

Studies of the Expert Panel on Youth Violence

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Youth Violence and Anger

A study shows that anger is a significant factor responsible for homicide and suicide, which are the chief causes of death among adolescents. As a result, it is critical to observe signs of anger among this group of persons in society through violent behavior, which occurs on a continuum that ranges between, among other things, verbal abuse, bullying, fighting, and rape (World Health Organization [WHO], 2026). Empirical studies indicate that people often exhibit anger as a means of showcasing their frustrations, tensions, and depression.

Causes and Management of Anger

Anger is considered an adaptive mechanism that people usually pursue to deal with perceived threats and hindered goals. In general, anger results from feelings of failure, irrational thoughts, being ignored, or barratry. Nonetheless, considering the negative implications of individual and social anger, it is critical for each person to identify possible means of controlling anger.

Anger in Marital Relationships

Available evidence from the marital literature shows that expressions of withdrawal, contempt, verbal aggression, and negativity usually emanate from dissolution or dissatisfaction with the relationship. According to various empirical literature, there lies a closer link between anger and violence and the manner in which couples communicate to address their disagreements in intimate relationships. Research shows that most violent behaviors often arise during a conflict. However, the literature recommends that in such scenarios, the most salient issue is the manner in which conflicts are managed and discussed rather than the conflicts themselves. Nonetheless, there is also a significant body of literature showing that most of the violence and anger are exhibited by people during adolescent stages of development (WHO, 2026). A report showed that adults exhibit less violence and conflict compared to adolescents. For instance, while the report showed that murder among young women and men stood at 3.5% and 2.8%, respectively, the figures were quite low among adults at an average of 2.1%.

Parenting and Childhood Aggression

Children usually adopt aggressiveness and violent behaviors through their pattern of processing the rules applied to them by their parents. This point emphasizes the importance of consistent discipline parents apply to their children. When parents are inconsistent in their administration of discipline to their children, it will be quite hard for them to understand whether their behavior is right or wrong, thus increasing the possibility of undesirable behavioral outcomes. The model parents use is also critical in determining children's ability to manage their anger and aggressiveness. Existing empirical evidence indicates that children whose parents are authoritarian, utilizing raising styles such as enforcing discipline through commanding, criticizing, and shouting, usually have difficulty expressing their thoughts and ideas and making decisions. Such children often exhibit high levels of anger and aggressiveness (Centers for Disease Control and Prevention [CDC], 2024).

When parents apply robust physical punishment, they are likely to increase anger and aggressiveness and their children's potential to commit violent behaviors (Pan et al., 2024). It has also been identified that most adolescents often defy authorities, regarding them as evil, thus creating violent behaviors to resist them. Moreover, other painful emotions such as not being understood, offense, worrying, loneliness, fear, and constant disappointment will likely cause children to become angry easily. Therefore, for parents and the general society to deal with problems of anger, aggressiveness, and violence among their adolescent children, they need to apply punishments that show them empathy.

Community Violence and Adolescent Aggression

However, besides the physical punishment applied by parents to children, there is also evidence that links the problem of anger, aggressiveness, and violence among adolescents to various physical, mental, and social health issues. This is related to the diminishing number of anger management courses and other agencies that assist in managing these problems. A report recommended that the government of the United Kingdom consider expanding the provision through the provision of improved access to psychological therapies (*IAPT*). However, the report suggested that the government must first examine the existing services' effectiveness and efficiency before expanding access to new programs to ensure that the new services would be essential. Therefore, community-based training workshops are an essential psychological mechanism that can assist the participants to reduce their level of anger and aggressiveness (CDC, 2024).

Gender and Racial Differences in Anger

Anger and aggressiveness have also been studied across genders and races. Numerous quantitative studies have focused on determining the notion that women are less likely to express anger and aggressive behavior compared to men. The same has been applied in some qualitative research, particularly inquiries examining emotional expressions in workplace environments. In most occasions,

a number of qualitative studies have determined that women of color are often apt to express feelings of resistance, which in effect are likely to increase their anger and distress. In general, expression of anger among blacks is less compared to that of whites. This phenomenon might appear surprising since black people in the United States have been exposed to all manner of discrimination by their white counterparts. Exposure to discrimination causes anger among the oppressed and discriminated. However, low anger-out among black people is attributable to some factors but mainly their exposure to unidentified social controls, which do not seem like discrimination.

Anger and Borderline Personality Disorder

Anger and aggression control deficits also characterize patients with Borderline Personality Disorder (BPD). Such patients either exhibit self-destructive behaviors or externally directed aggression. They usually have low frustration tolerance and often experience a recurrent rise in temper. Empirical studies show that although men are physically aggressive compared to their female counterparts, any provocation of the BPD patients often elicits similar aggression across genders. These studies show that impulse deficits and lack of anger control may result in assaults, tantrums, and even physical fights. Moreover, anger and aggression can cause severe social and interpersonal issues. Therefore, even though stress does not exacerbate aggressive behavior, it is crucial to understand the influence of interaction and stress on dysfunctional behavior to adjust strategies for treatment (Chu et al., 2022).

Prevention Strategies

Therefore, it is critical to undertake preventive strategies to eliminate the threat of anger, aggression, and violence among people. There is adequate evidence showing that applying each causal factor has successfully reduced aggressive and violent behavior when administered appropriately. Nonetheless, it is equally essential to perform long-term follow-ups to ensure that these strategies suffice to prevent violent behavior in adulthood. The most recent preventive intervention measures that have been identified as effective include the use of behavioral interventions and social learning simultaneously. In effect, these can emphasize the importance of improving social skills, the undesirability of anger and violence, and non-violent means of solving issues (CDC, 2024; WHO, 2026).

References

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