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A Systematic Review of Intervention to Reduce the Aggressive Behaviour among Higher Secondary Students

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ABSTRACT

Purpose: To conduct a systematic review study of school based interventions to decrease aggressive behaviour among adolescents. The main goal of this review is to know about various interventions and to evaluate the effect of interventions on aggressive behaviour. The study's second goal is to find research gaps that could lead to more research in this area. The findings could be used as a foundation for developing interventional programs aimed at reducing adolescents' aggression.

Design/Methodology/Approach: The purpose of this study is to develop a module as coping techniques to reduce the aggressive behaviour and analyse the ABCD model of the same. For this purpose we conducted a search 122 articles for relevant articles in the specified area. We looked for articles published between 2000 and 2022 using the primary databases; Google Scholar, Research Gate, Academia, SSRN, Shodhganga, PubMed, Rayyan and Elsevier. The words like aggressive behaviour, interventions and aggression were used for searching articles. All abstracts and entire articles were scrutinized to see various interventions as a coping strategy to decrease aggressions among students.

Findings/Result: These findings reveal a clear link between self-control abilities and aggressive behaviour: those with greater self-control have less aggression, while people with lower self-control have more aggression. This relationship shows to hold true across a range of ages i.e. from childhood onwards. Based on these review study it also discussed and put forward future research into various interventions and strategies for regulating aggressiveness.

Originality/Value: This review summarizes selected studies identifying the effect of various interventions on aggressive behaviour and find out the coping strategies. The future direction of existing research on emotional stability, first focusing on stressors and barriers associated with aggressive behavior, and considering the increased risk of stress, anxiety, and depression reported in this population. Next, it then describes recent trends and issues and seeks to fill gaps in existing literature that require additional research effort. We also

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conclude that there exists a need for future research on psychological intervention and coping strategies, cognitive behavioral therapy, parent management training, anger rumination and relaxation therapy for enhancing emotional well being and self-control of adolescents. Implementing parental interventions in parallel with the child's interventions may raise mental health.

Keywords: Aggressive Behaviors, Interventions, aggression and higher secondary students.

I. INTRODUCTION

Aggression is a common element of family life that parents seek help regulating, and it can be harmful to children's health. Attention issues, rule-breaking behaviours, sadness, anxiety, and sleep problems are all widespread and closely linked to childhood violence [1]. Conduct disorder is the 15th major cause of disease burden in children aged 5-19 years [2]. Aggression and other externalising behaviours in children generate a significant disease burden on the individual kid and their families. Depression, anxiety, substance use problems, lower educational levels, and unemployment are all more common in aggressive children and adolescents [3] – [5]. Children's aggression should not be addressed in isolation, but rather as part of a larger plan to address their mental health and developmental needs. This article provides an overview of childhood aggressiveness prevention, assessment, and management.

The combination of prenatal variables, individual attributes of the kid, and systemic characteristics of their family, school, and classmates causes aggression in youngsters. Aggressive behaviour appears in the first year of life, peaks at four years, and then fades. Around the age of puberty, some children see an emergence or revival of aggressive tendencies. Boys are more likely to engage in direct aggressiveness, whereas girls are more likely to engage in indirect aggression (e.g., recruiting others to dislike another child) [6]. The frequency and consistency of violence in early life are influenced by genetics. As children get older, the genetic influence becomes less powerful as family, school, and peer influences become more prominent [7].

Maternal adolescent pregnancy, poverty, family instability, coercive parenting, and peer aggressiveness all predict the persistence of hostility into adolescence [8]. A longitudinal twin study found that friendships can exacerbate or mitigate a genetic propensity to aggression, with children who are genetically predisposed to aggression being more likely to be aggressive if they had aggressive friends. Finally, a child's physical violence is influenced by the neighborhood in which they live. If they live in an impoverished neighborhood, younger

children and females are more likely to be physically violent [9]. Many risk factors for aggression co-occur, increasing and maintaining violent behaviour.

Prevention of Aggression

Aggression prevention must begin early, ideally before conception [10]. Social disadvantage-related risk variables are both predictors of chronic aggressiveness and barriers to intervention. Families with characteristics that predict the beginning and persistence of violence in children are also the most difficult to reach with interventions. Furthermore, according to some studies, interventions for childhood aggression are less successful in low-income families [11].

Adolescent pregnancy prevention tackles a major risk factor for childhood aggressiveness while also supporting enhanced maternal educational opportunities and psychological outcomes. Two public health programmes that prevent teen pregnancy and reduce the risk of childhood aggressiveness in the children are free long-acting reversible contraception for adolescent girls in the United States [12] and school-based immersive interactive video plays for adolescent boys in Ireland [13]. Similarly, universal initiatives to discourage young people from starting to smoke, such as simple cigarette packaging and tobacco taxes, have a wide range of health advantages for both women and their offspring, including reduced aggression. Six interventions for preventing childhood behavioural problems were identified as potentially effective in Australia in a systematic review: the Nurse Home Visitation (NHV) Program for infants, the Individual Family Check Up for preschool children, and the Good Behaviour Game class programme for school-aged children, as well as three parenting programmes (Incredible Years, Triple P, and Parent Education Programme) [14].

The Nurse Home Visitation (NHV) Program is a 24-month registered nurse visitation programme for impoverished mothers that begins during pregnancy. It has reduced behavioural difficulties in early children in the United States [15], with the effects lasting into adolescence [16], and it is cost effective [17]. In a rural Australian trial [18] and in England [19], however, NHV demonstrated no benefits for mothers or offspring at 24 months. More NHV trials are being conducted in other countries to see if its effectiveness can be extended outside the United States.

In a review of recommendations to the World Bank to prevent childhood behavioural problems [20], parenting skills training was identified as having the greatest potential. A meta-analysis identified four components of parenting skills training that had the largest effects on reducing externalizing behaviors in children: increasing positive parent-child interactions, teaching parents how to communicate emotionally with their children, teaching parents the use of time

out as a means of discipline, and supporting parents to consistently respond to their children's behaviors [21]. The Triple P Positive Parenting Program [22] is successful in preventing and managing aggressive behaviour in children. Circle of Security, an attachment-based parenting intervention, reduced externalising tendencies in children in an Australian clinical trial [23]. Parenting practises have been shown to be useful in lowering childhood aggression in numerous studies.

(A) Objectives

1. To determine the effect of aggressive behaviour.
2. To identify research gap of various interventions on aggression based on literature review.
3. To choose a research agenda for further research based on priority.
4. To develop interventional program to reduce aggressive behaviour of respondents.
5. To suggest a further research study on aggression based on research agenda.

II. METHODOLOGY OF INFORMATION COLLECTION AND ANALYSIS:

A systematic literature review was performed using the search words "interventions," "aggression" and "aggressive behavior among students" in the electronic databases Research gate, Academia, Google Scholar, Shodhganga, Rayyan, Elsevier and PubMed for articles. All applicable studies were included resulting in the publication of 122 studies. The literature between 2000 and 2021 was searched. Studies were included if they directly related with aggressive behaviour of adolescents and the concept of intervention. After scanning abstracts for these areas, completed the review article and find out the research the research gape. The following criteria were used to determine eligibility: (a) the study was a review article based on studies, (b) the publication date was between 2000 and 2021, (c) both qualitative and quantitative studies were included, and (d) the sample of studies examined comprised only adolescents. In order to compile a final list of linked research, a thorough literature search was conducted to find abstracts that met the inclusion criteria.

The exclusion criteria included: (a) Population other than adolescents was neglected, (b) The study was not totally based with statistical evaluation,(c) Old studies were not referred for better precision, (d) The research article was not written other than English.

III. REVIEW OF LITERATURE:

The inclination of someone who actively conducts to damage others, both physically and verbally, by various ways, as a response to the situation is conceptually defined as aggression

behaviour (Noorfitriyani, Gunawan, & Kertawidana, 2018) [24]. Aggression is triggered not just by individual variables, but also by the attribution and cognitive management of events. Things like this ultimately foster a person's proclivity towards aggressiveness when confronted with a difficult scenario.

Certain variables contribute to this behaviour. Children and adolescents can develop aggressive behaviour as a result of violent video games and television shows (Breuer, Vogelgesang, Quandt, & Festl, 2015) [25]; Qayyum, Malik, Iqbal, Haq, & Malik, 2013 [26]. The emergence of these behaviours is influenced by adolescent perceptions of their family and school environment. Emotional stability, as well as variables such low openness, friendliness, and self-awareness, might lead to violent conduct (Aniței, Chraif, Burtaverde, & Mihaila, 2014) [27].

Openly aggressive, relational aggressive, and aggressive instrumental aggression are the three categories of aggression (López, Pérez, Ochoa, & Ruiz, 2008) [28]. First, there's overt aggression, which is a sort of behaviour that involves actual violence (for example, hitting and pushing). Second, aggressive relational conduct, which involves harming others by manipulating interpersonal relationships (for example, spreading lies and slandering news); third, aggressive instrumental behaviour, which involves the aggressor acting in order to attain a certain goal (for example, hitting a colleague to get money).

According to certain research, aggressive behaviour is linked to violence (Nazmie, Nebi, & Zylfije Bekim, 2013) [29] as well as rage (Edwards, Warren, Tubré, Zyphur, & Hoffner-Prillaman, 2013; Kováčsová, Roková, & Lajunen, 2014) [30].

Behavioral therapies may hold promise in the management of disruptive behaviour, according to some research. Sensory stimulation (for example, music), physical environment alterations (for example, a walled garden), psychosocial measures (for example, pet therapy), and multimodal tactics have all been tried. Many research (Matteson, Linton, Cleary, Barnes, & Lichtenstein, 1997) [31] showed significant reductions in targeted behaviours. Others, on the other hand, found nonsignificant decreases (Teri et al., 2000) [32], no change (Churchill, Safaoui, McCabe, & Baun, 1999) [33], or increased behavioural symptoms (Mather, Nemecek, & Oliver, 1997) [34]. These research collected data from nursing home employees, had sample sizes under 100, and measured a variety of DB using several evaluations. Only in the last decade have researchers investigated affect. Compared to studies to reduce DB, far fewer studies have measured interventions using affect as an outcome measure.

Studies have found that interventions like simulated presence therapy have positive effects on

mood (Camberg et al., 1999) Montessori-based activities [35] (Orsulic-Jeras, Judge, & Camp, 2000) Advanced practise nursing [36] (Ryden et al., 2000) music [37], (Ragneskog, Brane, Karlsson, & Kihlgren, 1996) [38], rocking chair therapy (Watson, Wells, & Cox, 1998) [39], and pet therapy (Watson, Wells, & Cox, 1998) [40]. (Churchill et al., 1999) [40]. The affect investigations used global metrics that relied on observer interpretation, thus jeopardising impartiality.

Aggression replacement therapy (Glick & Goldstein, 1987) [41] is a multimodal psychoeducational intervention that focuses on aggressive and bullying behaviours as well as a lack of prosocial skills. Modeling, role playing, skill building, anger arousal awareness, and instruction are some of the cognitive– behavioural elements of aggression replacement treatment. Glick and Goldstein discovered that adolescents who participated in aggression replacement therapy after being released from a New York State residential facility showed improved relationship functioning and a transfer of abilities developed in aggression replacement therapy to outside situations Moynahan and Stromgen (2005) [42] explored the use of aggression replacement treatment with children ages 7–12 in Norway, using it in study with elementary school age students. When compared to a control group, children who received anger replacement therapy showed a statistically significant improvement in social skills.

Cognitive bibliotherapy is a type of cognitive–behavioral therapy that is indicated for children who are aggressive. Shechtman (1999) [43] described a strategy in which a counsellor suggests reading with little or no involvement from the therapist. Rather than having a therapist support the process, the goal of cognitive bibliotherapy is for clients to gather information and insight for themselves. Rather of relying simply on cognitive procedures, Shechtman suggested that therapists employ a humanistic–existential approach to help clients raise their consciousness before moving on to cognitive techniques. Shechtman also noticed a reduction in violent behaviour with group bibliotherapy, which focuses on enhancing emotional sensitivity within an insight-oriented affective approach.

Dee C. Ray et al. (2009) [44] suggested a few programmes for reducing childhood aggression that have been shown to be effective in research. The Incredible Years [45], designed by Webster-Stratton and Hammond, is the first programme recommended. It consists of teaching behavioural methods to parents and teachers for children aged 2 to 8. Boxer and Frick emphasised functional family therapy (Boxer, P., & Frick, P. J., 2008) [46], which similarly relies on a therapist teaching behavioural principles to parents and adolescents. Evidence-based and developed from social– cognitive theory were also recognised in the anger coping programme, a school-based programme, and the coping power programme, a youth and parent

programme (Lochman, J. E., & Wells, K. C. (2003) 47). Finally, Boxer and Frick discussed multisystemic therapy [48], which combines home and agency-based therapies to reduce risk-promoting pathways in aggressive teenage cents. Each of these advertised programmes, with the exception of the Incredible Years programme, was created for children aged 8 and up. Furthermore, for transformation, they all rely on behavioural or cognitive techniques. Because early conduct difficulties can grow into major disorders, Boxer and Frick underlined the importance of early intervention for young children.

Table: Review of the effect of aggressive behaviour on the basis of various interventions

Sl. No	Area	Intervention	Study
1	Peace Counseling Approach (PCA) to Reduce Negative Aggressive Behavior of Students	The findings of this study show that after receiving a PCA intervention, aggression behaviour might drastically reduce. Students can learn to think in a peaceful manner, which reduces their impulse to act aggressively.	Wahyu Nanda Eka Saputra et al.(2020)[49]
2	School-Based Interventions to Prevent Bullying	Many school-based initiatives directly reduce bullying, with multidisciplinary interventions yielding higher results. Bullying behaviours are less affected by curriculum modifications. These interventions do not reliably enhance outcomes that are indirectly connected to bullying.	Vreeman, R. C., & Carroll, A. E. (2007)[50]
3	Self-control training decreases aggression	This study looked at whether two weeks of self-control training may reduce anger and aggressiveness in reaction to provocation. Seventy undergraduates completed a control task or two weeks of self-control	Thomas F. Denson et al.(2011)[51]

		<p>training. Participants were insulted at the conclusion of the two weeks and given the option to reply by releasing a blast of loud white noise. Self-control training lowered aggression in people who were naturally aggressive. Participants in the training group also expressed less anger than those in the control group. These findings suggest that self-control training could help aggressive people overcome their aggressive inclinations.</p>	
4	<p>A mindfulness-based strategy for self-management of aggressive behavior</p>	<p>The effectiveness of Meditation on the Soles of the Feet, a mindfulness-based therapy, in helping three adolescents regulate their physical violence was evaluated. The adolescents had to quickly shift their attention away from the aggression-inducing event and toward a neutral location on their body, the soles of their feet. Aggression incidents in the three teens ranged from 14–20 per week at baseline to 4–6 per week throughout mindfulness training, with zero rates in the final four weeks of the intervention. During a three-year follow-up, aggression occurred at a rate of roughly one per year. Our findings imply that over the course of several years,</p>	<p>Nirbhay N. Singh et a.(2011) [52]</p>

		teenagers with autism can learn and employ a mindfulness-based approach to self-manage their physical violence.	
5	Pool Therapy to Reduce Aggressive Behavior	The water therapy method reduced aggressive conduct in class IV autistic pupils at the Paulus Special School in Tomohon, according to the findings. Pool therapy can be used as an alternate form of intervention to help children with autism relax, ease pain, relax stiff muscles, and have fun. This intervention technique can minimise or even eliminate autistic children's aggressive behaviour such as rebelling, throwing, hitting, and harming things around them, including hitting the instructor.	Aldjon Nixon Dapa & Henny B. A. Kiriweno(2019)[53]
6	Problem-solving interventions on aggressive behaviors	With strong effect sizes, a group-based problem-solving intervention for aggressive behaviours among primary school pupils reduced both instructors' and students' rated aggressive behaviours.	Jibril Abdulmalik et al.(2016) [54]
7	Cognitive Behavioral Therapy to Reduce Overt Aggression Behavior	In a 1:1 ratio, sixty-six participants were randomly assigned to either regular intervention alone (control group) or routine intervention + Williams LifeSkills Training (WLST group). The primary result was the change in Modified Overt Aggression Scale (MOAS) values	Chen Chen et al.(2014) [55]

		<p>from baseline to one week after the training ended. Changes in the Barratt Impulsiveness Scale¹¹ (BIS11) and Cook–Medley Hostility Scale were secondary objectives (CMHS). Except for aggression against property, there were significant between-group differences in MOAS total score change (P.01). Changes in BIS11 and CMHS total score were also shown to be different across groups (Ps 0.05). The WLST group was favoured in every way. These findings show that WLST has the potential to be an effective intervention for young male violent offenders who exhibit overt aggressive conduct.</p>	
	<p>Solution-Focused Brief Counseling to Reduce Online Aggression of Student</p>	<p>The study indicated that using SFBC to minimise online hostility in students is successful for counsellors. School counsellors should use SFBC to help kids reduce online aggression behaviour, according to the findings of this study.</p>	<p>Claudy Desya Wiretna et al.(2020) [56]</p>

IV. RESEARCH GAP

Children's aggression is a severe public health and social concern, with aggressive children facing a lifetime of disadvantage. The greatest gains come from preventing aggression. According to the findings of the review-based study, there is a link between numerous interventions and violent behaviour. Aggressive behaviour will decrease if the intervention is implemented. The well-established evidence for emotional regulating programmes and the

administration of this intervention are separated by implementation research. Similarly, while there are effective behavioural therapies for children who are aggressive, those who are most likely to be aggressive are the ones who are least likely to receive them. As a result, we must assess the effectiveness of intervention in reducing aggression, as well as establish training programmes and coping mechanisms. In the future, research in the areas of relaxation therapy, cognitive behavioural therapy, various training programmes, mindfulness meditation, yoga, psychotherapy, and emotional literacy as a course in the curriculum may be conducted. As a result, effective management measures for controlling aggressive behaviour should be developed [57–71].

V. CONCLUSION

The evidence presented here shows that a wide range of maladaptive emotional regulation techniques can enhance violent behaviour. While the link between under-regulated anger and aggression is well-known, the involvement of under-regulation in other unpleasant emotion experiences appears to be equally essential, especially since aggression gives a second way to end painful emotion experiences. Over-regulating difficult emotions may contribute more to violent conduct than previously thought, especially through emptying available resources (both cognitive and social), increasing physiological arousal, and lowering inhibitions. Developing empirically-validated treatments for aggressive behaviour that emphasise emotional awareness and acceptance while also providing individuals with a variety of strategies for controlling behaviour when confronted with a difficult emotion experience is likely to improve an individual's ability to effectively regulate emotion and reduce the likelihood of aggressive outcomes.

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