced lower levels of emotional health. Again, it is impossible to conclude whether these girls are the perpetrators of aggressive behaviour; however, this is possible, particularly if these girls have also experienced physical abuse, negative experiences with peers or at school, and have substance abuse issues.

How should we interpret these results? Health Canada (2004b) has reported that the experience of violence is an important health factor related to morbidity and mortality for Aboriginal communities. Additionally, involvement in aggressive or violent behaviours has been increasing for Aboriginal adolescent girls. Furthermore, experience of abuse, substance abuse, and negative mental health issues have been related to increased involvement with aggressive or violent behaviour. Based on the factors identified by Health Canada (2004b) it has been assumed that some of the girls in this sample have had some involvement as perpetrators. We know that 29 percent of the girls were involved in a physical fight in the past year; we do not know wheth-

er they were the instigator or victim. Nonetheless, it is clear that there are many variables that predict involvement in aggressive and violent behaviours on many different levels and there is evidence from this sample that some of the girls display the behaviours associated with participation in aggression.

How then does the role of history affect these girls? The *Raven's Children* report did not specifically address questions pertaining to historical context, and it will be important to consider history in future work with Aboriginal girls. It is necessary to include historical context, to understand how history is operationalized, and to examine the role of history for Aboriginal people. With this information we can effectively use history as a solution (Smith 1999; van der Woerd and Cox 2003).

Today's Aboriginal adolescents often have parents who have not had the opportunity to confront their own mental health issues. Thus, many Aboriginal adolescent girls may lack positive role models. In addition, experiencing racism often leads to identity confusion, anxiety, an early sense of failure, and learned helplessness. However, there are a number of factors that can contribute to resilience in this special population. Protective factors include high levels of family cohesion, good communication skills, a healthy self esteem, and effective anger management skills. This can be achieved through having a close relationship with a caring adult, having a strong cultural identity, knowing successful Aboriginal adults, and having access to relevant support services.

LIMITATIONS

The results discussed in this paper were limited by several factors. The first limitation was related to the overall purpose of this paper. This paper was prepared as a proposal for presentation at the Canadian Institute for Health Research, Institute for Aboriginal Health Annual Graduate student meeting where papers were presented on any stage of the research development process. The McCreary Centre Society has been generous in allowing access to their Adolescent Health Survey data bases for graduate students, but there is a specific process in gaining access to the data. A formal proposal must be prepared, and this paper is part of such a proposal for further analysis.

Second, the data were based on a self-report measure which could be inaccurate for several reasons. The participants may have been subject to the social desirability bias. The participants may have perceived demand characteristics and responded according to what they thought the organization

or school wanted to hear despite having been told that the results were anonymous. Finally, participants may have had errors of memory.

This paper only focused on responses of Aboriginal girls and did not consider comparisons with other ethnic groups or mainstream youth. Furthermore, this paper did not consider input from parents, teachers, Elders, or other important community members. To that end, we could not validate these girls' responses with input from other records or individuals.

A non-response bias may have been present, in that some youth simply refused to participate, indicating that they had been "surveyed enough," or that they purposely skipped class on the day of administration. In addition, the *Raven's Children* report did not include information from youth who dropped out of school, a segment of the population who may have a different health profile due to the protective nature of attending school (Tonkin et al. 2000, van der Woerd and Cox 2003). Another limitation was related to sampling bias by way of the measurement instrument. The AHS II included questions that may not have been understood by the participants, thereby affecting the interpretation of responses. These sources of bias impose limitations and may make it difficult to generalize the findings.

Finally, there are many individual factors in the literature that we were not able to replicate based on the questions posed in the AHS II, such as gender or personality issues. The AHS II was successful in determining a profile for adolescent girls who were victims of aggressive or violent behaviour, but not for girls who were perpetrators. Based on previous findings, we can speculate that some of the girls in this sample participated as perpetrators, but we cannot say this definitively. Nonetheless, data from the *Raven's Children* report has provided a unique look at some of the important associations for aggressive behaviour in Aboriginal girls.

FUTURE DIRECTIONS

The intention of this paper was to evaluate factors related to aggressive behaviours in Aboriginal girls and propose future research considering the individual, school, family, and community level with more sophisticated data analysis. For example, did the girls who experienced harassment or abuse engage in more physical fights? Was emotional distress associated with involvement in physical fights? How did alcohol and drug use affect victim or perpetrator behaviour? Was discrimination or the experience of racism associated with abuse, substance abuse, or physical fights? Did peers influence violent or aggressive behaviour? What role did family connection play in the experience

of aggression or violence? The issue of aggression is multifaceted and the list of questions to be answered is lengthy. The goal of this paper was to begin to better understand the perspective of Aboriginal girls using the unique *Raven's Children* report data. That said, future research should focus on factors related to participating in aggressive or violent behaviour on the part of the perpetrator so that we can appreciate their distinct perspective and help move them toward decreasing involvement in aggressive behaviour.

CONCLUSIONS

Efforts to address or prevent aggressive or violent behaviour among Aboriginal adolescent girls should include the individual, school, family, and community levels. On the individual level, building self-esteem and levels of capacity and responsibility is important, along with fostering a strong sense of self-identity and cultural identity (Health Canada 2004b). On the school level, encouraging teachers and staff to project positive expectations for their students and to foster individual achievement and growth would be beneficial (Health Canada 2004b, van der Woerd and Cox 2003). At the family level, ensuring the presence of at least one supportive and caring adult or role model, and assisting in the development and perseverance of positive parenting skills would be useful (Health Canada 2004b). The whole community stands to benefit when children are well-adjusted and healthy. Chandler and Lalonde (1998) have outlined community factors promoting the underlying principle of self-determination as the key to improved mental health.

By beginning to better understand issues specific to Aboriginal adolescent girls, it is our hope that we will have the opportunity to develop and implement appropriate interventions on many levels that will serve to improve the wellbeing of, and reduce aggression and violence in, Aboriginal communities.

REFERENCES

Artz, S.

1998 *Sex, Power, and the Violent School Girl*. Toronto, ON: Trifolium.

2000 "Considering adolescent girls' use of violence: A researcher's reflections on her inquiry." *The B.C. Counsellor* 22(1): 44-54.

Ashford, M.

2000 "Adolescent boredom: A conceptual analysis." *The B.C. Counsellor* 22: 55-70.

Auditor General of British Columbia

2000 *Fostering a Safe Learning Environment: How the British Columbia Public School System is Doing*. Victoria, BC: Office of the Auditor General.

Baer, J.

1999 "The effects of family structure and SES on family processes in early adolescence." *Journal of Adolescence* 22: 341-354.

Barton, W.H., M. Watkins, R. Jarjoura

1997 "Youth and communities: Toward comprehensive strategies for youth development." *Social Work* 42: 483-493.

Battin-Pearson, S., M.D. Newcomb, R.D. Abbott, K.G. Hill, R.F. Catalano, and J.D. Hawkins

2000 "Predictors of early high school dropout: A test of five theories." *Journal of Educational Psychology* 92: 568-582.

Berdondini, L. and P.K. Smith

1996 "Cohesion and power in the families of children involved in bully/victim problems at school: An Italian replication." *Journal of Family Therapy* 18: 99-102.

Blechman, E.A.

1992 "Mentors for high-risk minority youth: From effective communication to bi-cultural competence." *Journal of Clinical Child Psychology* 21: 160-169.

Bryant, A.L., J. Shulenberg, J.G. Bachman, P.M. O'Malley, and L.D. Johnston

2000 "Understanding the links among school misbehavior, academic achievement, and cigarette use: A national panel study of adolescents." *Prevention Science* 1: 71-87.

Chandler, M. J. and C. Lalonde

1998 "Cultural community as a hedge against suicide in Canada's Aboriginals." *Transcultural Psychiatry* 35: 191-219.

Ellenbogen, S. and C. Chamberland

1997 "The peer relations of dropouts: A comparative study of at-risk and not at-risk youths." *Journal of Adolescence* 20: 355-367.

Fergusson, D.M., and L.J. Horwood

1998 "Early conduct problem and later life opportunities." *Journal of Child Psychology and Psychiatry and Allied Disciplines* 39: 1097-1108.

Guno, M.

2000 *In the Spirit of Sharing: Honoring First Nations Educational Experiences*. Unpublished Master of Arts Thesis, Simon Fraser University, Burnaby, British Columbia.

Health Canada

2004a *Safety and savings: Crime prevention through social development*. Available online: retrieved August 1, 2004 from: http://www.hc-sc.gc.ca/hpppb/familyviolence/html/fvcrimeprevention_e.html

2004b *Violence in Aboriginal Communities*. Available online: retrieved August 1, 2004 from: http://www.hc-sc.gc.ca/hppb/familyviolence/html/fvaborcommit_e.html

2004c *Aggressive Girls: Overview Paper*. Available online: retrieved August 1, 2004 from: http://www.hc-sc.gc.ca/hppb/familyviolence/html/nfntsaggsr_e.html

Jessor, R., M.S. Turbin, and F.M. Costa

1998 "Risk and protection in successful outcomes among disadvantaged adolescents." *Applied Developmental Science* 2: 194-208.

Joe, K. and M. Chesney-Lind

1995 "Just every mother's angel: An analysis of gender and ethnic variations in youth gang membership." *Gender & Society* 9: 408-31.

Kelm, M.E.

1998 *Colonizing Bodies: Aboriginal Health and Healing in British Columbia 1900-50*. Vancouver, B.C.: UBC Press.

Kortering, L.J. and P.M. Braziel

1999 "Staying in school: The perspective of ninth-grade students." *Remedial and Special Education* 20: 106-113.

Leschied, A., A. Cummings, M. Van Brunschot, A. Cunningham, and A. Saunders

2000 *Female Adolescent Aggression: A Review of the Literature and the Correlates of Aggression*. Ottawa: Solicitor General Canada, User Report No. 2000-04.

Moretti, M.M., C. Odgers, and M. Jackson, eds.

2004 *Girls and Aggression: Contributing Factors and Intervention Principles*. New York: Kluwer Academic Press/Plenum.

Nuu-Chah-Nulth Tribal Council

1996 *Indian Residential Schools: The Nuu-Chah-Nulth Experience*. British Columbia: Nuu-Chah-Nulth Tribal Council.

Smith, L.T.

1999 *Decolonizing Methodologies: Research and Indigenous Peoples*. London: Zed Books Ltd.

Thompson, E.A. and L.L. Eggert

1999 "Using the suicide risk screen to identify suicidal adolescents among potential high school dropouts." *Journal of the American Academy of Child and Adolescent Psychiatry* 38: 1506-1514.

Tobias, J.L.

1976 "Protection, civilization, assimilation: An outline of history of Canada's Indian Policy." *Western Canadian Journal of Anthropology* 6: 39-55.

Tonkin, R.S., A. Murphy, K.A. van der Woerd, C. Poon, A. Liebel, D. Katzenstein, and B. Veitch

2000 *Raven's Children*. Burnaby, BC: The McCreary Centre Society.

van der Woerd, K.A.

2002 "Making informed choices: How do First Nations youth make decisions about school and health?" *The B.C. Counsellor* 24: 81-90.

van der Woerd, K.A. and D.N. Cox

2003 "Educational status and its association with risk and protective factors for First Nations youth." *Canadian Journal of Native Education* 27: 208-222.

van der Woerd, K.A. and J. Archibald

in press "Indigenous and social scientific knowledge discovery: Considering the parallels and divergences."

Wentzel, K.R. and S.S. Feldman

1996 "Relations of cohesion and power in family dyads to social and emotional adjustment during early adolescents." *Journal of Research on Adolescence* 6: 225-244.

White, K.G.

1999 "Navajo adolescent cultural identity and depression." *Dissertation Abstracts International: Section B: The Sciences and Engineering* 59(11-B): 6108.

Whitcomb, J.

1997 "Causes of violence in children." *Journal of Mental Health* 6: 433-42.

Ystgaard, M.

1997 "Life stress, social support and psychological distress in late adolescence." *Social Psychiatry and Psychiatric Epidemiology* 32: 277-283.

Zoccolillo, M. and K. Rogers

1991 "Characteristics and outcome of hospitalized adolescent girls with conduct disorder." *Journal of the American Academy of Child and Adolescent Psychiatry* 30: 973-81.

Violent behavior in children and adolescents. CULTURAL VIOLENCE Violence includes a wide range of behaviors: explosive temper tantrums, physical aggression, fighting, and threats or attempts to hurt others (including homicidal thoughts). Violent behaviors also include the use of weapons, cruelty toward animals, setting fires, and other intentional forms of destruction of property.

PREDISPOSITION TO VIOLENCE Some children are supersensitive, easily offended, and quick to anger. Many children are tense and unusually active, even as infants. They are often more difficult to soothe and settle as b Violence with adolescent girls is the only area consistently showing an increase in reported rates of violent offending (considering both age and gender) in Canada (StatsCan, 1999). "Over the past decade, the violent crime rate of female youths has increased twice as fast as for male youths. In 1998, the rate of male youths charged with violent crime decreased slightly (-0.9%) while that for female youths remained unchanged." What is the wisdom of including a review of indirect aggression, a behavior more typical of female than male behavior? Is indirect aggression relevant in a review of adolescent girls' violence and understanding charge rates for violent offending? The influence of aggressive and violent media on children and adolescents has been a topic of concern for several decades. Research on this topic has suggested that both short term and long term exposure to aggressive/violent media can negatively impact this population. The purpose of this literature review is to discuss relevant research on the topic and examine various factors that may impact the risk of being influenced by this type of media.

MEDIA AGGRESSION AND CHILDREN Despite these individual differences in social behavior, the GAM looks at an individual's behavior in the present moment, how the individual interprets events, beliefs about the events Previous aggressive or violent behavior. Being the victim of physical abuse and/or sexual abuse. Exposure to violence in the home and/or community. Being the victim of bullying. Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated. Most importantly, efforts should be directed at dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 9,400 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry. Today psychologists are studying the characteristics of adolescents behaviour, addressing the gender role development. Considering this, we have paid great attention to the issue of gender identity formation in adolescents. It is important to understand the process of gender roles self-consciousness formation and the impact it may have on the behavior and socialization of a child. Illegal acts are committed not only by boys, but also by teenager girls. Society has always struggled with behavior that deliberately violate the rights of the people. But in contrast to this, occurs the legitimization of individual forms of aggressive behavior, which contributes to increased violence. Therefore, this issue is of interest for more and more researchers every year.

Aggression and Violent Behavior, A Review Journal is a multidisciplinary journal that publishes substantive and integrative reviews, as well as summary reports of innovative ongoing clinical research programs on a wide range of topics germane to the field of aggression and violent behavior. Papers encompass a large variety of issues, populations, and domains, including homicide (serial, spree, and mass murder: sexual homicide), sexual deviance and assault (rape, serial rape, child molestation, paraphilias), child and youth violence (firesetting, gang violence, juvenile sexual offending), family violence (child physical and sexual abuse, child neglect, incest, spouse and elder abuse), genetic predispositions Previous aggressive or violent behavior. Being the victim of physical abuse and/or sexual abuse. Exposure to violence in the home and/or community. Being the victim of bullying. Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated. Most importantly, efforts should be directed at dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 9,400 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry. Violence in adolescence. In today's society there is an increase in violent behavior on the part of the adolescent population, in different contexts and in all social groups " upper, middle and lower class families. Where does violence occur among adolescents? With regard to the scenarios in which violence occurs among adolescents, we find that they usually occur in: " Violence at home. Surprisingly, this type of violence continues to increase, and is carried out by both boys and girls. Many of the behaviors that are not usually perceived are: control over the other, gestures of humiliation, forcing to have sexual relations, etc. " Violence in school. Unfortunately, the data collected in our country shows that there are many cases of bullying among young people and adolescents. Aggressive and violent behaviour. On this page. Prevention. As with addressing other forms of problem behaviour in schools, the most effective approaches are preventative rather than reactive. Schools can circumvent the development of aggressive and violent behaviours by ensuring: high quality school policies and practices. clear school and classroom rules and procedures. consistent communication of policies and practices across the school community. consistent supervision of students across school areas. involving parents and carers in school wide actions. involving multiple stakeholders in school wide actions. staff working with students to raise awareness about social, emotional and behavioural issues. Aggressive and violent behavior by one human being towards another is not a new phenomenon. It was prevalent among our hunter ancestors thousands years ago and it is still prevalent almost in every society today. The prevalence of aggressive and violent behavior among adolescents today is sufficient to make it a social problem worthy of attention around the world. Adolescent Aggression has been defined as a harmful behavior which violates social conventions and which may include behavioral traits like deliberate intention to harm and injure another individual or object. Adolescents behavioral traits are markedly influenced by the parenting or the environment he receives at home. II. Aggression And Parental Behaviour.