Society of Krishi Vigyan
www.iskv.in

J Krishi Vigyan 2025, 13(3) : 476-482

DOI: 10.5958/2349-4433.2025.00087.1

ISSN 2319-6432 (Print)
ISSN 2349-6433 (Online)

Adolescents' Aggression: A Triangular Perspective Analysis

Arifa Momtaz Begum[1], Jinamoni Saikia[2], Toslima Sultana Begum[3] and Binapani Deka[4]
Directorate of Extension Education, Assam Agricultural University, Jorhat -13

ABSTRACT

Aggression is a forceful behaviour, action or attitude that is expressed physically, verbally or symbolically. Aggressive behaviour has become a topic of vital importance and a major concern in most of the societies. Identifying, controlling and managing highly aggressive behaviour and its ill effect of school going adolescents have not yet been a major focus of education system of India. Hence, the present study was undertaken to identify the types and level of aggression of adolescents. The study was conducted in Biswanath district of Assam. A total of 150 adolescents of the age group of 14-16 yrs studying in class IX were selected from two government schools. A standardized questionnaire namely Direct and Indirect Aggression Scales developed was used to collect data from self, peers and teachers to find out the prevalence of aggression among adolescents. Descriptive statistics were used to analyze the data. The findings of the study revealed that three types of aggression *viz.,* physical verbal and social were present among the respondents which were categorized as high, average and low. According to self, physical and social aggression were most frequently showed by the adolescents. Verbal aggression was more prevalent among the respondents and almost similar percentage of them frequently showed physical and social aggression as perceived by teachers. According to peers' report, both physical and verbal aggression was frequently shown by the respondents.

Keywords: Adolescents, Aggression, Physical aggression, Social aggression, Verbal aggression.

INTRODUCTION

Aggression is defined as any behaviour intended to harm another person who is motivated to avoid the harm (Morgan *et al*, 2004). Shaw *et al* (2000) described early aggressive behaviour as an act directed toward a specific person or object with intent to hurt or frighten, for which there is a consensus about the aggressive intent of the act. Adolescence is the period of change, in which young people often engage in conflicts with parents and become involved in risky behaviours. According to Chahalan (2018), the riskiest and most dangerous age of adolescence is fourteen (14) years. Adolescent years are loaded with physical and chemical change which occurs at a rapid pace creates confusion and uncertainty in the minds of adolescents. Hormones take over, emotions run high and every adolescent has to learn how to cope with the new changes. Physical changes can result in anger and confusion as hormone levels begin to change in boys and girls. Furthermore, during this stage, adolescents begin reassessing their role in the society and family. Peer pressure is a struggle that many adolescents face. Not feeling wanted or accepted in a group can be very hurtful, and adolescents may exhibit these feelings as anger or aggression.

Aggression affects emotional development and academic learning, spoils school environment and if not controlled early, may precipitate extreme incidents of violence in the future . In a cross-sectional study of Getachew *et al* (2007), it was found that physical, verbal and indirect aggression were evident among adolescents in secondary schools but with different magnitude. Shaikh *et al* (2014) also found that aggressive behaviour was common among the students with an increasing trend of physical aggression from VII standard to X standard. Sidhu *et al* (2019) reported that the total prevalence of aggression was higher in urban population, males having more of physical aggression and females having hostility–associated significantly with the age distribution, residency type, etc. Sharma and Marimuthu (2014) showed that the risk factors of youth aggression were identified as physical abuse in childhood, substance abuse such as alcohol

Corresponding Author's Email - arifamomtaz.begum@aau.ac.in
1. Senior Scientist, Directorate of Extension Education, Assam Agricultural University, Jorhat -13
2. Professor & Head, 3. Associate Professor 4, Assistant Professor, Department of Human Development and Family Studies, College of Community Science, Assam Agricultural University, Jorhat -13

Table 1. Distribution of respondents according to types and levels of aggression as reported by self.

Types of aggression	Number of respondents (N=150)					
	Levels of aggression as reported by self					
	High		Average		Low	
	F	P	F	P	F	P
Physical aggression	22	14.67	75	50.0	53	35.33
Verbal aggression	8	5.33	60	40.0	82	54.67
Social aggression	35	23.33	88	58.67	27	13.33

F = Frequency, P = Percentage, N= Total number of participants

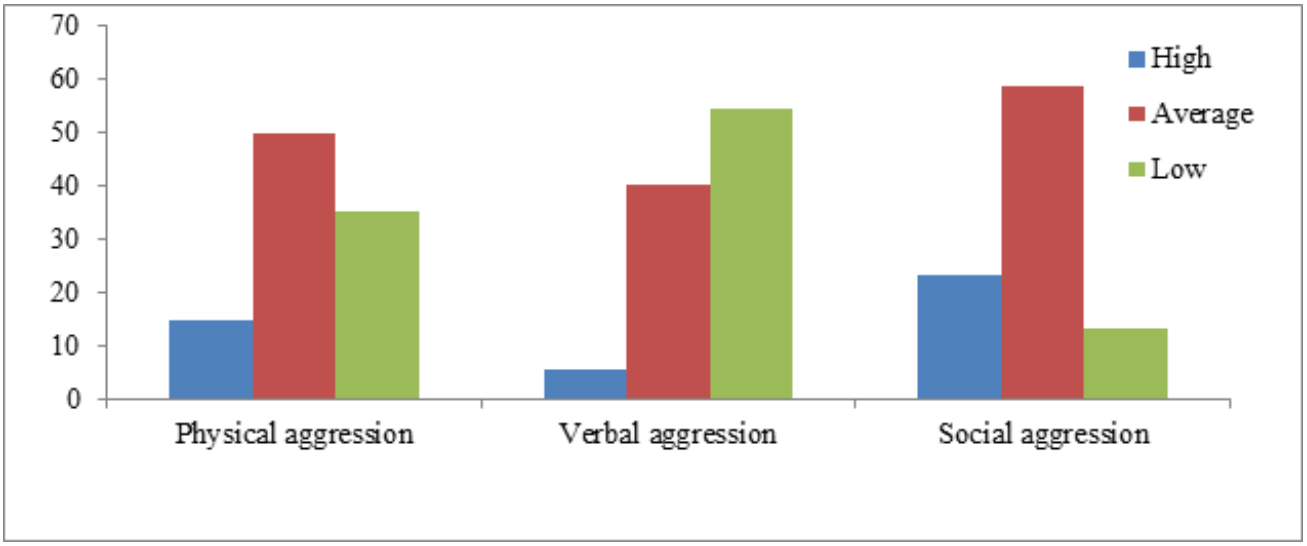

Fig 1 Distribution of respondents according to types and levels of aggression as reported by self

and tobacco, negative peer influence, family violence, academic disturbance, psychological problems, attention deficit-hyperactivity disorder, suspicious mind, loneliness, mood disturbance, negative childhood experience and TV & media.

Human aggression can be divided into direct and indirect aggression. Direct aggression is characterized by physical or verbal behaviour, intended to cause harm to someone and indirect aggression is characterized by behaviour intended to harm the social relations of an individual or group (DeAlmeida *et al*, 2015). Physical aggression is the behaviour that causes physical harm towards others. It includes hitting, kicking, biting, punching, hair pulling, and breaking toys or other possessions etc.

Verbal aggressiveness is a personality trait that predisposes persons to attack the self-concepts of other people instead of, or in addition to, their positions on topics of communication. It includes insulting, putting down, name calling or teasing a person, bullying, saying mean things behind a person's back, urging someone else to verbally abuse the person. Social aggression refers to behaviour that is intended to harm another's friendships, social status, or self esteem. It includes relationship manipulation, social exclusion, reputation attacking, using demeaning Gestures etc. Aggressive behaviour has become a topic of vital importance and a major concern in most of the societies. Identifying, controlling and managing highly aggressive behaviour and its ill effect on school going adolescents have not yet been a major focus of education system of India. It has been observed that no effort has been made by the policy makers particularly to identify and manage the adverse effect of aggression in school level. Hence, the present study was undertaken with the objectives to identify the types and levels of aggression among adolescents.

MATERIALS AND METHODS

The study was conducted with 150 adolescents of the age group of 14-16 yrs studying in class IX. Students from class IX were selected under this study as they belong to early and middle adolescence period (WHO, 1989) in which aggression reaches its peak led by heightened emotionality. In order to assess the types

Table 2. Distribution of respondents according to types and levels of aggression as reported by peers.

Types of aggression	Number of respondents (N=150)					
	Levels of aggression as reported by peer					
	High		Average		Low	
	F	P	F	P	F	P
Physical aggression	40	26.67	68	45.33	42	28.00
Verbal aggression	38	25.33	104	69.33	10	6.67
Social aggression	23	15.33	95	63.33	32	21.33

F = Frequency, P = Percentage, N= Total number of participants

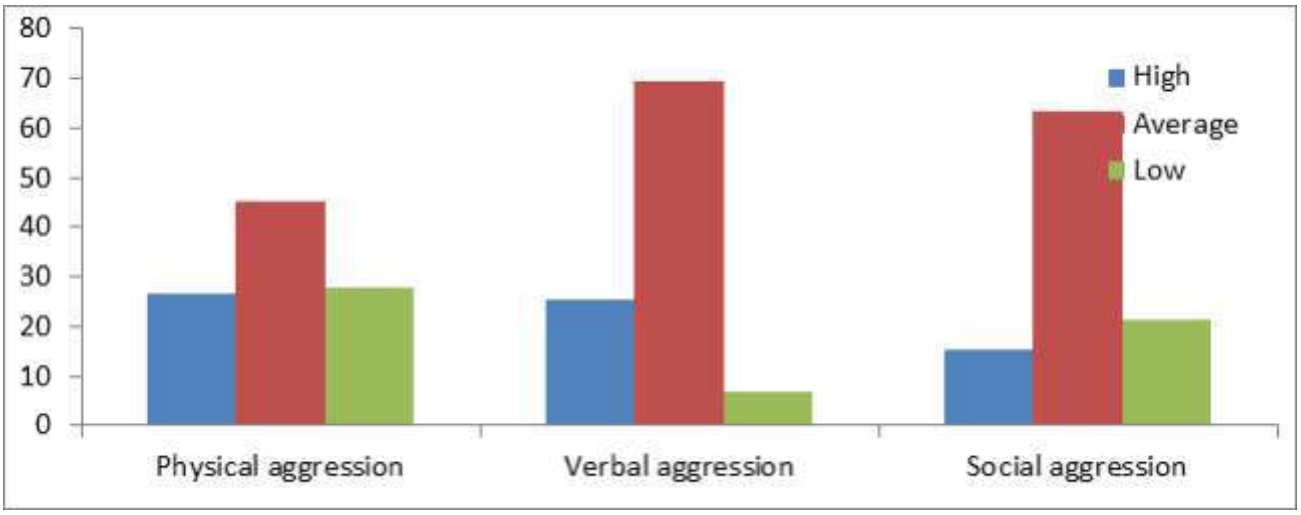

Fig 2 Distribution of respondents according to types and levels of aggression as reported by peers

and levels of aggression of respondents, a standardized structured questionnaire was administered to the respondents. The tool measures three kinds of aggression: Physical, verbal, and social and their levels. The levels were categorized as High, Average and Low based on the scores obtained by the respondents. The same questionnaire was used for peers and teacher's estimation of the respondents' aggression. Thus, the study analyzed adolescents' aggression as reported by self, peers and teacher.

In order to assess the types and levels of aggression of respondents, a standardized structured questionnaire namely Direct & Indirect Aggression Scales (DIAS) developed by Bjorkqvist *et al* (1992) was administered to the respondents. The scale measures three kinds of aggression, namely Physical, verbal, and indirect or social. It consists of 24 statements in which 7 statements reflect physical aggression, 5 statements reflect verbal aggression, and 12 statements reflect social aggression. The scale had provided a fivefold categorization (never, seldom, sometimes, quite often and very often) for an estimation and quick interpretation of aggression scores earned by an individual respondent.

Scoring procedure: A five-point scale (0=Never, 1=Seldom, 2=Sometimes, 3=Quite often, 4=Very often) has been used for responses to all items for self-estimations, peer estimations and teacher estimations. The scores for all the 7 items under physical aggression were added and thus the total score of each respondent represents the level of physical aggression. The scores for all the 5 items under verbal aggression were added and thus the total score of each respondent represents the level of verbal aggression. The scores for all the 12 items under social aggression were added and thus the total score of each respondent represents the level of social aggression.

The total scores of each respondent for physical, verbal and social aggression were calculated. In this study the categories of High, Average, and Low for each type of aggression were made by following the method of class interval in which class intervals were decided by arranging the scores in different classes and width i.e. based on the highest and lowest scores obtained by the respondents.

RESULTS AND DISCUSSION

Descriptive statistics were used to analyze the

Table 3. Distribution of respondents according to types and levels of aggression as reported by teacher.

Types of aggression	Number of respondents (N=150)					
	Levels of aggression as reported by teacher					
	High		Average		Low	
	F	P	F	P	F	P
Physical aggression	38	25.33	80	53.33	31	20.67
Verbal aggression	46	30.67	87	58.00	17	11.33
Social aggression	37	24.67	67	44.67	46	30.67

F = Frequency, P = Percentage, N= Total number of participants

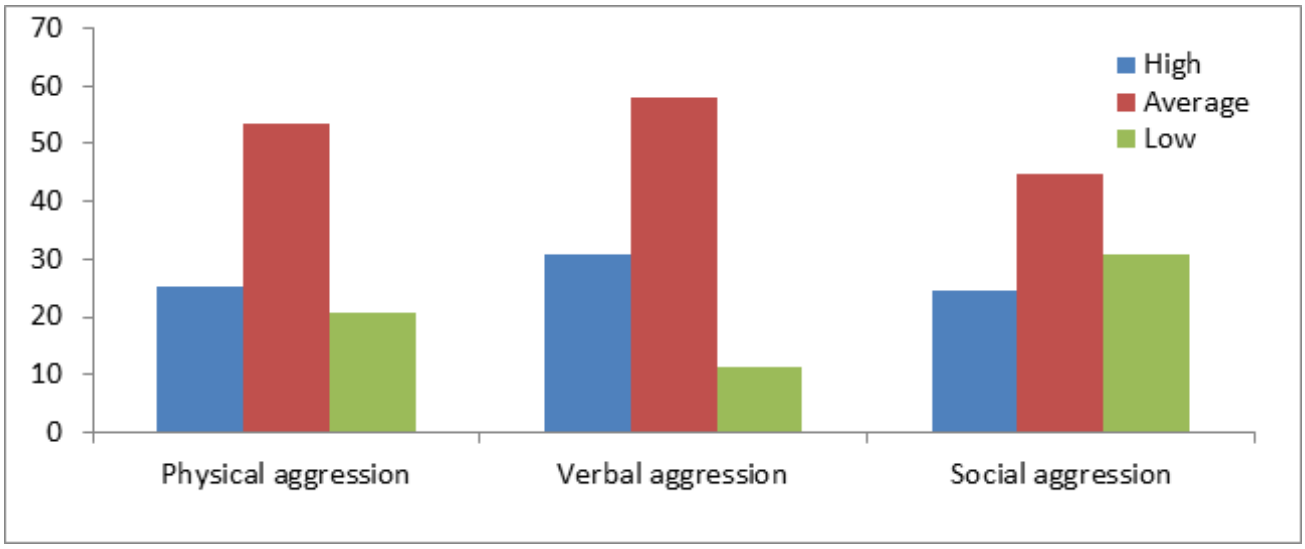

Fig 3 Distribution of respondents according to types and levels of aggression as reported by teacher

data. The findings of the study revealed that three types of aggression viz. physical verbal and social were present among the respondents, which were categorized as high, average and low as reported by self, peers and teachers.

Distribution of respondents according to types and levels of aggression as reported by self is depicted in Table 1 (Fig. 1).It was apparent that the highest percentage (58.67%) of respondents showed average level of social aggression, which publicize that these respondents sometimes showed behaviour of social aggression like personal rejection, excluding others from a social group, gossiping, rumour spreading and criticizing other's appearance or personality. Among them 23.33 per cent of the respondents often showed these behaviour as perceived by self. Besides this behaviour, they distort, modify, and misinterpret the sayings of others and express in front of third person. It may be attributed to the fact that social aggression is the primary means of aggression (Bjorkqvist *et al,* 1992) and hence, most of the adolescents find it easy to adapt this primary means to express their aggression. Besides, some adolescents want popularity among groups, and they have a hidden intention to spoil the relationship of others. Moreover, adolescence is the time of heightened emotionality and identity crisis, they are self-threatened, and they defend themselves and generally adopt certain ways for psychological manipulation. As many as 14.67 per cent and 50 per cent of respondents showed high and average levels of physical aggression respectively. These adolescents often engage in hitting, kicking, shoving, punching, taking things from others, pushing and pulling their peers. It is worth mentioning that majority (54.67%) of the respondents were found to be in low level of verbal aggression, reflecting that they seldom engage in behaviours like yelling, insulting and teasing others out of anger, anxiety and frustration. They also call the other one's name and threaten him by saying that he is going to hurt him. In a study conducted by Fayso (2019) three forms of aggression namely social, verbal and physical were prevalent among adolescents in secondary school.

A perusal of the data (Fig.2) revealed the types and levels of aggression as reported by peers. Results showed that 25.33 per cent and 69.33per cent of

respondents had high and average level of verbal aggression which proved the frequent involvement of respondents in behaviours showing verbal aggression. Peers' observation confirms that the respondents involved in behaviours like yelling, insulting, bullying and teasing towards their peers. They also called the other one's name and said that he is going to hurt the other one. Besides, the respondents also exhibited some other behaviours like continuous arguing, threatening, bossing, withholding information, humiliating, ridiculing, using offensive remarks, shouting etc. Respondents showed high (26.67%) and average (45.33%) level of physical aggression which proved the frequent involvement of respondents in behaviours showing physical aggression. This may be due to the fact that peers are considered to be the most valid informants of negative behaviours like aggression because actual behaviours are being expressed in front of peers only. Moreover, all group related behaviours and contextual information are made secret by them. They like to discuss problems, feelings, fears and doubts with their peers and hence increasing the salience of time spent with friends. They desire to be accepted and become part of a group which can cause pain and anger, leading to aggressive behaviour.

Verbal aggression (High: 30.67%, Average: 58%) was more prevalent among the respondents and almost similar percentage of them frequently showed physical (25.33%) and social (24.67%) aggression as perceived by teachers. This may be due to the fact that the teacher knows every student personally and it is teachers' responsibility to observe or monitor the students' behaviour in each activity performed by the students. Students generally do not get involved in physical fighting in front of teachers, rather they attack their friends verbally. They have lot of conflicts with their friends and initiate fights with them and shout at them. Teachers have to play the role of a guide and problem solver. They know how to deal with problems and have the ability to proper conflict resolutions and to build trusting relationships with students in order to create a safe, positive, and productive environment. The quantitative study findings of Tahirovic (2015) showed that teachers usually noticed proactive as well as reactive and relational aggression in school age children.

How to cope with children with aggressive behaviour

Aggressive behaviour has become a topic of vital importance and a major concern in most societies. The whole world seems to be under the strain of aggressive acts of various forms. Violence is disturbingly common in most parts of the world, and it is undoubtedly creating chaos and disturbing the world peace and harmony. Thus, it is of utmost importance to channelize aggression through interventional activities.

As parents and primary caregivers, it is of utmost importance to guide the adolescents in the right way. No behaviour can be changed in a day; it takes time and consistency. To change the behaviour of an adolescent we should consider some important things and apply them according to particular situations. Physical punishment should be avoided. Many a time disciplinary punishment may lead to aggressive behaviour in adolescents. The parents, teachers and other adults act as role models for their children; they try to copy their caregivers. So, it is the responsibility of the caregivers to act as the right role model by appropriate emotional control and proper management of anger. Parenting styles have a direct impact on aggression in children. Authoritative parenting styles play a positive role in psychological behavior in children while authoritarian and permissive parenting styles result in aggressive and negative behaviors in children (Masud *et al,* 2019). Authoritative parenting style involves setting clear boundaries and rules while also providing warmth, support, and opportunities for the adolescent to develop problem-solving skills. This approach fosters emotional intelligence and a strong parent-child bond, which are linked to lower levels of aggression. Hence, it is important to avoid an authoritarian, controlling, harsh or coercive parenting style and try to improve parenting skills by referring to relevant books or seek professional support to enhance parenting skills and move toward the kind of parenting style that works. Parents who are affectionate and responsive help their children cope with difficulties and exhibit less aggressive behaviour. Adolescents should be encouraged to set goals to improve their behaviour. Let them know exactly what behaviour is expected and what behaviour is not.

Appreciation of appropriate and nonaggressive behaviours of the children can develop an internal sense of pride in themselves. Therefore, always try to ignore negative behaviour and avoid reinforcement of aggressive behaviour. Adolescents may not know what to do with their feelings. Talking openly with the child about emotions will help them to understand the feelings of others. Adolescents should be encouraged to express their feelings in an appropriate and healthy manner and consider appropriate ways to handle anger. Expose them to positive ways to burn up energy, like exercising, drawing and painting, running, playing

sports or even crying. Offer alternatives to aggressive adolescents. Help the aggressive adolescents to develop their social and conflict resolution skills. Encourage the aggressive adolescent to take the perspective of others, including those he has hurt and those who he perceives have wronged him. Also encourage the adolescents for reinterpretation of situations. Identify the underlying stresses and anxieties and try to eliminate them by appropriate ways. Otherwise, these will inhibit the child's ability to cope, or the parent's ability to effective parenting strategies.

Screen violence is globally widespread and has become easily accessible in modern times. Social media platforms (YouTube, TikTok, Facebook, Twitter, WhatsApp, and Instagram) are extremely popular among adults and children. Studies have linked television with violence and hyperactivity. Evidence suggests that watching violent TV programmes and engaging in violent video games are associated with aggressive behaviour in children, teenagers, and young adults, both in the short and long term. Exposure to violent content can decrease empathy and cause increased aggressive thoughts, anger, and aggressive behaviour. Time spent watching screen violence has also been directly associated with increased bullying and cyberbullying among adolescents. Therefore, to control screen violence among adolescents, set limits on content and screen time, use parental controls, and monitor what they watch and play. It's also crucial to watch media together, discuss the real-world consequences of violence, and model healthy screen habits. Encourage to establish a balance with non-violent activities like sports, exercise, reading books, music etc. or in-person social interaction is also beneficial.

Moreover, to cope with the children with aggressive behaviour 'mindfulness' seems to be a popular trend adopted by researchers and practitioners which is considered to be an effective way of intervention. Mindfulness is the psychological process of bringing one's attention to the internal and external experiences occurring in the present moment which can be developed through the practice of meditation or other training. The mindfulness-based intervention (MBI) may be a combination of meditation, activities for self awareness, self regulation, self control and activities for intentional attention of immediate experiences.MBI can reduce the aggression of adolescents by reducing emotional dysregulation and through the improvement of self control (Zhang and Zhang, 2021). Mindfulness-based interventions are effective in reducing aggression and violence through emotion regulation which is characterized by awareness of the current state of the mind and body without judgment, elaboration, or attachment through a variety of techniques. Mindfulness Based Interventions may include one or a combination of awareness of breathing (Deep Breathing), Mindful walking, Mindful listening, Mindful eating, Meditation and Yoga.

Mindfulness is an easy practice with significant results on the brain which enhances the quality of life, self-confidence, and peace of mind of those who practice this. It also helps to alleviate stress by improving emotion regulation, leading to a better mood and better ability to handle stress and also lessens anger, control one's temper and reduce conflict in general. Participants receive instruction in various aspects of mindfulness, including mindful awareness during meditation, yoga, and daily life activities as a means to alleviate stress. Participants are taught to engage in continuous awareness of physical, mental, and emotional states without judgment or evaluation in a guided group practice. Sensitization programme for parents and teachers can also be a part of this intervention.

CONCLUSION

It can be concluded that aggressive behaviour of students become serious problem which cannot be ignored. Adolescents manifest aggressive behaviour in various forms ranging from social and verbal aggression to physical aggression and more serious kinds of violence. Physical and social aggression were more frequently shown by the respondents as reported by self. Physical and verbal aggression was more frequently exhibited by the respondents as perceived by peers. According to teachers' report verbal aggression was more frequently shown by the respondents. Uncontrolled emotion causes physical, mental, social and educational problems among adolescents which may lead to alcohol and drug use, smoking, low adaptability at school, educational failure, depression and other disorders among them. There is a need for the proper assessment of youth for aggression and development of intervention modules for youth in Indian context. There is a need for screening of risk factors or vulnerabilities for emotional dyscontrol among youth. Teachers should pay attention to aggression-related behaviour and help the adolescents to handle them in a better way. Parents should have psychoeducation for better understanding of inner feelings of their aggressive children. There should be a need for interaction of academic institutes, policy makers and parents for reducing academic

distress, ability to handle pressure or frustration or failure and development of intervention module for management of aggression. Policy makers should make an effort particularly to identify and manage the adverse effect of aggression in school level. It is of utmost importance to channelize uncontrolled emotions in general and aggression in particular during this sensitive period through mindful interventional approach which is considered to be an effective way of intervention included in public policy and education policy of other countries for improving health and psychological well-being of adolescents.

REFERENCES

Bjorkqvist K and Niemela P (1992). New trends in the study of female aggression. In:*Of mice and women: Aspects of female aggression.* Bjorkqvist, K. and Niemela, P. (eds.). Academic Press; San Diego, CA, pp. 3-16.

Bjorkqvist (1994). Sex differences in physical, verbal, and indirect aggression: A review of recent research. *Sex Roles 30*, 177-188.

Bjorkqvist K, Osterman K, Oommen T K, Lagerspetz K M J (2001). *Physical, verbal and indirect aggression among Hindu,Muslim and Sikh adolescents in India.* In M. Mertinez (Ed), Prevention and control of aggression and the impacts on its victims. Kluwer Academic Publisher.

Chahalan S (2018). Why 14 is the riskiest age for a teenager – and the most embarrassing. New York Post.

Chiesa A, Calati R and Serretti A (2011). Does mindfulness training improve cognitive abilities? A systematic review of neuropsychological findings. *Clinical Psychology Rev* **31**: 449-464.

DeAlmeida R M M, Cabral JCC and Narvaes R (2015). Behavioural, hormonal and neurobiological mechanisms of aggressive behaviour in human and nonhuman primates. *Physiol and Behaviour* **143**: 121-35.

Fayso T (2019). Aggressive behaviour in secondary schools of mesken woreda: types, magnitude and associated factors. *Psychol Behav Sci Int J* **10**(5): 555-800.

Getachew K and Sintayehu M (2007). Types, Magnitude, Predictors and Controlling Mechanisms of Aggression in Secondary Schools of Jimma zone. *Ethiop J Edu Sci* **2** (2);51-61.

Masud H, Ahmad M S, Woong Cho K, Fakhr Z (2019). Parenting styles and aggression among young adolescents: A systematic review of literature. *Commun Ment Health J* **55**(6):1015-1030. doi: 10.1007/s10597-019-00400-0.

Morgan T, King A R, Weisz J R (2004) *Introduction to Psychology,* 7th Edition, New Delhi: Tata McGraw Hill 2004. In: Shaikh, F., Viveki , R. G., Halappanavar, A. B. (2014). Physical and Verbal Aggressive Behaviour Pattern Among School Children in Urban Area of North Karnataka: A Cross-Sectional Study, JKIMSU: **3**(2).

Shaikh F, Viveki R G and Halappanavar A B (2014). Physical and verbal aggressive behaviour pattern among school children in urban area of north Karnataka: A Cross-Sectional Study. *J Krishna Institute Med Sci Univ* **3**(2) : 55

Sharma M K and Marimuthu P (2014), Prevalence and psychological factors of aggression among youth. *Indian J Psychol Med* **36** (1): 48-53.

Shaw D S Giliom M Giovannelli J(2000) *Aggressive behaviour disorders*. In: Zeanah, C.H. Jr, editor. Handbook of infant mental health. Vol. 2. New York: Guilford Press; 2000. pp. 397–398.

Sidhu K T, Kaur P, Sangha K N, bansal S A (2019) Aggression among adolescents – A cross-sectional study. *Adesh Univ J Med Sci Res* **1**(1):21-26. DOI10.25259/AUJMSR_3_2019.

Tahirovic S (2015). Teachers' perception of aggressive behaviour in children: case of Bosnia and Herzegovina. Epiphany: *J Transdisciplinary Stud* 8(1):149-165.

Zhang A and Zhang Q (2021). How could mindfulness-based intervention reduce aggression in adolescents? Mindfulness, emotion dysregulation and self-control as mediators. *Curr Psychol* **42:** 4483–4497 (2023). https://doi.org/10.1007/s12144-021-01778-5.

Received on 24/04/2025 Accepted on 10/07/2025