

## AGGRESSIVE BEHAVIOR THROUGHOUT LIFETIME

Rasulova Feruza Fayzullaevna

Doctor of Philosophy in Psychological Science (PhD)

and about Associate Professor of the Department of Psychology, Religion and Pedagogy

International Islamic Academy of Uzbekistan

ffrasulova@mail.ru

### INTRODUCTION

Throughout the lifespan, aggressive conduct can appear, from attention-deficit hyperactivity disorder (ADHD) in children and adolescents to domestic violence in adults. Aggressive behavior is a sign of many psychiatric diseases. While a large portion of the study on aggressiveness has been on adolescents and adults, less focus has been placed on understanding the origins of violent behaviors across the entire developmental spectrum. This study aims to provide an overview of the presentation and causes of aggressive behavior across the life span. The potential repercussions for both the aggressors and the victims are also described. The psychosocial literature has extensively investigated several aspects of aggressiveness, including adult aggression and violence, psychopathology, adult aggression and criminal conduct, and adolescent aggression and developmental theories. This paper aims to provide a fundamental overview of aggressive behavior and its presentation and risk factors in significant age groups. By doing this, we offer a framework for predicting, addressing, and stopping aggressive behavior across the age span.

#### Children

Children may continue to exhibit several aggressive behaviors as they get older and start school (e.g., crying, screaming, biting, kicking, throwing, and breaking objects). But as kids start to form more relationships and engage in more social activities, peer aggression may start to show. Additionally, actions like mocking, impatience, bullying, fighting, and even animal cruelty or lighting fires may be observed. However, maternal accounts of physical violence in children between the ages of 2 and 11 years imply that aggressive conduct may actually lessen with maturity. From 4 to 11 years old, there was an increase in complaints of indirect aggression, according to the same study. This might be as a result of children using their language abilities more frequently and engaging in more social relationships and interactions at this time.

#### Adolescence

Moving forward, more violent conduct, including more severe aggression, frequently appears during adolescence, leading to an increase in injuries or fatalities, in part because there is a higher probability that weapons may be used. Knives are frequently used in the early stages of violence, and the usage of guns increases as adolescents age. Adolescent violent conduct typically takes place in groups, including gang-related offenses like theft or truancy. Adolescent aggression seems to be significantly influenced by peer interactions. Aggressive behavior can be used to acquire favor or high social status by displaying dominance or control. Because of

peer pressure, people may act aggressively because they are afraid of being rejected or losing their social status.

Adolescent aggression has been cited by numerous academics as a significant public health issue. The prevalence of violence in 35 countries was compared by the World Health Organization (WHO) using data from the Health Behaviour in School-Aged Children (HBSC) survey. Involvement in fighting per nation among the 161,082 student respondents varied from 37 to 69 percent for boys and 13 to 32 percent for girls.

However, there is a subset of aggressive behavior that first manifests in adolescence and subsequently vanishes in early adulthood. It has been referred to as antisocial behavior restricted to adolescence. In this instance, young people who were previously healthy and normal engage in delinquent behavior during adolescence but give up such activity once they reach maturity. In this situation, children displaying antisocial behavior that is limited to adolescence are reasonably common, transient, and basically typical.

#### **Adults**

Aggressive conduct can worsen into increasingly dangerous and violent crimes as an individual ages, including homicide, domestic violence, sexual assault, and child abuse. The highest prevalence of homicide is reportedly among young adults (ages 18 to 24). In 2009, there were 1,251,617 violent crime cases, a 5.4% decline from 2008, and there were 14,558 homicides, a 7.1% drop from the previous year. Aggressive conduct and violence are remain important challenges for adults, despite the good recent trend.

Another significant concern related to adult aggressive conduct is child abuse. Based on a publication on child maltreatment, the percentage of kids who experienced abuse or neglect in 2008 was 1.03%. 28.9% of these kids had experienced physical, sexual, or mental abuse.

Adults should be concerned about spousal abuse because it can cause both physical and psychological harm. While marital abuse can be committed by any gender, most cases are committed by males. For instance, in the United States, 7.7% of all women reported experiencing sexual assault, and 22% of women reported experiencing physical abuse from a male partner at some point in their life.

Road rage is a distinct subcategory of overly aggressive behavior among adults. It can apply to any outward signs of rage while driving, albeit these outward signs are also known as "angry or aggressive driving." Most aggressive drivers were males between the ages of 18 and 26. Situational/environmental situations, personality traits, or demographic variables are a few variables that could be involved.

#### **Consequences**

After it manifests, aggressiveness can have serious health and psychosocial repercussions for the offender, the victim, and any witnesses. Aggressive kids are more likely to engage in anxiety, sadness, and suicide thoughts as they become older and into adolescence. Aggressive behavior has a significant financial cost. According to estimates, violence costs the US economy \$70 billion annually, including \$64.4 billion in lost productivity and \$5.6 billion for medical expenses. Aggressors can also suffer negative repercussions because aggressive behavior puts victims at risk for psychological and traumatic reactions as well as psychiatric problems such as panic attacks, phobias, and depression. This entails a greater chance of facing fines and,

occasionally, incarceration. In turn, the violent character of the prison environment frequently supports the offender's aggressive conduct, continuing a cycle that can be challenging to escape.

### **Prevention**

Due to these serious negative impacts of aggressive conduct, preventative and therapeutic measures must be implemented to lessen them. Efficient prevention and intervention depend on having a solid understanding of the elements that contribute to aggressive behavior. As part of more comprehensive interventions for anger management, many psychiatric therapies for aggressive conduct have been included. Despite the fact that anger does not necessarily result in aggressive conduct, therapies for managing anger frequently include this as a key goal. The evidence suggests that effective treatments include cognitive/skill-training elements (such as recognizing and correcting misattributions; reframing negative cognitions into more neutral or positive cognitions; utilizing forethought and planning behaviors rather than acting impulsively; building problem-solving abilities; employing perspective-taking to consider others' views; and self-monitoring to raise awareness of one's emotions and prospective reactions) as well as behavioral components (e.g., finding non-aggressive means for communicating; non-aggressive methods of diffusing anger, emoting and venting frustrations; using relaxation techniques). Drugs such as mood stabilizers, antipsychotics, selective serotonin reuptake inhibitors, beta blockers, and anticonvulsants have been shown to be effective in treating both children and adults.

### **CONCLUSION**

The idea of aggressive behavior is extremely complicated over the lifespan. An overriding theme is events that really generate aggressiveness as well as risk factors that cause and exacerbate the propensity towards hostility. For example, early exposure to violence, toxicity, drug use, etc. may all be potential risk factors for aggression and incline people to acting aggressively. But certain circumstances might actually encourage that violent conduct. All age groups seem to be affected by this. For instance, being aggressive as a youngster may result in benefits like material possessions or power over a circumstance. Aggressive behavior in adolescence may be brought on by increased peer pressure or used as a tool to challenge authority. As you get older and have more responsibilities (such taking care of your family or making money), you can find yourself the subject of violent conduct like domestic abuse. Invasion of personal space can make older people aggressive, and deteriorating physical abilities can make them think about suicide. These are but a few situations in which violent conduct could escalate. Effective prevention methods may require to lessen risk variables as well as situations' capacity to provoke hostility.

### **REFERENCES**

1. Berkowitz L. Aggression: Its Causes, Consequences and Control. Philadelphia: Temple Univ. Press; 1993. [Google Scholar]
2. Lopez V, Emmer E. Influences of beliefs and values on male adolescents' decision to commit violent offenses. *Psychology of Men & Masculinity*. 2002;3(1):28–40. [Google Scholar]

3. Brener ND, Simon TR, Krug EG, Lowry R. Recent trends in violence-related behaviors among high school students in the United States. *Journal of the American Medical Association*. 1999;282:440–446. [PubMed] [Google Scholar]
4. Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R. World Health Organization. *World report on violence and health*. Geneva: 2002. [Google Scholar]
5. Lowry R, Powell KE, Kann L, Collins JL, Kolbe LJ. Weapon-carrying, physical fighting, and fight-related injury among U.S. adolescents. *Am J Prev Med*. 1998;14:122–129. [PubMed] [Google Scholar]
6. Rasulova F. F. CHARACTERISTICS OF PRINCIPAL WAYS AND METHODS OF CORRECTION OF AGGRESSIVE BEHAVIOR AMONG TEENAGERS //Theoretical & Applied Science. – 2016. – №. 9. – С. 173-176.
7. Расулова Ф. Ф. Агрессивное поведение и агрессивность личности //Путь науки. – 2016. – №. 7. – С. 29.
8. Расулова Ф. Ф. Психологическая помощь практического психолога в работе с агрессивным ребенком //Молодой ученый. – 2020. – №. 16. – С. 43-45.
9. Расулова Ф. Ф. ОСОБЕННОСТИ ДИАГНОСТИКИ АГРЕССИВНОГО ПОВЕДЕНИЯ ДЕТЕЙ 6-7 ЛЕТ //Science Time. – 2021. – №. 11 (95). – С. 19-22.
10. Назаров А. С. Adoption of management decisions as the main function of the modern manager //Проблемы современной экономики. – 2020. – С. 7-12.
11. Назаров А. С., Худайбергенова З. Socio-psychological features of management decision-making //Молодой ученый. – 2020. – №. 50. – С. 430-432.
12. Назаров А. С. Psychological aspects of managerial decision making //Молодой ученый. – 2020. – №. 44. – С. 45-48.