
UNIT 14 PROSOCIAL TENDENCIES AND ANTISOCIAL BEHAVIOUR IN CHILDHOOD¹⁴

Perspectives On
Human
Development II:
Cognitive
Perspective

Structure

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Learning Objectives

After reading this Unit, you will be able to:

- explain the development of prosocial tendencies in childhood;

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- identify the factors affecting the development of prosocial behavior in childhood;
- discuss the development of aggression and antisocial behavior in childhood; and
- examine the factors which affect the development of aggression.

14.0 INTRODUCTION

A major part of development in childhood is centered on a gamut of social experiences which govern children's lives. Deeply rooted in the various socialization processes, children pick up a wide range of behaviors and action tendencies which exert a significant bearing on their psychosocial outcomes. Two such crucial aspects of children's social behavior are concerned with the development of prosocial tendencies as well as the emergence of anti-social behavior during childhood.

Looking at children's behavior, it can be easily noticed that they are capable of engaging in a number of positive social behaviors, such as cooperating with others, offering help and protection to playmates and siblings, sharing their toys, expressing compassion and comfort, etc. However, on other occasions, they also act in aggressive ways towards others, such as engaging in physical violence, bullying, stealing, and so on. Although developmental researchers and social scientists have focused on anti-social behavior more considerably than prosocial behavior, to develop a holistic understanding of psychosocial development it is imperative that both are explored in detail. Thus, in this Unit, we will be exploring the nature of such behaviors, the factors which impact their emergence as well as their developmental implications.

14.1 PROSOCIAL BEHAVIOR

Prosocial behavior (also sometimes known as helping and altruistic behavior) encompasses a broad range of social behaviors which are generally aimed at helping other individuals (Eisenberg & Fabes, 1998), with no immediate benefit to the helper. It involves behavior that is voluntarily and intrinsically generated (without any external reward or expectation), with the specific intention of helping others. For instance, a child offering their toy to a distressed playmate can be considered as a prosocial behavior.

14.2 DEVELOPMENT OF PROSOCIAL BEHAVIOR

The development of prosocial behavior becomes visible with the beginnings of empathy and as the child grows older, more concrete forms of prosocial behavior start emerging and evolve into more complex mechanisms with time.

14.2.1 The Evolutionary Perspective

According to the evolutionary perspective, human survival in a large part is dependent on the innate tendency among humans to help each other. Prosocial behavior is thus exhibited by humans because it has its advantages in supporting survival directly as well as indirectly through social reinforcement of altruism. In this regard, the phenomena of kin selection (Hamilton, 1964) and reciprocal altruism (Trivers, 1971) provide major explanations (McAndrew, 2002).

As per the phenomenon of kin selection, people are likely to help those who are biologically related to us. Here, the focus is not on the survival of the individual but on the survival of the individual's genetic material, thereby ensuring the sustenance of altruistic behavior. Furthermore, when it comes to helping those unrelated to us, the reciprocal altruism theory offers valuable insight. According to this theory, helping people who are unrelated to us can directly or indirectly increase our chances of survival as help is usually reciprocated. Research shows that even among toddlers' behavior, both direct and indirect reciprocity is observed (Vaish & Tomasello, 2014).

14.2.2 Beginnings of Empathy

The emergence of prosocial behavior is largely nested in our capacity to experience empathy. Empathy can be defined as the ability to understand other people's experiences, by identifying with their emotions and taking on their perspective. It comprises of three distinct components - the emotional component i.e., emotional empathy, which involves sharing others' feelings; the cognitive component i.e., empathic accuracy - the capacity to accurately perceive others' thoughts and feelings; and lastly, empathic concern i.e., feelings of concern for another person's well-being (e.g., Gleason, Jensen-Campbell, & Ickes, 2009). Empathy is often confused with the term sympathy, however, the latter is denoted by experiencing sorrow or concern for the distress of others, while the former is characterised by feeling the same emotion that the other person is experiencing (Eisenberg, Spinrad, & Knafo-Noam, 2015).

Eisenberg and colleagues (2015) have thus noted that this capacity to empathise with others begins developing during early childhood and serves as a basis for the emergence of prosocial behavior. Glimpses of a complex emotional life become evident during early infancy itself, with the emergence of basic emotions which infants use to communicate a range of their needs, albeit non-verbally. With regards to empathy, Hoffman (2000) argued that since young infants do not possess the capacity to differentiate their own self from others, they quickly experience distress in response to others' distress (i.e., a form of global empathy). For instance, it is quite common to see an infant cry in response to the sound of another child's cries (Dondi, Simion, & Caltran, 1999).

In the second year of life, toddlers learn to differentiate between their self and others, although their capacity to differentiate between their own and others' internal states is not much refined. Therefore, they exhibit higher empathic

concern but their capacity to comfort others remains limited as their prosocial behavior is rooted in an egocentric perspective. For instance, a toddler who feels comforted by a hug would offer a hug to a sibling who's suffered a physical injury. He/she would not be able to recognize that a hug would not suffice in this scenario.

Moreover, between the ages of 2 to 4, the child is able to develop a more complex and layered understanding of the self, others and emotions, as supported by early socialization experiences as well as refinement in language and thought. Such advancements pave the way for a more accurate recognition of other people's feelings and perspectives, making expression of empathy and prosocial responding more appropriate (Hoffman, 2000).

14.2.3 Forms of Prosocial Behavior in Childhood

As stated previously, the emergence of prosocial behavior becomes visible during the early years of infancy. Infants display many spontaneous, positive behaviors targeted towards others, such as sharing objects with others, engaging in cooperative interactions, participation in play-related activities and showing distress at others' distress. As the diversity of such behaviors increases, it becomes important to recognize that different forms of prosocial behavior stem from responses to different needs. Keeping this in mind, prosocial behavior can be categorized in the following three forms: *helping* is aimed at solving instrumental needs i.e., responding towards another person to help them in accomplishing a goal-directed action. *Comforting* is linked with meeting others' emotional needs i.e., it is directed towards reducing another individual's negative arousal. And finally, *sharing* involves reducing material needs i.e., providing another person with a material good that they need. Another common form of prosocial behavior is *cooperation* which involves working with others on a shared goal, however, the aim of cooperation is not necessarily to provide assistance to the other individual (Dunfield, Kuhlmeier, O'Connell, & Kelley, 2011).

Similarly, Hay and Cook (2007) also described three strands of prosocial behavior involving *feeling for another* (showing affection and being friendly), *working with another* (assisting others in accomplishing tasks) and *ministering to another* (responding to others' needs). These classifications can thus help us understand the various forms of prosocial behavior. Some common forms of prosocial behaviors are explained below:

Sharing – Research has highlighted that during the first year, infants show simple compliance i.e., when asked to do something they behave according to the request of another person. For example, handing over a toy when a parent requests them to do so. By the age of 12 months, infants start showing signs of voluntarily sharing information with their parents. Sharing of food and other objects like toys with parents, siblings and peers starts occurring regularly between 18 to 24 months (Brownell, Svetlova, & Nichols, 2009). As children enter school and form a social circle outside their family, it becomes important that they learn to share information and resources with others. Enough cross-sectional studies point towards age-related increases in sharing from early to middle childhood (e.g., Dunfield & Kuhlmeier, 2013).

Cooperation – Cooperative interaction also appears within the first year of life, with infants playing games involving mutual participation with other people (a simple game of peek-a-boo shows infants’ ability for joint attention). During the second and third year, toddlers’ capacity to cooperate with others increases, not just with those who they are familiar with but also with unfamiliar peers and adults (e.g., Warneken, Chen, & Tomasello, 2006). Greater participation in cooperative games and collaborative problem solving emerges during this time and continues to foster as children age. Children who show a fair capacity to cooperate fit-in better with their peers and experience less adjustment problems as they transition into adolescence.

Helping – Helping others is another major form of prosocial behavior. During the second year, attempts by children to offer assistance to others becomes visible in small gestures such as helping their parents with household chores or caring for their younger siblings. At this juncture, children also start expressing empathic concern for others and take instrumental efforts to help them (Svetlova, Nichols, & Brownell, 2010), with autonomous pro-sociality becoming consistently visible by the end of second year. Another important aspect that unfolds during this time is children’s capacity to consider moral principles and notions of fairness. Research also shows that by the ages of 2.5 to 3 years children start to believe in equal distribution of resources (Rakoczy, Kaufmann, & Lohse, 2016).

It is also important to note that while many researchers have offered that the frequency and dynamicity of prosocial behavior increases as children age and their cognitive capacities advance in the toddler and preschooler period, continuing (albeit slowly) even after adolescence (e.g., Eisenberg et al., 2006; Brownell, Ramani, & Zrewas, 2006). It is also suggested that as children start showing signs of carefully considering whether or not to help under specific circumstances, their pro-sociality may decrease overtime (e.g., Hay, 1994). As children age, choosing to help starts depending on many factors such as their relationship with the recipient (e.g., known or unknown), features of the task (e.g., easy or difficult) and social norms (Malti & Dys, 2018). For example - during middle childhood, children often start to help with a greater number of household chores such as tidying their room, helping with laundry, babysit a sibling, etc.

Check Your Progress 1

1) Define prosocial behavior.

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2) List the different forms of prosocial behavior.

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14.3 FACTORS AFFECTING THE DEVELOPMENT OF PROSOCIAL BEHAVIOR

Research indicates that the development of prosocial behavior is a complex mechanism, which can be understood vis-a-vis the interaction between various biological factors, psychological processes as well as socialization/environmental influences (Eisenberg et al., 2015; Malti & Dys, 2018).

14.3.1 Biological Factors

Psycho-physiologists have highlighted considerable evidence for a biological basis for empathy and providing support for a genetic predisposition for prosocial behavior (Hastings, Zahn-Waxler, & McShane, 2005). Many cross sectional and longitudinal twin studies have consistently shown that heritability contributes to individual differences in such capacities among children, with its influence becoming more salient during adolescence and adulthood. The variations in the results among these studies largely depends on the ways in which the researchers conceptualized pro-sociality and the types of methods that were used.

For instance, focusing on multiple aspects of prosociality, Knafo-Noam and colleagues (2015) took a sample of 183 seven-year-old twin pairs and asked their mothers to report their twin children's behaviors in five areas: sharing, kindness, helping, social concern, and empathic concern (Knafo-Noam, Uzefovsky, Israel, Davidov, & Zahn-Waxler, 2015). Results showed a moderate correlation ($r > .39$) among these sub-domains. Another study using parents' reports found 55% heritability among 2- to 9-year-old twins in South Korea (Hur & Rushton, 2007).

Furthermore, recent attempts have also been made to discover the role of specific genes in influencing prosocial behavior. So far, studies have mainly focused on genes involved in dopamine, oxytocin, serotonin and vasopressin activity (see Fortuna & Knafo, 2014). However, the impact of any single gene on pro-sociality seems to be small and work in this area remains fairly limited (Conway & Slavich, 2017).

The postnatal development of the brain also influences the development of various perceptual, cognitive and emotional abilities which support prosocial behavior. In this regard, research has highlighted the importance of brain lateralization and the prefrontal cortex (Hay, & Cook, 2007).

Finally, another important biological mechanism involved in prosociality is the autonomic nervous system (ANS). Many sympathetic and parasympathetic responses including changes in blood pressure, heart rate, pupil dilation, skin conductance, etc. are also active during empathic responding.

14.3.2 Psychological Processes

Another set of factors that contributes significantly towards the development of prosocial behaviour pertains to a gamut of psychological processes that evolve as children get older.

Socio-Cognitive Changes One type of such age-related change is reflected in our evolving socio-cognitive capacities. Between 18 to 30 months, children’s capacity for language expands and they become more capable of joint attention, which is reflected in their increasing ability to work with others. Using language, toddlers become more responsive and better capable of explaining the reasons behind their prosocial behavior or lack thereof. Similarly, as children get older, they become better capable of perspective-taking and understanding others’ internal states and intentions. This allows them to figure out other people’s emotional cues and respond to their needs appropriately (Eisenberg, Spinrad, & Knafo-Noam, 2015).

Understanding of Emotions In order to cater to others’ needs, it becomes imperative for children to develop a nuanced understanding of emotions which can support appropriate social skills. Around 3 years of age, emotional development sees considerable gains with children becoming more and more capable of recognizing and distinguishing between emotions. This in turn allows them to understand when others’ need assistance and behave accordingly. Four- to five-year-old children also start recognizing the positive emotional consequences associated with successful prosocial behavioral attempts (such as feeling happy, proud or relieved after helping others) as well as when one fails to act prosocially or causes harm to another; for instance, feeling guilt or remorse after having caused another person distress (Hay, & Cook, 2007).

Motivation Motivation also plays an important role. Younger children may be motivated by external factors (to gain rewards for “good” behavior or to avoid punishment) to help others. This gradually changes as the need for generalized reciprocity and social approval takes over, thereby changing the motives behind prosociality. Finally, children also start to internalize altruistic motives and help others for unselfish reasons and mainly for others’ welfare (Eisenberg, 1986). This becomes evident in the kind of moral-reasoning children across ages provide, with more abstract moral ideas emerging closer towards the onset of adolescence.

Dispositional Variables A key dispositional factor responsible for the development of prosocial behavior is temperament. Appearing in infancy, a child’s temperament provides the basis for stable individual differences in their reactivity and self-regulation (Berk, 2014). Easy children exhibit positive mood, considerable adaptability and a certain capacity to self-regulate. They are more likely to offer comfort to others and show prosocial behavior. On the other hand, difficult children tend to show poor self-regulation and often react aggressively in early and middle childhood (Bates, Wachs, & Emde, 1994; Eisenberg, Spinrad, & Knafo-Noam, 2015; Ramos et al., 2005). Another important dispositional variable in this context is sociability. Children who are sociable and extroverted are more likely to help

other children, versus those who experience social anxiety or withdrawal (Eisenberg, Spinrad, & Knafo-Noam, 2015). This becomes especially true when the person in need of help is a stranger or when prosocial behavior is required to be spontaneously emitted.

14.3.3 Socialization and Environmental Influences

As mentioned above, many biological and psychological processes may predispose a child to behave in particular ways, however the role of environmental factors on children's prosocial behavior cannot be denied. There are various ways in which parents and other agents of socialization shape children's capacity for prosocial actions, both by endorsing certain values and modeling appropriate behaviors.

Role of Parenting Practices In this regard, parents undoubtedly play the biggest role as they provide the most immediate context for a child's development. Although research has mostly focused on the mother-child relationship as the most important, a recent shift towards locating the impact of both the parents on their children's prosociality have taken place. Studies in this area have highlighted that a positive and healthy parent-child relationship may be associated with prosocial responding in childhood and adolescence. Parents who are responsive to their children's needs, who display warmth and sensitivity and appear to be emotionally available enable their children's capacity to be empathetic/sympathetic to others (see Tong et al., 2012). Furthermore, actively talking to children about social and emotional issues can help enhance their understanding of emotions. Such children are often more capable of self-regulation and possess considerable emotional intelligence which allows them to respond positively to others' (both family and outside) needs. Studies have also shown that parental abuse and neglect is associated with low levels of children's prosocial behaviour and empathic responding (see Eisenberg et al., 2006).

Parents may also actively encourage behaviors (verbally and by providing opportunities for hands-on experiences) which can enhance their children's connectedness with other people. For instance, asking their child to share their toys with a peer and giving explanations to the child about why this behavior is needed can have a strong impact. Over time, children internalize the values that are repeatedly taught to them and start exhibiting behaviors corresponding to those values on their own. Thus, it is important for parents to be clear and consistent with their instructions.

Parents also employ reinforcement and punishment for enhancing children's prosocial tendencies. It is quite common for parents to reinforce good behaviors with praise and even other instrumental rewards, but too much dependence on a reward-system may diminish intrinsic motivation. Prosocial behavior may thus become limited to the ones that are actively reinforced by the parents and will not spill over in other domains. However, using attribution to link prosocial behavior to the child's underlying dispositions (e.g., "You are so responsible to be helping your younger brother with his homework) can be helpful, especially with older children. Parents should also refrain from using extremely punitive discipline techniques, as they are found

to be inversely related to prosocial responding. Such techniques might work in the short run and induce compliance, but overtime may become counterproductive.

Furthermore, it must be noted that it is not just enough to preach good behavior, what is equally important is that parents should themselves model good behavior. Parents who model empathy and sympathy, help others around them, exhibit kindness, engage in volunteer work often have children who follow in their footsteps (Eisenberg et al., 2006).

Other Family Members Apart from parents, other family members also play an active role in shaping children's prosocial behavior. In this context, most research has focused on the role of siblings. Since siblings spend considerable time with each other, they share many opportunities for learning about diverse forms of social interactions and skills, including prosocial behavior. Interactions among siblings require sharing of toys and other resources, cooperating to complete household chores, offering comfort to each other, etc. Research also shows that assigning caregiving roles to children may enhance their prosocial tendencies (see Grusec, Hastings, & Almas, 2011). In many families, older siblings are relied upon by parents to generally look after the younger sibling (for instance, helping them with their homework, baby-sitting if the parents are not around, etc.), this in turn, also encourages younger siblings to display reciprocity and exhibit positive behaviors modeled by their older siblings. Thus, sibling warmth and affection has been linked with greater empathy and prosocial behavior.

Influences Outside the Family As the child gets older, they come in contact with more agents of socialization. Although research in this area is fairly limited, scholars have shed some light on the role of peers, teachers and institutions in influencing children's prosocial behavior.

Peers includes individuals who come in frequent contact with each other and enjoy the same status with each other. Friendships with other children often leads to varied forms of social interactions, with their peers becoming a major reference point as children age and coordinate with each other on a variety of tasks. Children learn from each other and try to align their own attitudes and behaviors with those of their peers. Studies show that being affiliated with prosocial peers encourages positive behavior among young preschool and kindergarten aged children (e.g., Fabes, Hanish, Martin, Moss, and Reesing, 2012), with this effect being visible even during adolescence. The positive impact of peers can be traced to two major factors. One, close peer-relationships are largely based on mutual reciprocity, which automatically encourages sharing and helpful behaviors among peers. Secondly, such behaviors are readily reinforced within the peer-group and supports children's social adjustment and social status.

Teachers also exert tremendous influence on children's socioemotional development. Similar to parents, teachers who display warmth, nurturance and motivate their students to engage in helpful behaviors succeed in creating a positive influence on their students. Successful strategies to motivate students include providing feedback for students' behavior, using

reinforcement, enabling contexts where students can feel a sense of connectedness with the school and their peers, etc.

Media as an Agent of Socialization In today’s world, children’s immersion in different forms of media start early and increases exponentially over time. Television, cinema, video games, the internet and social media offer many opportunities for children to pick up important prosocial attitudes and behavior. While some television programmes may be intentionally educational and promote good behaviors, others may inadvertently offer moral dilemmas that enable a context for children to engage in moral reasoning. Research has also focused considerably on the role of video games. Many studies have highlighted that playing aggressive video games is inversely related to prosocial behavior. Since children may lack the ability to decipher which type of content is inappropriate for them, parental supervision and continual guidance is crucial to ensure that they pick prosocial attitudes from the various media avenues available to them.

Role of the Cultural Context Socialization processes in a large part are also shaped by the cultural context in which people are situated. In many societies, engaging in other-oriented behaviors and having a strong sense of community is especially valued; children raised in such cultures thus, depict more helpful behaviors towards others (although these behaviors may be mostly limited to known individuals). In a study comparing children from the Philippines and the United States, it was found that the former was more likely to help members of their extended family, but the latter were more prosocial towards people outside their family (de Guzman, Carlo, & Edwards, 2008). Furthermore, in collectivist societies (such as in Asian countries like China and Japan), children are more likely to engage in diverse forms of prosociality as compared to their Western counterparts. For instance, research shows that Indian middle-class families strongly focus on interpersonal relationships and responsibilities (Chaudhary, 2004). In many cross-cultural studies, Miller and colleagues with a sample of Hindu Indians found that they considered helping other people as part of their general moral conduct, compared to Euro Americans, who viewed helping others as a matter of personal choice (Miller et al., 1990; Miller & Luthar, 1989).

Check Your Progress 2

1) List the psychological processes involved in the development of prosocial behavior.

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2) Briefly explain the impact of parenting practices on the development of prosocial behavior.

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14.4 ANTISOCIAL BEHAVIOR

Children experience a gamut of emotions; thus, it is quite common for them to experience negative emotions from time to time. It is also normal for most children to engage in some form of destructive or aggressive behaviors at some point or the other, but the type and frequency of such behaviors offers different implications. For instance, it is common for toddlers and children to display anger when they are frustrated. This could include throwing a temper tantrum, name-calling, breaking things, etc. Most parents may not be too alarmed by such behaviors if they do not occur regularly, it is only when such behaviors occur too often and in high intensity, that they are considered to be requiring attention. Nonetheless, it is important to keep an eye on such tendencies in children to ensure that they do not turn into destructive habits which may lead to the development of a pattern of antisocial behavior which might not be conducive to change at a later stage. Antisocial behavior, therefore, includes aggressive and non-aggressive behaviors that violate social and legal norms. In this context, the following sections will focus on the development of aggression and will also briefly cover childhood disorders such as Conduct Disorder and Oppositional Defiant Disorder. (the disorders have been covered in detail in Unit 15).

14.5 AGGRESSION

Aggression can be defined as “behaviour directed towards the goal of harming or injuring another living being who is motivated to avoid such treatment” (Baron & Richardson, 2004). Developmental researchers consider aggressive behaviors as externalizing behaviors i.e., antagonistic behaviors directed outside the individual. Therefore, this includes behavior which is defiant, aggressive, impulsive and disruptive (Eisner & Malti, 2015). Display of aggression also emerges during infancy itself, although it is not often considered to be a problem at this point since such behavior is usually low in intensity. However, the various forms and functions of aggression can easily be traced from this time.

Researchers have distinguished between two types of aggression - proactive (or instrumental) aggression and reactive (or hostile) aggression. Children engage in proactive aggression when they want to achieve a particular goal. For example - snatching a toy from a friend because they want the toy for themselves. On the other hand, reactive aggression is often in response to a perceived threat from outside. For example, a child hits another child who had teased him. Both these types of aggression can take the following three forms:

Physical aggression involves harming others through physical injury, such as pushing, hitting, kicking, etc.

Verbal aggression harms others through words, such as yelling, name-calling, hostile teasing or threatening to harm physically.

Relational aggression includes purposefully damaging another's relationships or inclusion within a group. Such behaviors are more manipulative and may include saying bad things about people behind their backs, excluding them from social activities, or giving them the silent treatment.

Out of these, verbal aggression is always direct. However, physical and relational aggression can be expressed directly or indirectly. For instance, hitting a peer is a direct form of physical aggression, while breaking their toy would be considered as indirect. Similarly, telling a friend that you will not be their friend unless they do what you want them to do is direct relational aggression, while spreading rumors about them would be called engaging in indirect relational aggression (Nelson, Springer, Nelson, & Bean, 2008).

14.6 DEVELOPMENT OF AGGRESSION

Aggressive tendencies become visible during the first year of life itself. Even around the age of one, infants show aggression when frustrated. Between the ages of 1 to 3 years, children increasingly exhibit behaviors such as hitting, pushing, biting, and snatching things from other children (Eisner & Malti, 2015). During this stage, children largely engage in physical aggression as their verbal, cognitive and social skills are insufficient at this point; as they grow older, they start displaying more of verbal and relational aggression. This occurs as their skills expand and also because they realize that physical aggression is easily identifiable and could lead to more negative consequences from others around them.

As they get even older, their capacity to delay gratification increases, this reduces many forms of proactive aggression. On the contrary, reactive aggression (both verbal and relational) continues to rise over early and middle childhood and manifests in different ways. For instance, display of relational aggression is often crude among preschool children as they are unable to disguise their feelings towards others. However, as children progress towards middle childhood such strategies become more manipulative and complex.

It is also during middle childhood that children's social circle expands and they become more concerned about their ties with their peers. In this context, many children continue to employ tactics of relational aggression to boost their own social status and lower others', while some may continue to show direct and physical forms of aggression due to poor impulse control, lack of social skills, etc. At this point, children also show a tendency to form friendships with peers who possess the same behavioral tendencies and attitudes as them, leading to most aggressive children also forming friendships with other aggressive children. Moreover, a common problem that emerges during the school years of middle to late childhood is bullying (explained later in this Unit). Finally, as children exit childhood and enter adolescence, new risk factors emerge across different domains of development giving rise to greater antisocial activities in some cases (see Eisner & Malti, 2015).

With regards to development of aggression, some important theoretical models offer significant insight. For instance, Granic and Patterson (2006) in their Dynamic Systems Model of Antisocial Behavior described transition periods during which children are more prone to external influences. For instance, when starting school or at the end of childhood when they transit into adolescence.

Sampson and Laub's (2005) age-graded theory of informal social control recognizes the impact of individual biographical events rather than developmental periods. Another important model which describes the role of both situational and person factors is the General Aggression Model proposed by Anderson & Bushman (2002). According to them, a variety of situational variables (frustration, provocation, exposure to aggressive models and cues linked to aggression) and person variables (beliefs about aggression, negative affectivity, irritability, pro-aggression attitudes, etc.) cause aggressive behavior via their influence on arousal, affective states and cognitions. These change the individual's current internal state thereby affecting their appraisal and decision processes that may lead to hostile, aggressive behavior.

14.7 GENDER DIFFERENCES IN AGGRESSION

Research shows that with regards to physical aggression, boys tend to be more aggressive than girls - a finding which seems to be consistent across ages (during the preschool, early, and middle childhood) and cultures. Whereas, girls may depend mostly on verbal or relational aggression. Boys' high physical aggression also remains stable over time, while highly physically aggressive girls show a marked decline in such behaviors as they age (Lee, Baillargeon, Vermunt, Wu, & Tremblay, 2007). Archer (2004) obtained similar findings in the United States, India, Japan, Iran, China, Israel, Singapore, Slovenia, and Spain.

These differences can be attributed to a number of factors. Biologically, the presence of androgens and certain aspects of temperament (irritability, impulsivity and activity) play a significant role. But differences in boys' and girls' socialization with regards to aggression also exert tremendous influence. While girls' aggressive responses are often discouraged by the people around them, boys are frequently taught to react aggressively. For instance, telling a young boy who cries after being in a fight, "Toughen up. Next time, hit them back." communicates that aggression is a worthy tool which can be employed to maintain one's social position. Similarly, relational violence is more common among girls as they are socialized to value relationships more than boys. However, research showing gender differences on relational violence shows mixed findings. Overall, boys are shown to be more aggressive than girls (Berk, 2014).

14.8 FACTORS AFFECTING DEVELOPMENT OF CHILDHOOD AGGRESSION

Similar to the multiple determinants of prosocial behavior, aggressive behavior is also influenced by a variety of factors as explained below:

14.8.1 Biological Factors

Research supports a strong biological basis for childhood aggression. In a review by Moffitt (2005) of more than 100 studies, it was found that across different research designs involving twin studies (reared together or apart) and adoption studies, the heritability for aggressive behavior turned out to be around 50%, with physical aggression being estimated to be 60% heritable, while relational aggression being 20% heritable (Coyne, Nelson, & Underwood, 2010).

Genes are also assumed to impact certain structural features of the brain, such as reduced volume in the prefrontal cortex and in the amygdala are both related to antisocial behavior (Raine, 2008). The prefrontal cortex is responsible for processing risk-posing stressors and fear and impacts decision making processes, while the amygdala is linked with processing of emotions and connects with other body systems such as the sympathetic nervous system, facial responses, and the release of neurotransmitters related to stress and aggression. For example, low levels of the neurotransmitter serotonin (associated with mood), is linked to irritable and impulsive behavior. When these areas of the brain are impacted, they can produce lack of impulse control, poor emotional regulation, poor decision making, thereby increasing the chances of aggressive behavior (Raine, 2013).

Furthermore, the biological basis for certain features of temperament may predispose children to react aggressively. The male sex hormone testosterone is also associated with increased aggression and impacts aspects of physical aggression such as body mass, muscle strength, and height which may enhance boys' ability to aggress. Finally, birth complications, lack of nourishment and exposure to pathogens are also some of the biological factors which affect aggression.

14.8.2 Psychological Factors

Cognitive Functioning Research has consistently shown that low intelligence and cognitive ability is associated with higher levels of aggression, visible even during early childhood. More specifically, a negative relationship between verbal abilities and aggression has been proven in many studies across cultures (e.g., Giancola & Mezzich, 2000; Kikas, Peets, Tropp, & Hinn, 2009; Séguin, Parent, Tremblay, & Zelazo, 2009). Another aspect linked with childhood aggression is poor executive functioning which can reduce children's capacity for inhibition, effective planning and self-monitoring (Eisner, & Malti, 2015).

Moral Reasoning As covered in Unit 9, moral development remains a major domain of development throughout childhood and has significant

implications for children's aggressive behaviors and violence. As children grow older, it is expected that they will pick up moral cognitions and motives and develop notions of fairness. However, a failure in this regard could potentially motivate aggressive behavior, although research in this area is quite limited.

Neurodevelopmental Disorders Many externalizing difficulties also emerge as manifestations of certain neurodevelopmental disorders. For example, Attention Deficit/ Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by hyperactivity, impulsiveness and a limited capacity for focused attention. Studies show a positive association between aggressive behavior and ADHD across cultures. Children on the autism syndrome spectrum have also been found to have a higher rate of aggressive behavior. Furthermore, Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) are also considered to be leading causes of aggression in childhood.

14.8.3 Role of Socialization Agents

Role of Family As mentioned under the section on prosocial behavior, parents and family members exert important influences on children's social development. While the presence of a warm parent-child relationship can enhance prosocial behaviour among children, a hostile parent-child relationship is associated with many behavioural problems. Such children may find themselves to be easily irritable, lack emotional and self-regulation and engage in a number of externalizing behaviors (Eisenberg et al., 2003). A turbulent home environment where the child is repeatedly subjected to criticism, punitive disciplinary practices and allowed limited autonomy (or too much permissiveness) is shown to be connected to children's adjustment problems and aggressive behavior (Coyne, Nelson, & Underwood, 2010). Factors such as parents' mental illness, parental criminality, marital difficulties, lower education, and financial deprivation makes it harder to foster a healthy environment within the family.

Children also learn to model aggressive behavior by watching their parents behave in a similar way (Bandura, 1973). If parents or other members in the family routinely express various forms of aggression and if that aids them in getting their way, such responses are normalized and easily picked up by children in such families.

Influence by Peers Peers' influence on children's physical aggression is seen early on, during the pre-school years onwards. Research shows that physically aggressive children are often friends with children who are also aggressive, and exposure to aggressive peers can increase likelihood of aggression among previously non-aggressive children. Such trends are visible throughout children to adolescence and become more potent if the groups children belong to are high in status (Coyne, Nelson, & Underwood, 2010).

Socialization processes also encourage same-gender peers, which ultimately enhances gender-typical behaviors. Thus, young boys easily pick certain aggressive tendencies that are normalized for boys in many cultures (Martin

& Fabes, 2001). The peer context also influences relational forms of aggression. Children engage in relational aggression to enhance their own popularity, deal with jealousy, and assert power over others.

Role of Media There is robust evidence highlighting the role of media in the development of aggressive behavior in children (Anderson et al., 2003). It is common to see both direct and indirect aggression as commonly being portrayed in most programs on Television and also in cinema. Such influences are prevalent even when programs are specifically targeted towards children, communicating to children that violence can be justified under certain circumstances.

Studies show that engagement with violent content can have both short-term and long-term implications for children, since children are particularly impressionable. In the short run, children may be primed to respond aggressively (e.g., Bushman & Huesmann, 2001), and in the long-run such tendencies may become patterned and visible during adolescence, and in adulthood as well.

Much of the research has also focused on the role of immersion in violent video games. Studies have shown that playing such games increases aggressive thoughts, affect (feelings of hostility, anger, and revenge), and behavior (Anderson et al., 2010). In addition, playing aggressive video games reduces empathy for others and the tendency to engage in prosocial behavior. Anderson and Bushman (2002) suggest that repeated exposure to media violence can strongly affect cognitions relating to aggression, gradually creating a hostile expectation bias—an expectation that others will behave aggressively. This, in turn, causes individuals to be more aggressive themselves as they anticipate provocation even when it may not exist. Finally, there is also neuroscientific evidence which shows that frequent exposure to violent media can actually suppress emotional arousal, accessed via skin conductance responses, thereby desensitizing people towards aggression (Krahe et al., 2011).

14.9 BULLYING

Another common problem among children is bullying i.e., repeatedly targeting another person (the victim) with aggression as a way to assert one's social dominance. It can take the form of physical violence, verbal aggression, use of intimidation strategies, damage to others' property, spreading rumors/gossip, coercing or excluding others and cyberbullying. Bullying is often about asserting one's power over others and strengthening one's group's status. Research shows that bullies can be classified in two categories: pure bullies and bully-victims. While pure bullies are children who are only bullies, bully-victims tend to be bullies in some scenarios, while victims in others. Individuals who are always victims are called pure victims. Both bullies and bully-victims experience low self-esteem and often believe that others' respect can be won with display of aggression.

In this regard, peer-acceptance or rejection plays a strong role. Popular children who are well-liked by their peers mostly show well-adjusted social

behavior, however a small group may be popular because of their “tough” or “cool” behavior which is often disruptive and involves mistreating others to enhance their own status. Similarly, rejected and neglected children also engage in mistreatment of others via a variety of means.

Many intervention programs targeting the school setting have been designed to counteract the problem of bullying. Such programs are centered on implementing anti-bullying policies at school, training the staff and parents to deal with it and helping students understand what constitutes bullying. Exposing students to social-skills and assertiveness training have proven to be helpful in this regard (Santrock, 2007).

14.10 CONDUCT DISORDER

Children may be diagnosed as having conduct disorder if they display actions that are considered to be inappropriate according to their age, violate family and society’s norms, and infringe upon the rights of others. As stated previously, most children engage in certain destructive behaviors on some occasions, but regular and consistent patterns of behavior that violates rules and disregards others’ rights may lead to the diagnosis of conduct disorder. Such children show many forms of rule-breaking behaviors, such as bullying, swearing, displaying physical aggression, stealing, cruelty to animals, etc. (Butcher, Mineka, & Hooley, 2017). Such children also show comorbidity such as presence of substance-abuse issues or depression. Consistent findings report that conduct disorder is highly associated with later development of antisocial personality disorder.

Found more commonly in males than females, conduct problems are linked to a number of factors such as inherited temperament, improper parenting, anti-social role models and peers. Rectifying such problems requires multi-system interventions by family, school, and other people around the child (Santrock, 2007).

14.11 OPPOSITIONAL DEFIANT DISORDER

Oppositional Defiant Disorder (ODD) is also closely linked to conduct disorder and often becomes apparent by the age of 8 years. It is categorized under Disruptive, Impulse-Control, and Conduct Disorders in DSM-5 and comprises three subtypes: angry/irritable mood, argumentative/defiant behavior and vindictiveness. Essentially, children with oppositional defiant disorder display a recurrent pattern of negativistic, defiant, and hostile behavior toward authority figures that persists for at least 6 months. Studies also show that children with ODD may develop conduct disorder as they grow older, however, this is not true for all children with ODD. Risk factors include turbulent home environment, antisocial behavior by parents and socioeconomic disadvantage (Butcher, Mineka, & Hooley, 2017).

Check Your Progress 3

- 1) Describe different forms of aggression.
.....
.....
- 2) Briefly explain the impact of socialization on the development of aggression.
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.....

14.12 SUMMARY

Now that we have come to the end of this Unit, let us list all the major points that we have learnt:

- Children exhibit a diverse gamut of social behaviors. Two important tendencies which emerge in childhood include the development of prosocial and antisocial behavior.
- Prosocial behavior includes behaviors which are aimed at helping other individuals, with no immediate benefit to the helper.
- The development of prosocial behavior has a strong evolutionary basis, as human survival in a large part is dependent on the innate tendency among humans to help each other. This tendency is mainly rooted in our capacity to experience empathy which becomes apparent during infancy itself and becomes more refined as the child ages.
- Many prosocial behaviors become visible throughout childhood and can be categorized as the following four forms: helping, comforting, sharing and cooperating. Each of these include a diverse range of specific behaviors which usually increase in frequency and dynamicity as children age.
- Research highlights many factors which impact the development of prosocial behavior. These include biological factors (for e.g., role of heredity as depicted by twin studies, role of specific genes, postnatal brain development and the autonomic nervous system), psychological processes (such as understanding of emotions, motivation, and role of dispositional variables), and socialization & environmental influences (such as role of parenting practices, other family members, peers, teachers, media as well as the larger cultural context).
- Apart from prosocial behavior, it is also common for children to exhibit some forms of antisocial behaviors. Antisocial behavior includes aggressive and non-aggressive behaviors that violate social and legal norms.
- The most common form of antisocial behavior depicted by children is aggression. Aggression can be defined as behaviour that is intended to

harm or injure another living being who is motivated to avoid such treatment. Aggression can be proactive and reactive, and can manifest at the physical, verbal and relational level. Some forms of aggression are direct, while others indirect.

- The development of aggression is a complex phenomenon, with many theoretical models offering crucial insights. Studies also highlight consistent gender differences in the development of aggression.
- Although aggressive behavior is often exhibited by children, excessive aggression is associated with many factors. Biologically, genes, specific brain areas, neurotransmitters and birth complications play an important role. Many psychological factors such as cognitive functioning, moral reasoning and neurodevelopmental disorders contribute towards aggression. Lastly, family, peers, and media pose as important socialization agents.
- Another common problem among children is bullying i.e., repeatedly targeting another person (the victim) with aggression as a way to assert one's social dominance. Such behaviors can take many forms. In this regard, peer-acceptance or rejection plays a strong role. Many intervention programs targeting the school setting have been designed to counteract the problem of bullying.
- Finally, childhood disorders such as conduct disorder and oppositional defiant disorder depict important aspects of antisocial behavior in childhood.

14.13 KEY WORDS

Prosocial Behavior	Behaviors which are aimed at helping other individuals, with no immediate benefit to the helper.
Empathy	The ability to understand other people's experiences, by identifying with their emotions and taking on their perspective
Parenting Practices	Specific behaviors that parents use to socialize their children. Such behaviors have a significant impact on children's development.
Antisocial Behavior	Aggressive and non-aggressive behaviors that violate social and legal norms.
Aggression	Behavior directed towards the outcome of harming or injuring another being who is motivated to avoid such treatment.
Bullying	Repeatedly targeting another person with aggression as a way to assert one's social dominance.
Conduct Disorder	Childhood disorder diagnosed in children if they display actions considered to be inappropriate according to their age, violate family and society's norms, and infringe upon the rights of others.

14.14 REVIEW QUESTIONS

1. Define prosocial behavior. What are the major factors responsible for the development of prosocial behavior?
2. Differentiate between empathy and sympathy. Explain the process of development of empathy.
3. Differentiate between the various types of aggression.
4. How do males and females differ in the ways in which they engage in aggression?
5. Explain the factors responsible for the emergence of aggressive behavior.
6. What are the reasons behind children engaging in bullying?

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14.16 ADDITIONAL ONLINE RESOURCES

For more information on prosocial behavior in childhood:

- <https://www.child-encyclopedia.com/prosocial-behaviour/introduction>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306462/>

For more information on the developmental origins of antisocial behavior in childhood:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2782636/>
- *For more on conduct problems in children:*
- [https://www.cdc.gov/childrensmentalhealth/behavior.html#:~:text=Conduct%20Disorder%20\(CD\)%20is%20diagnosed,law%20and%20result%20in%20arrest.](https://www.cdc.gov/childrensmentalhealth/behavior.html#:~:text=Conduct%20Disorder%20(CD)%20is%20diagnosed,law%20and%20result%20in%20arrest.)
- <https://www.stanfordchildrens.org/en/topic/default?id=conduct-disorder-in-children-90-P02560>

For more on dealing with bullying in school:

- <https://www.apa.org/topics/bullying/prevent>
- <https://schoolsnet.derbyshire.gov.uk/site-elements/documents/keeping-children-safe-in-education/anti-bullying/identif>