

PREVALENCE AND ASSOCIATED FACTORS OF RELATIONAL AGGRESSION IN EDUCATED ADOLESCENTS

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Submitted: February 21, 2018

Accepted: October 29, 2018

ABSTRACT

OBJECTIVE

To estimate the prevalence and associated factors of educated adolescent's relational aggression.

STUDY DESIGN

Correlational study

PLACE AND DURATION OF THE STUDY

The study was conducted at University of Management and Technology, Lahore from 2015 to 2017.

SUBJECTS AND METHODS

A sample (N=400) selected through stratified sampling from public and private educational institutions of Lahore. Adolescents (n=200 boys and n=200 girls) completed (a) Demographic Performa, and (b) Diverse Adolescent Relational Aggression Scale (DARAS) to measure relational aggression from adolescents' perspective. Demographic analyses and Hierarchical Regression Analysis identified related factors and prevalence of relational aggression in educated adolescents.

RESULTS

Hierarchical regression analysis indicted that age was a positive predictor of relational aggression. Results have also showed that institutional affiliation was found to be negative predictor of relational aggression as private institutions' adolescents demonstrated higher relational aggression. Moreover, fathers' education was a positive and mothers' education was a negative predictor of relational aggression.

CONCLUSION

Results help in implementing interventions to promote the consolidation or increment of sources that constitutes an adolescent's networks arose as concrete and feasible actions.

KEY WORDS

Prevalence of aggression, Counseling Implication, Cultural Issues

INTRODUCTION

Adolescent aggression has become more prevalent for individuals, in their familial structure, peer group, academic setting and communities^{1,3}. Relational Aggression (RA) can be defined as intentional behaviors cause to damage an individual with resolute interpersonal manipulation or public omission within the context of peer relationships⁴. In adolescent's perspective Merrell, Buchanan and Tran (2006) defined that relational aggression is manipulating relationships to wield control over other child or impairing another child's relationships by damaging his or her friendships⁵. Relational aggression is the form of aggression that currently ranges between 10-20%⁶⁻⁷ and seems cultivating in adolescence with high rapidity⁸⁻¹⁰.

Relational aggression is another fundamental problem after general aggression, and is one of the most common reasons for referring children to psychological health professionals¹¹. In adolescence, relational aggression increases the chance of becoming either a perpetrator or victim of relational aggression¹² and it is highly correlated with maladjustment and manipulative social interactions throughout in adulthood¹³. Furthermore, earlier relational aggression could lead to several emotional-behavioral problems and social disorders later in adulthood¹⁴, problems like substance abuse, escalation from relational to verbal and physical aggression, anxiety and depression, suicide ideations, relationship issues with spouse, family and at workplace, and neglectful and abusive parental rearing styles^{14,15}. Many researchers have shown that those aggressive behaviors which are established in early childhood and adolescence are more severe than those behaviors learned in adulthood¹⁶.

The intention is the key to identify relational aggression in adolescents as the perpetrator adolescent want to cause harm to the victim adolescent could be the defining characteristic of relationally aggressive behaviors depicted either directly as in verbal confrontation or indirectly as in exclusion from group, spreading rumors, and sabotaging relationships¹⁷. In comparison to physical aggression or other indirect forms of aggression which aims to harm other person through physical display of anger as in hitting or socially threatening or insulting others¹⁸, relational aggression distinguished itself as sabotaging social relationships in close friendships, for instance, ostracizing and exclusion of an adolescent from a peer group¹⁹.

According to developmental approach to adolescent's psychology, aggression acts as a function of both individual factors (temperament, or biological factors) and social structure (parental rearing styles)²⁰. Culturally,

boys are more likely to display physical aggression²¹, girls, however, predominantly tends to display anger through relationally aggressive behaviors¹⁸. Conversely, addressing gender differences, many researchers found that when it comes to relationally aggressive behaviors then there is no gender inclusive relational aggression, in a meta-analysis of 108 studies on indirect forms of aggression stated no significant gender difference²². Moreover, besides gender differences, many risk factors have been identified in previous literature, which includes younger age, adolescence, family structure of living with younger siblings, paternal antisocial behaviors, parental education and externalized behaviors¹⁴. Since the most effective programs to prevent relational aggression focuses on young age¹⁴, identification of its prevalence and associated factors would help mental health professional, social service providers, academic administrations, parents, and community to have a better understanding of how much problematic relational aggression becomes for adolescents if not dealt properly. Thus, this study addresses the relational aggression as a less-known form of aggression, alongside its associated factors in a sample of adolescents attending academic institutes including schools and colleges.

SUBJECTS AND METHODS

Participants

The sample was composed of 400 students with equal proportion of 200 public and private schools (n=100 girls, n=100 boys) and 200 public and private colleges (n=100 girls, n=100 boys) through G-Power analysis. Stratified sampling technique was employed to divide the sample into main strata i.e. schools and colleges and later into public and private. Then these strata were divided into four substrata i.e. 9th and 10th from schools and 1st year and 2nd year from colleges. Lastly systematic random sampling was used to select the sample from each class. Inclusion Criteria was adolescents of Public and private school and colleges, irrespective of gender, with both parents alive and resided with. Exclusion Criteria was adolescents with one or both parents deceased or abroad or adolescents who studied in non-school/college system.

Measures

The Diverse Adolescent Relational Aggression Scale (DARAS) was developed by Horton (2010) for adolescents of age 14-19 years. It consisted of 28 items that were used to assess relational aggression among closely associated relationships, that is, family and friends. All items are positively worded to describe relationally aggressive behaviors and influences (i.e., it is okay to talk about someone behind their back). Items were scored on a 4-point Likert scale (1) = strongly disagree to (4) = strongly agree. It has high internal consistency with Cronbach's alpha coefficient of .78 (Horton, 2010)²³.

A demographic form based on the research literature was devised to gather demographics information.

Procedure

The research proposal was presented and approved from the Institute Graduate Committee (IGC) for the approval. In order to

assess the friendliness of English version of measure Diverse Adolescent Relational Aggression Scale, pilot study was conducted. For this purpose, official permission was taken from the author. Institutional permission was obtained in order to collect data from a randomly selected sample of school students. Since relational aggression was to be measured through self-report measure and being a culturally sensitive issue, language barrier was kept in to consideration. In English language, items were less intense and neutral as compared with possible translated version which may escalate chance of response biasness as a pilot study conducted at college and university students proven the friendliness of English version of the scale. This took 8-10 minutes administration of the measure for which neither an item proven to be redundant nor the difficulty level of items was beyond student's level of comprehension.

After the completion of main protocol, the next step was to collect data. For the purpose of data collection, different schools and college were contacted and the permission from the authorities was acquired. Out of 8 private schools and colleges and 6 public schools and colleges, four schools and colleges allowed to work with their students. Authorities were briefly explained about the purpose of research, its aims and objectives along with its duration of testing and maintenance of privacy and confidentiality. Further to maintain the record, written permission letters were provided from the Head of Institute of Clinical Psychology, University of Management and Technology.

After the permission was granted, the classes were randomly selected from the various sections. The adolescents were briefly explained about the purpose of research. They were ensured about the right to participation or withdrawal at any stage. It was assured that their information will only be used for research purposes with the maintenance of their confidentiality. Verbal instructions were delivered for the final protocol and administered on the group of class. They were requested not to leave any statement unmarked. After each testing, adolescents were encouraged to give their feedback and open for any query.

After the data collection, 415 filled forms were taken and 15 forms were discarded because of missed information, death of one/both parents or redundant forms. Data was entered into the SPSS-21 and analyzed.

RESULTS

Results were produced using description analyses including mean, standard deviation, frequency and percentage of demographic characteristics of the sample and Hierarchical Regression Analysis to predict asocial factors. The mean age of participants was 15.69 with standard deviation 1.71. Data was grouped through visual binning and divided in to two groups which were 12-15 and 16+. 189 (47 %) were between 12 to 15 years while 211 (53 %) were 16+. Age range of the participants was from 12-17 years. The sample was equally distributed to boys and girls. As the participants were taken from 9th, 10th, 1st and 2nd year, this table also showed their proportion. It indicated that total 25% participants were from 9th, 25% participants were from class 10th, 25% from class 1st year and rest 25% were in 2nd year. Proportion of boys and girls was 50:50 in the sample taken

equally from private and public institutions. Equal proportion of participants was taken from private and public schools and colleges of 9th and 10th, 1st and 2nd year respectively. Family system includes two categories nuclear family system and joint family system. As shown in the table 1 that 65% were from nuclear family system and 35% were from joint family system.

Table 1
Percentages and Frequencies of the Demographics Properties of the Participants (N=400)

Demographic Variables	Boys	Girls	Total
	<i>f (%)</i>	<i>f (%)</i>	<i>f (%)</i>
Gender	200 (50)	200 (50)	400 (100)
Age (Groups)			
12 -15	87 (43.5)	102 (51)	189 (47)
16+	113 (56.5)	98 (49)	211 (53)
No. of Siblings			
0 -6	194 (97)	195 (97.5)	389 (97)
7+	6 (3)	5 (2.5)	11 (3)
Father's Education (years)			
0 -6	73 (36.5)	40 (20)	113 (28)
7 -13	75 (37.5)	74 (37)	149 (37)
14+	52 (26)	86 (43)	138 (35)
Mother's Education (years)			
0 -6	94 (47)	43 (21.5)	137 (34)
7 -13	61 (30.5)	82 (41)	143 (36)
14+	45 (22.5)	75 (37.5)	120 (30)
Family System			
Nuclear	118 (59)	140 (70)	258 (65)
Joint	82 (41)	60 (30)	142 (35)

Table 2
Hierarchical Regression Analysis of Predictors of Relational Aggression in Adolescents (N=400)

Model	SEB	B	T	P
Step I (R=.22, ΔR ² =.05)				
Control Variables				
Age	1.05	.19	2.27	.02*
Step II (R=.26, ΔR ² =.07)				
Age	1.25	.22	2.70	.001***
Institutional Affiliation	-2.48	.12	2.60	.001***
Step III (R=.29, ΔR ² =.08)				
Age	1.29	.22	2.77	.001***
Institutional affiliation	-2.65	.13	2.74	.001***
Father's education	.24	.15	2.35	.001***
Mother's education	-.23	.14	2.30	.02*

The above table indicates that in Step I, age was found to be a significant positive predictor of relational aggression, $F(2, 397) = 10.7, p < .05$. In Step II, age was found to a significant positive

predictor and institutional affiliation (student of private or government institute) was found to be a negative predictor of relational aggression, $F(3, 396) = 9.43, p < .05$. In Step III, age and father's education was found to be significant positive and institutional affiliation and mother's education was found to be a negative predictor of relational aggression, $F(5, 394) = 7.04, p < .05$.

DISCUSSION

Major issue in the academic institutions especially in schools and colleges are the students' interactions in the educational environment can sometimes turn aggressive^{24,25}. In considerations with the influences and development of form of aggression, it is suffice to suggest that there is a progression from relational aggression to verbal aggression to physical aggression²⁶. Relational aggression perpetration and victimization have been found to be correlated over periods of several months^{27, 28} suggesting that the victim could eventually become a perpetrator; the two roles become reciprocal²⁹ and thus put themselves and others at further risk. Being the target of RA has recently been the main contributing factor in global youth suicides³⁰.

Like present research's findings, previous researches have shown that 15-18 age adolescents reported victims and perpetrator of relational aggression²⁶. A theoretical perspective that explains adolescent's aggression is Social Information Processing (SIP) theory on the importance of social interactions for their influences on relationships and suggests that an adolescent process social cues in a way that influences their behavior in the social environment. With social-cognitive abilities, they better perceive the manipulative but sophisticated methods to withdraw from specific relationships²⁶.

Result with respect to maternal education, statistical difference was observed in predicting relational aggression as mother's education increases, interestingly the prevalence of relational aggression increased as well. Similar pattern was observed by Canadian researchers that mother who had higher degrees, their children showed high relational aggression as compared with less educated ones³¹. Another study suggested that relational aggression was more prevalent among families who had high parental educational degrees²⁴⁻²⁵. This could support the current research's findings that relational aggression was more common among adolescents who had mothers with high educational degrees.

Current research's findings showed that there is non significant gender difference in relational aggression in adolescents. Previous literature indicated significant gender difference on relational aggression in children but not among adolescents. Prinstein et al. (2001) found non significant gender difference in relational aggression among relational aggressors and victims in their investigated relationship between relational aggression and psychosocial problems among relational aggressors and victims²⁶.

Relational aggression may also continue to be a common strategy for individual later in life and can be associated with adult psychosocial problems that would impair their relation with friends, colleagues, romantic relations and interfere their parenting styles²⁸. This makes understanding of relational aggression all the more imperative for identification, intervention and prevention purposes.

LIMITATIONS

There are few limitations also identified for the current research. Firstly, only self-report measures were included in the assessment of relational aggression. Secondly, data was only collected from adolescents, while teachers and parent's perspective could also provide in-depth insight regarding relational aggression's more factors. Thirdly, there are large numbers of adolescents in collectivistic culture like Pakistan; there could be more different expressions of relational aggression so exploring other provinces other than Punjab would help too.

CONCLUSION AND FUTURE SUGGESTIONS

More established analysis of social, emotional-behavioral problems can be identified by experienced mental health professionals, however, surroundings and setting have unquestionable role in maintaining relational aggression in adolescents. Thus, preventive interventions should centered around adolescents and their surroundings like family, school and peer group. However, parenting plays its role utmost and mothers have a very important role in adolescent's like and even development of emotional-behavioral problems like relational aggression. Nevertheless, for more effective approaches, a multidisciplinary team should work for adolescent's intervention programs at academic settings with developmental psychologists, counseling psychologists and school counselors.

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