

Assessment the Risk of Aggressive Behavior among Adolescents in Bangladesh

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Abstract

Background: Adolescence is a critical transitional phase marked by developmental and social changes, often accompanied by behavioral challenges. Aggressive behavior during this period poses significant risks, including academic failure, social maladjustment, and long-term negative behavioral patterns. The study aimed to assess the risk factors which are associated with aggressive behavior among adolescents in Bangladesh. **Methods:** A cross-sectional study was conducted among 103 adolescents from Shahid Abdur Rab Serniabat Government Secondary School, Rupatoli, Barishal, using a convenient sampling technique. Data collection involved a self-reported questionnaire comprising two sections: 1) Demographic Information and 2) the Buss-Perry Aggression Questionnaire (BPAQ). Statistical analyses, including descriptive and inferential statistics, were performed using SPSS 25. **Results:** The mean aggression score among adolescents was ($M = 2.70$, $SD = 0.62$), reflecting average levels of aggression. Significant relationships were found between monthly family income ($r = 0.19$, $p = 0.04$) and the number of siblings ($r = -0.62$, $p = 0.04$) and aggressive behavior. Adolescents from families with higher monthly incomes exhibited higher aggression scores, whereas those with a greater number of siblings demonstrated lower aggression scores. **Conclusion:** The findings of this study provide insights into the risk factors associated with aggressive behavior among adolescents. These results can inform the development of targeted strategies to mitigate behavioral problems and support health education initiatives aimed at addressing the impact of aggression in this vulnerable age group.

Keywords: Adolescent, Behavioral challenge, Aggressive behavior, Bangladesh.

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INTRODUCTION

Adolescence is a transformative period of human development characterized by profound physical, emotional, cognitive, and social changes. This transitional phase, spanning the ages of 10 to 19 years, bridges childhood and adulthood and is marked by heightened vulnerability to various behavioral challenges, including aggressive conduct (Hasan *et al.*, 2022; Kumar *et al.*, 2023). Aggressive behavior in adolescents has drawn considerable attention globally due to its far-reaching consequences on individual development and societal harmony. Zirpoli and Melloy (2001) defines aggression as any deliberate action intended to harm, injure, or cause suffering to another individual. This definition encompasses both overt forms of aggression, such as physical violence and verbal abuse, and covert forms, such as social manipulation, rumor spreading, and exclusion (Connor, 2012).

Aggression and violence rank among the leading causes of mortality among male adolescents, according to the World Health Organization (WHO, 2017). Beyond the immediate physical harm, unaddressed aggressive behaviors can result in a cascade of negative psychological outcomes, including anxiety, depression, and diminished self-esteem (Undheim & Sund, 2010). The developmental vulnerabilities during adolescence amplify the risks associated with aggression, which, if left unmanaged, may lead to lifelong behavioral and social maladjustments.

Aggression manifests differently across demographic groups. Adolescent males are more likely to engage in overt physical aggression, while females often demonstrate indirect hostility, such as psychological manipulation (Sadeghi *et al.*, 2014; Bhilwar & Kapoor, 2016). Socio-cultural factors, including urban residency, parental absence, and socio-

economic disparities, further contribute to the prevalence and nature of aggressive behavior (Jimenez *et al.*, 2023; Verma *et al.*, 2021). These variations underscore the importance of contextualized studies to understand and address aggression effectively.

The prevalence of aggressive behavior among adolescents in Bangladesh is a growing concern. Adolescents comprise over one-fifth of the country's population, amounting to approximately 36 million individuals (Ahmed, 2021). This significant demographic not only represents a critical developmental stage but also a substantial portion of the future workforce and leadership of the nation. Addressing behavioral issues in this group is essential for safeguarding both individual well-being and societal progress.

Studies conducted in Bangladesh highlight alarming statistics: 16% of adolescents reported engaging in physical fighting, while 56% experienced physical assault (Hasan *et al.*, 2022). These figures point to the urgency of understanding the factors driving aggression and developing targeted interventions. Aggressive behaviors among adolescents are not isolated issues; they are deeply intertwined with broader social, economic, and familial dynamics. For instance, adolescents from urban areas and those without parental supervision are more prone to aggressive tendencies (Verma *et al.*, 2021).

The consequences of adolescent aggression extend beyond immediate harm. Aggressive behavior is linked to a host of adverse outcomes, including poor academic performance, strained peer and familial relationships, and increased susceptibility to mental health disorders such as depression and substance abuse (Worth *et al.*, 2021; Estévez López *et al.*, 2014). In extreme cases, these behaviors can culminate in criminal activity, social exclusion, and suicidal ideation. Peer violence, a manifestation of adolescent aggression, often leads to physical injuries, emotional distress, and long-term behavioral issues (Farmer *et al.*, 2020).

Despite the significant impact of aggression on adolescents and society, there is a dearth of research focused on this issue in Bangladesh. While international studies provide valuable insights, the socio-cultural uniqueness of Bangladesh necessitates locally conducted research to inform context-specific interventions. Understanding the prevalence, risk factors, and gender-specific patterns of aggression among Bangladeshi adolescents is crucial for designing effective prevention and intervention strategies.

This research is expected to bridge the existing knowledge gap regarding adolescent aggression in Bangladesh. It may contribute to the global understanding of adolescent behavioral issues while offering locally relevant solutions. The study's findings

may empower healthcare providers and educators to address the root causes of aggression, reduce its prevalence, and mitigate its consequences. For child health nurses in particular, the findings are expected to aid in developing health education programs and risk-reduction strategies to address aggressive behavior. Additionally, it may support policymakers in creating evidence-based interventions to foster a healthier, more harmonious society. By exploring the multifaceted nature of aggression among Bangladeshi adolescents, this study is assumed to pave the way for a deeper understanding of their needs and challenges. Its outcomes would probably be instrumental in developing comprehensive strategies to nurture a generation that can thrive both individually and collectively.

METHODOLOGY

This study employed a cross-sectional design to assess the risk of aggressive behavior among adolescents in Bangladesh over a 12-month period from July 2023 to June 2024. The study population comprised all adolescents in Bangladesh, with the specific participants being students from Shahid Abdur Rab Serniabat Government Secondary School in Rupertoli, Barishal. A convenient sampling technique was used to recruit participants, ensuring accessibility and feasibility within the study's constraints. The sample size was calculated using G*Power software (version 3.1.9.7) based on an a priori analysis, which included a significance level (α) of 0.05, an expected power of 0.80, and a medium effect size of 0.30. This yielded a required sample size of 82 participants. To account for a potential 20% non-response rate, the sample size was adjusted to 103. The inclusion criteria for participants were students aged 12 to 17 years who were enrolled in classes six to ten at the selected school, had provided informed consent, and were available for interviews during the data collection period.

Data collection utilized two tools: a socio-demographic questionnaire and the Buss-Perry Aggression Questionnaire (BPAQ). The socio-demographic questionnaire, developed by the researcher, included 15 items such as participants' age, gender, parental occupation, and family structure, based on an extensive literature review. The BPAQ, a validated and widely used 29-item instrument, assessed four dimensions of aggression: Physical Aggression, Verbal Aggression, Anger, and Hostility. Each item was scored on a five-point Likert scale, with higher scores indicating greater aggression. The BPAQ demonstrated high reliability, with a Cronbach's alpha of 0.87. Data were collected through structured, face-to-face interviews conducted by the investigator, ensuring clarity and consistency. Before data collection, ethical approval was obtained from the Institutional Review Board (IRB) of Sher-E-Bangla Medical College, Barishal. Written consent was secured from all participants, and privacy, confidentiality, and anonymity were strictly maintained. Participation was voluntary, and students could withdraw

at any time without providing a reason. Data were analyzed using SPSS version 25, employing descriptive statistics (e.g., frequency, percentage, mean, and standard deviation) to summarize socio-demographic characteristics and inferential statistics (e.g., t-tests, ANOVA, and correlation analysis) to explore relationships between socio-demographic factors and aggression levels. Ethical guidelines were rigorously followed, with all identifiable information excluded, and data were securely stored and destroyed upon study completion.

RESULTS

This section provides the results of the socio-demographic profile and data on various domains of aggressive behavior of the study subjects. In addition, this chapter also illustrates the relationship between the socio-demographic characteristics of adolescents and their risk factors for aggressive behavior.

The socio-demographic characteristics of the study participants (N=103) highlight a diverse yet concentrated group of adolescents in the table 1. The

mean age of participants was 13.68 years (SD \pm 1.8), with ages ranging from 11 to 17 years. Boys made up 67% of the sample, while girls constituted 33%. The majority of participants were from classes eight (28.2%) and ten (23.3%), with fewer from classes six (21.4%), seven (18.4%), and nine (8.7%). Most participants identified as Muslim (88.3%), while 11.7% were Hindu. In terms of parental education, a significant proportion of mothers (66%) and fathers (83.5%) held graduate or postgraduate degrees. The majority of mothers were unemployed (68.9%), whereas fathers were almost evenly split between government (43.7%) and private sector jobs (56.3%). Nearly all participants resided in urban areas (97.1%), and most lived in nuclear families (93.2%) with both parents (93.2%), while only a few stayed with single parents (5.8%) or grandparents (1%). The mean monthly family income was 56,786.41 BDT (SD \pm 22,182.69), with family sizes averaging 4.67 members (SD \pm 1.07). On average, families had 1.85 siblings (SD \pm 0.93). Regarding academic performance, a majority of participants scored between 71–80% (30.1%), 81–90% (29.1%), and 91–100% (30.1%) in their last examinations.

Table 1: Distribution of Socio-demographic Characteristics of Adolescents (N=103)

Variables	Categories	n	%	Mean \pm SD
Age (Years)	Minimum=11 & Maximum=17			13.68 \pm 1.8
Gender	Boys	69	67	
	Girls	34	33	
Class read in	six	22	21.4	
	seven	19	18.4	
	eight	29	28.2	
	nine	9	8.7	
	ten	24	23.3	
Religion	Islam	91	88.3	
	Hindu	12	11.7	
Mother education	Under graduate	35	34	
	Graduate and post graduate	68	66	
Mothers occupation	Un-employment	71	68.9	
	employment	32	31.1	
Fathers education	Under graduate	17	16.5	
	Graduate and post graduate	86	83.5	
Fathers occupation	Govt. job	45	43.7	
	Private job	58	56.3	
Staying with	Both parents	96	93.2	
	Single parents	6	5.8	
	Grandparents	1	1	
Monthly family income	Min = 15000 and Max = 120000			56786.41 \pm 22182.69
Residential area 1	Rural	3	2.9	
	Urban	100	97.1	
Family type	Nuclear	96	93.2	
	Joint	7	6.8	
Family siblings 1	Min = 0 and max = 4			1.85 \pm 0.93
Family members 4	Min = 3 and max = 9			4.67 \pm 1.07
Scores in the last examination	61- 70%	11	10.7	
	71 - 80%	31	30.1	
	81 - 90%	30	29.1	
	91 - 100%	31	30.1	

The findings from Table 2 illustrate the distribution of various domains contributing to the risk of aggressive behavior among adolescents. The total mean score for aggressive behavior was 78.35 (SD \pm 17.86), with a mean of mean scores across domains of 2.70 (SD \pm 0.62), suggesting a moderate overall level of aggression among participants. Among the domains,

verbal aggression exhibited the highest mean of mean score (3.01 \pm 0.81) where physical aggression followed with a mean of mean score of 2.79 (SD \pm 0.66). Anger and hostility behaviors scored slightly lower, with mean of mean values of 2.52 (SD \pm 0.85) and 2.57 (SD \pm 0.75), respectively.

Table 2: Distribution of domains related to the associated risk of aggressive behavior among adolescents

Domain	Mean \pm SD	Total Mean of Mean \pm SD
Physical aggression behavior	25.10 \pm 6.02	2.79 \pm 0.66
Verbal aggression behavior	15.07 \pm 4.05	3.01 \pm 0.81
Anger behavior	17.66 \pm 5.95	2.52 \pm 0.85
Hostility behavior	20.52 \pm 6.06	2.57 \pm 0.75
Total value of aggressive behavior of adolescents	78.35\pm17.86	2.70\pm0.62

The analysis in Table 3 explores the relationship between socio-demographic characteristics and the risk of aggressive behavior among adolescents. Most socio-demographic variables, such as gender, class level, religion, parental education and occupation, family type, and staying arrangement, did not show statistically significant associations with aggressive behavior ($p > 0.05$). However, two variables exhibited significant relationships. Monthly family income was positively

correlated with the risk of aggressive behavior ($r = 0.19$, $p = 0.04$), indicating that adolescents from families with higher incomes may demonstrate slightly higher aggression scores. Similarly, the number of family siblings was negatively associated with aggressive behavior ($r = -0.62$, $p = 0.03$), suggesting that adolescents with fewer siblings are at greater risk of exhibiting aggression.

Table 3: Relationship between socio-demographic characteristics and risk of aggressive behavior among the adolescents

Variables	Categories	Mean \pm SD	T/F/r	P-value
Age (years)	Minimum=11 & Maximum =17		0.067	0.49
Gender	Boys	82.42 \pm 19.05	-1.57	0.12
	Girls	88.68 \pm 19.01		
Class read in	Six	83.91 \pm 15.89	-1.39	0.24
	Seven	89.74 \pm 17.23		
	Eight	80.52 \pm 19.14		
	Nine	94.33 \pm 22.64		
	Ten	81.96 \pm 21.35		
Religion	Islam	84.23 \pm 19.76	-0.37	0.71
	Hindu	86.42 \pm 14.53		
Mother education	Under graduate	83.52 \pm 16.45	-0.35	0.73
	Graduate and post graduate	84.94 \pm 20.43		
Mothers occupation	Un-employment	82.52 \pm 19.88	-1.56	0.12
	Employment	88.84 \pm 17.01		
Fathers education	Under graduate	79.76 \pm 18.11	-1.11	0.27
	Graduate and post graduate	85.42 \pm 19.34		
Fathers occupation	Govt. job	83.88 \pm 19.48	-0.28	0.78
	Private job	84.94 \pm 19.10		
Staying with	Both parents	83.95 \pm 18.94	-1.05	0.29
	Single parents	91.86 \pm 22.39		
Monthly family Income (Bangladeshi Taka)	Min = 15,000 and Max = 1,20,000	56592.23 \pm 21975.67	0.19	0.04*
Residential area	Rural	79.33 \pm 23.97	-0.47	0.64
	Urban	84.64 \pm 19.14		
Family type	Nuclear	84.59 \pm 18.72	0.21	0.83
	Joint	83.00 \pm 26.41		
Family siblings	Min = 0 and max = 4	1.85 \pm 0.93	-0.62	0.03*
Family members	Min = 3 and max = 9	4.67 \pm 1.07	0.61	0.54
Scores in the last examination	61- 70%	88.46 \pm 17.34	0.41	0.75
	71 - 80%	82.90 \pm 20.46		

	81 - 90%	82.70±19.49		
	91 - 100%	86.39±18.68		

DISCUSSION

The study aimed to assess the risk of aggressive behavior among adolescents in Bangladesh, involving a total of 103 participants. This chapter provides a detailed discussion of the key findings, focusing on the socio-demographic characteristics of the participants, identifying the associated risks of aggressive behavior, and exploring the relationship between socio-demographic factors and the likelihood of aggressive behavior among adolescents.

Socio-Demographic Characteristics of the Participants

This study aimed to evaluate the socio-demographic characteristics of adolescents and their relationship with aggressive behaviors. The findings indicated that the average age of the participants was 13.68 years (SD = 1.8), with the youngest being 11 and the oldest 17 years. This result aligns closely with Fallon's (2024) study in the United States, which reported a mean age of 13.8 years (SD = 1.7). Such consistency supports the generalizability of findings related to adolescent aggression across diverse populations. However, notable disparities emerged in gender distribution. While the current study showed that 67% of participants were boys, Fallon's study reported a majority of girls (53.4%). These gender differences may be attributed to social, cultural, and systemic challenges that disproportionately affect female students in Bangladesh, such as parental attitudes, early marriage, poverty, and unsafe educational environments (Alam & Hoque, 2023). These factors lead to higher dropout rates among girls, thus limiting their participation in studies involving adolescents.

The study also highlighted significant urban representation, with 97.1% of participants residing in urban areas. This result contrasts with Sidhu *et al.*, (2019) in India and Fallon (2024) in the United States, where approximately half of the participants were from rural settings. The higher prevalence of urban participants in the current study reflects Bangladesh's increasing urbanization and the concentration of education facilities in urban areas.

Parental education levels in the current study were notably high, with 83.5% of fathers and 66% of mothers holding graduate or postgraduate degrees. This contrasts sharply with the Indian study by Sidhu *et al.*, (2019), where most parents had limited formal education. The difference underscores the socio-economic and educational gaps between the two populations. Similarly, parental occupation revealed disparities; 43.7% of fathers in this study were employed in government jobs, compared to only 4.9% in the Indian study. A significant portion of mothers in the present study (31.1%) were employed, compared to only 11.2% in the Indian context.

These differences may reflect higher socio-economic status among the participants of the current study, potentially influencing adolescents' behavior and access to resources.

Regarding family structure, the majority (90%) of participants in this study belonged to nuclear families, consistent with modern urban family dynamics. In contrast, the Indian study reported only 51.9% of participants living in nuclear families. Both studies indicated that more than 90% of adolescents lived with both parents, reflecting the cultural emphasis on maintaining intact family units.

The study found that adolescents had between 0 and 4 siblings, with 11.7% having no siblings. This aligns with Fallon's (2024) study, which reported a similar trend. However, an Iranian study by Heizomi *et al.*, (2021) found a higher percentage (28.07%) of adolescents with five or more family members, highlighting regional variations in family size.

In terms of academic performance, 59.2% of participants in this study achieved scores above 80% in their final examinations, significantly higher than the 19.3% reported in Sidhu *et al.*, (2019). This difference may be attributed to the relatively high socio-economic status and parental education levels among participants in the current study, which likely contribute to better academic outcomes.

Associated Risk of Aggressive Behavior Among Adolescents

The study identified key components of aggressive behavior among adolescents, including physical aggression (M = 25.10, SD = 6.02), verbal aggression (M = 15.07, SD = 4.05), anger (M = 17.66, SD = 5.95), and hostility (M = 20.52, SD = 6.06). The total aggression score (M = 78.35, SD = 17.86) indicates that the adolescents exhibited moderate levels of aggressive behavior. These findings are comparable to Sidhu *et al.*, (2019), where the total aggression score was 83.81 (SD = 18.11). However, the prevalence of total aggression in this study (43.7%) was slightly lower than the 51.9% reported in the Indian study.

Examining specific behaviors, the least common forms of aggression in this study were breaking objects (M = 1.76, SD = 1.28) and fighting (M = 1.76, SD = 1.20). Conversely, the most common behavior was being even-tempered (M = 3.93, SD = 1.34), suggesting that while aggressive tendencies exist, self-regulation is still a characteristic among many adolescents. Sidhu *et al.*, (2019) reported similar trends, indicating that while adolescents may experience aggression, its expression varies significantly.

Relationship between Socio-Demographic Characteristics and Aggressive Behavior

The findings revealed significant associations between two socio-demographic factors—monthly family income and the number of siblings—and adolescent aggression. A positive correlation ($r = 0.19$, $p = 0.04$) between family income and aggressive behavior suggests that adolescents from higher-income families exhibit greater aggression. This could stem from increased access to resources or opportunities that enable behaviors associated with risk-taking or dominance. Alternatively, high-income families may provide less supervision, inadvertently fostering aggression.

The number of siblings was inversely correlated with aggression ($r = -0.62$, $p = 0.03$), indicating that adolescents with fewer siblings tend to be more aggressive. This finding contrasts with Heizomi *et al.*, (2021), who found no significant association between sibling number and aggression. The present study's results may reflect the influence of sibling dynamics, as children in smaller families may receive more attention, potentially fostering entitlement or reduced opportunities for conflict resolution.

Interestingly, other socio-demographic variables, such as gender, age, parental education, and family type, did not show statistically significant associations with aggression in this study. This contrasts with Sidhu *et al.*, (2019), who found significant differences in aggression based on gender, living area, and age. The lack of significant findings in this study may be attributed to the relatively homogenous socio-demographic characteristics of the participants, particularly their high socio-economic status and urban residence.

Limitations:

This study has several limitations that should be considered when interpreting its findings. The relatively small sample size of 103 adolescents limits the generalizability of the results to the broader adolescent population in Bangladesh. Furthermore, the participants were predominantly from urban areas, leaving rural adolescents underrepresented in the analysis. The cross-sectional design of the study prevents the establishment of causal relationships between socio-demographic characteristics and aggressive behavior. Additionally, reliance on self-reported data introduces the potential for social desirability bias or underreporting of aggressive tendencies. While the study explored some socio-demographic factors, it did not consider other influential variables such as peer relationships, exposure to violence, or parental behavior, which could have provided a more comprehensive understanding. Lastly, as the findings are specific to the cultural and socio-economic context of Bangladesh, their applicability to adolescents in other settings may be limited.

CONCLUSION

This study provides valuable insights into the risk of aggressive behavior among adolescents in Bangladesh, highlighting important socio-demographic influences. The findings reveal that adolescents' aggressive behavior is significantly associated with factors such as monthly family income and the number of siblings. Specifically, higher family income correlated with increased aggression, while a greater number of siblings was associated with lower aggression levels.

Moreover, the study sheds light on the prevalence of various forms of aggression, including physical, verbal, anger, and hostility, and their overall impact on adolescent behavior. These results underscore the need for targeted interventions to mitigate aggressive tendencies, particularly in urban settings where socio-economic disparities might exacerbate such behaviors.

Future research should focus on addressing the limitations of this study by incorporating larger, more diverse samples and longitudinal designs to establish causal links. Additionally, exploring a broader range of influencing factors, including environmental, psychological, and cultural variables, could provide a more comprehensive understanding of aggression in adolescents. Such efforts can contribute to developing effective prevention and intervention strategies to promote healthy behavioral development in adolescents.

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REFERENCES

- Ahmed, M. R. (2021). Exploring the relevance of sexual reproductive health education in government primary schools of Bangladesh: a perception of grade V teachers. *Brac University*.
- Alam, M. M., & Hoque, M. N. (2023). Causes of female high school student dropout in Bangladesh: An exploration of the Pabna District in familial, economic and institutional contexts. *Asian J. Educ. Soc. Stud*, 39(2), 43-60.
- Bhilwar, M., & Kapoor, R. (2016). Prevalence of aggression among school-going adolescents in India: A review study. *Ind J Youth Adol Health*, 3(4), 39-47.
- Connor, D. F. (2012). *Aggression and antisocial behavior in children and adolescents: Research and treatment*. Guilford Press.

- Estévez López, E., & Jiménez Gutiérrez, T. I. (2014). Conducta agresiva y ajuste personal y escolar en una muestra de estudiantes adolescentes españoles. *Universitas Psychologica*, 14(1). doi: 10.11144/javeriana.upsy14-1.caap
- Fallon, K. (2024). Development of a Measure Assessing Adolescent Aggression: The Aggressive Behavior Risk Assessment- Adolescent- Parent Report (ABRA-A-PR). In *Electronic Theses and Dissertations*. website: https://digitalcommons.georgiasouthern.edu/etd/?utm_source=digitalcommons.georgiasouthern.edu%2Fetd%2F2533&utm_medium=PDF&utm_campaign=PDFCoverPages
- Farmer, T. W., Conroy, M. A., Farmer, E. M., & Sutherland, K. S. (Eds.). (2020). *Handbook of Research on Emotional and Behavioral Disorders*. Routledge.
- Hasan, M., Mamun, M. R., & Saif-Ur-Rahman, K. M. (2022). Parent-adolescent bonding on interpersonal violence in Bangladeshi adolescents: Evidence from the Global School-based Student Health Survey (GSHS) 2014. *Children and youth services review*, 137, 106473.
- Heizomi, H., Jafarabadi, M. A., Kouzekanani, K., Matlabi, H., Bayrami, M., Chattu, V. K., & Allahverdipour, H. (2021). Factors affecting aggressiveness among young teenage girls: A structural equation modeling approach. *European journal of investigation in health, psychology and education*, 11(4), 1350-1361.
- Jimenez, A. L., Banaag Jr, C. G., Arcenas, A. M. A., & Hugo, L. V. (2023). *Adolescent Development*. In *Tasman's Psychiatry* (pp. 1-43). Cham: Springer International Publishing.
- Kumar, M., Kapoor, R., Hiremath, R. N., Nimonkar, R., & Goswami, A. (2023). Study of aggression and its factors among school going adolescents of Delhi, India. *Journal of family medicine and primary care*, 12(12), 3180-3185.
- Sadeghi, S., Farajzadegan, Z., Kelishadi, R., & Heidari, K. (2014). Aggression and violence among Iranian adolescents and youth: a 10-year systematic review. *International journal of preventive medicine*, 5(Suppl 2), S83.
- Sidhu, T. K., Kaur, P., Sangha, N. K., & Bansal, A. S. (2019). Aggression among adolescents—A cross-sectional study. *Adesh University Journal of Medical Sciences & Research*, 1(1), 21-26.
- Undheim, A. M., & Sund, A. M. (2010). Prevalence of bullying and aggressive behavior and their relationship to mental health problems among 12-to 15-year-old Norwegian adolescents. *European child & adolescent psychiatry*, 19, 803-811.
- Verma, R., Kumar, G., Yadav, R. K., Choyal, V., Kalhan, M., Bhalla, K., ... & Sagar, V. (2021). Association of psychosocial factors with aggression among school going rural adolescents in Haryana. *Journal of family medicine and primary care*, 10(10), 3720-3724.
- WHO. *Mental health of adolescents* (2021). Available at: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental>
- Worth, M. R., Smith, S. W., & Poling, D. V. (2021). Students with Emotional and Behavioral Disorders and Verbal Aggression: Why School Professionals Should Care and What They Can Do. *Beyond Behavior*, 30(3), 135-147.
- Zirpoli, T. J., & Melloy, K. J. (2001). *Behavior Management: Applications for Teachers*. Merrill, 3rd. Illustrated.