



VOICES FROM THE FIELD - Aggression in Young Children from a First Nations' Perspective

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Aboriginal perspective

These reviews of the research pertaining to aggression in young children encourage me to believe that as a society, we will gradually re-discover the knowledge necessary to create a more peaceful and less violent society for all of our citizens.¹⁻¹¹ The recognition that aggressive behaviour is learned and that it is acquired through exposure to aggressive role models during our early childhood years should come as no surprise. Similarly, family factors that have been determined to promote the development of aggressive behaviours, such as low income, low education, high family stress, single parenthood, marital discord, maternal depression and parental drug use, are but a few of the experiences that are common to disadvantaged members of our society. In the case of First Nations families, the rates of unemployment are higher than the general population. Employed Aboriginal people are over-represented in low-paying jobs and the average level of formal education attained is lowest. Almost one-third of all Aboriginal children under age 15 live with a single parent, with the proportion rising to almost one-half of the families in urban settings. More than 10% of Aboriginal children do not live with either parent and more than one-third of Aboriginal people surveyed in several studies report family violence against both partners and children. Addictive behaviours of all forms are highest among First Nations people compared to other cultural groups.¹² Overall, First Nations families experience the lowest level of health of all cultural groups in Canada.¹³ It should come as no surprise, therefore, that Aboriginal children are more likely to demonstrate higher levels of aggressive behaviours and be labelled as Oppositional Defiant Disorder (ODD) and/or Conduct Disorder (CD) in greater numbers than other cultural groups. While there are few, if any, controlled studies to verify this, clinical observation and logical deduction support this conclusion.

It is also reassuring to read that research continues to reveal that the most effective and most efficient time to intervene and prevent the development of long-term anti-social, aggressive and violent behaviours is during the first five years of life. It is also encouraging to see that research continues to support the use of multi-modal programs that attempt to reduce childhood aggression by focusing on a complex myriad of child, family, peer, neighbourhood and school factors. These models continue to be recognized as the most effective approach for reducing aggression during childhood.

Twenty years ago, I was the Clinical Director of the Merici Centre for Infant Development, an infant mental-health program that provided health-promotion services to First Nations families with high-risk infants and toddlers in the city of Regina. Unfortunately, this program was discontinued 12 years ago, when it was unable to obtain further financial support from the provincial government. At that time, all of the above research findings were known to and promoted by the International Association of Infant Mental Health. While the research findings and common sense supported the need for this type of program, the political will did not. In addition to implementing the above research findings, this infant mental-health program had begun to identify the positive health effects associated with traditional First Nations beliefs, values and lifestyle. As Connors and Maidman¹² describe in their chapter, traditional First Nations practices of childrearing are based on a holistic world view (form of thought) that consists of values promoting minimal expression of aggression within family and community. This is what forms the foundation of present-day First Nations early childhood prevention programs, such as Aboriginal Head Start, Better Beginnings, Better Futures and a variety of parenting programs. These programs usually promote the socialization of children to express low levels of aggression and develop positive social skills by promoting traditional First Nations values and beliefs.

Connors and Maidman¹² emphasize that a full understanding of the decline in health status of Aboriginal people requires application of a holistic analysis. This includes an examination of contributing factors affecting the individual, family and community over time. By tracking the historical development of a condition, we can better determine which factors promote or detract from the state of health. In the case of aggression and violence within First Nations communities, it is evident that these behaviours have increased within families and communities as the process of acculturation has proceeded. This insight has resulted in the examination of the role that traditional First Nations beliefs and values play in the promotion of healthy lifestyle and healthy parenting practices.¹² It has also led to the development of numerous First Nations parenting manuals (e.g. Positive Indian Parenting,¹⁴ Raising the Children¹⁵).

Considering all of the above, it astounds me that only three authors of the 11 papers I reviewed identified the importance of studying cultural, social and historical factors when investigating childhood aggression. Shaw is the only author who recognized that it is vital that we evaluate the consequences of parenting styles prescribed by different cultures before making assumptions about the appropriateness of childrearing practices.⁵ Hay also states in closing that “cross-national comparisons may reveal dimensions that underlie effective prevention and intervention strategies across geographical and cultural boundaries.”⁴

I cannot emphasize enough how important it is that childhood aggression within a First Nations population be studied from a holistic perspective that includes an examination of cultural, social, political and historical factors. If we do not do this, it is unlikely that we will accomplish the outcome that Tremblay calls for in his closing remarks, when he says that we need “policies that strive to maintain peaceful environments throughout society to prevent the primitive aggressive reactions from breaking through the thin layer of civility

we acquire as we grow older.” Over 20 years of clinical practice within First Nations communities suggest to me that the above goal is achievable within our First Nations communities and that much of the knowledge that is required for achieving this lies within the traditional values and beliefs that have informed our parenting practices and relationships from times prior to contact with European cultures.

Hopefully, with continued research and effective communication of these findings, our policy-makers and politicians will re-discover and use the wisdom of our First Nations grandfathers and present-day traditional elders.

“Before he is five years of age he is already learning many things. Time has to be taken, especially when talking to a child, and the talking must be done gently. The child must be approached in a positive manner, and this goes throughout the rearing days. Harshness and punishment is avoided as much as possible. There are times, however, when a stern tone of voice has to be used, but anger is suppressed. Anger is unprofitable when teaching or correcting the child. Getting easily angered at the children is not right.”

Unidentified Elder¹⁵

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