

### Aggression in infancy and toddlerhood: the roles of prenatal risk, parenting behavior and cognition Adrichem. D.S. van

### Citation

Adrichem, D. S. van. (2022, May 11). *Aggression in infancy and toddlerhood:* the roles of prenatal risk, parenting behavior and cognition. Retrieved from https://hdl.handle.net/1887/3303573

Version: Publisher's Version

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## GENERAL INTRODUCTION

# Chapter 1

Antisocial behavior during adolescence or early adulthood not seldom reflects a continuation of a behavioral pattern of externalizing behavior problems already present during early childhood (Bongers, Koot, van der Ende, & Verhulst, 2004). High and persistent levels of aggression during early childhood are associated with an increased risk of negative developmental outcomes, such as school drop-out, problems in academic achievement, social problems, delinquency and internalizing behavior problems during school age and early adolescence (Brennan, Shaw, Dishion, & Wilson, 2012; Broidy et al., 2003; Campbell, Spieker, Burchinal, & Poe, 2006; Mesman, Bongers, & Koot, 2001). Antisocial behavior and related developmental outcomes evidently have a large societal impact (Gielen & Akkermans, 2019; Hoeffler, 2017; McCollister, French, & Fang, 2010; Moolenaar, Vlemmings, van Tulder, & de Winter, 2019). Therefore, early detection of high and persistent levels of aggression and preventive intervention of negative developmental impact are considered important.

Whereas interventions during late childhood or early adolescence aiming at reduction of externalizing behavior problems show limited effects, better results have been obtained with early-life interventions (Fossum, Handegard, Adolfsen, Vis, & Wynn, 2016). Therefore, it is important to identify children showing high levels of externalizing behavior problems as early as possible so that interventions can be applied in time. Gaining a better understanding about early mechanisms related to the development of aggressive behavior during the first years of life is essential for developing effective intervention programs to prevent negative developmental outcomes.

Several studies have shown that many children are born with a specific 'difficult' temperament or are exposed to prenatal, perinatal or postnatal (environmental) risk factors, such as use of alcohol, drugs of nicotine during pregnancy, birth complications, or adverse parenting behavior, that might predispose them to the development of aggressive behavior (Campbell, Shaw, & Gilliom, 2000; Dodge & Pettit, 2003; LaPrairie, Schechter, Robinson, & Brennan, 2011; van Goozen, Fairchild, Snoek, & Harold, 2007). Several cognitive functions, contributing to the so-called self-regulatory processes which are important for adaptively modulating behavior to the environment (Calkins & Keane, 2009), are considered important intermediate factors in associations between temperament and adversity on the one hand and aggressive behavior on the other hand. These cognitive functions might play both mediating and moderating roles in the risk for developmental impact of environmental adversity and the effect of temperament. Specific impairments in cognition have been proposed as mechanisms through which negative environmental influences lead to aggressive behavior (Beauchamp & Anderson, 2010; Dodge & Pettit, 2003). For example, the presence of several (prenatal) environmental risk factors, such as low maternal education and maternal psychopathology, was shown to be associated with impairments in cognitive functioning, including executive functioning, which, in turn, was shown to be predictive of externalizing behavior problems (Hughes & Ensor, 2009; Roman, Ensor, & Hughes, 2016). Impairments in cognition also appear to be

associated with an increase in vulnerability for aggressive behavior in case of adverse environmental influences and a difficult temperament, illustrating the interaction between risk factors (Masten, 2001; Muris & Ollendick, 2005). For example, high environmental risk and high temperamental reactivity were related to higher levels of (externalizing) behavior problems in childhood, but only in children showing impairments in cognitive functioning (Lengua, 2002; Moran, Lengua, & Zalewski, 2013).

Although the factors prenatal risk, parenting behavior, temperament and cognitive functions have consistently been related to externalizing behavior problems during preschool and school age (Carneiro, Dias, & Soares, 2016; LaPrairie et al., 2011; Olson, Lopez-Duran, Lunkenheimer, Chang, & Sameroff, 2011; Petersen et al., 2013; Sanson, Hemphill, & Smart, 2004; Schoemaker, Mulder, Dekovic, & Matthys, 2013), research focusing on their interplay in relation to aggressive behavior during the first years of life is scarce. Therefore, the aim of this dissertation is to examine the associations between prenatal risk, parenting behavior, temperament, and cognitive development in predicting aggressive behavior, focusing on infancy and toddlerhood.

### Early development of aggressive behavior

Aggressive behavior, within the meaning of a behavioral response resulting from frustration, hunger of threat (Buss & Shackelford, 1997), is part of typical development and is frequently seen already in infancy (the age range from birth to one year old) as well as during toddlerhood (the age range from one to three years old). Generally, aggression refers to an unfavourable form of social behavior with the (intentional) effect to harming people (Buss, 1961). Harmful intent however is very unlikely to play a role in early expressions of aggression (Gendreau & Archer, 2005). From an evolutionary perspective, aggressive behavior is considered to be 'adaptive' to adverse conditions or circumstances: humans are genetically programmed to be able to use 'aggressive' behavior, among other things, to react to frustration, hunger or threat (Buss & Shackelford, 1997), showing an adaptive response to a situation that needs to be alleviated, which may be the effect of the 'aggressive' response (e.g. crying, hitting, biting) that is merely an expression of discomfort at a very young age without intention to harm. Also, during infancy and toddlerhood, the inability to express discomfort in different ways (like verbally) plays a role in the emergence of aggressive behavior.

The first expressions of aggressive behavior that can be observed generally involve behaviors such as biting and hitting (Hay, 2017). Such behaviors can be seen during the first year of life, as soon as children have the motor skills to use force (Hay et al., 2010). During infancy and toddlerhood, the level of physical aggression increases until it peaks at around two years of age (Alink et al., 2006; Nærde, Ogden, Janson, & Zachrisson, 2014). At the same time, this behavior is regulated by developmental processes like the increasing ability to realize the impact of one's behavior on other people, associated with the ability to feel empathy (Hughes & Leekam, 2004). In the following years, the level of aggressive behavior typically starts declining. From

toddlerhood onwards, aggressive behavior will include different aspects of aggression, such as disruptive behavior, oppositional defiant behavior, and verbal aggression, and will gradually transform to more intentional aggressive behavior (Hay et al., 2011; Tremblay et al., 1999), associated with ongoing development of social and communicative skills.

However, not all children follow this rather common developmental pattern of aggressive behavior. Indeed, longitudinal studies examining trajectories of aggressive behavior indicated several distinct developmental patterns during childhood (Bongers et al., 2004; Broidy et al., 2003; Olson, Choe, & Sameroff, 2017). Most of the studies examining trajectories of aggression starting during the second year of life indicated three different trajectories of physical aggression from 1.5 years until preschool (Huijbregts, Séguin, Zoccolillo, Boivin, & Tremblay, 2008; Mazza et al., 2017; Tremblay et al., 2004; Wildeboer et al., 2015). The three most frequently identified trajectory shapes are a low-stable trajectory in 25 to 32% of the children, a moderately increasing or stable pattern in 50 to 58% of the children, and a high increasing or stable pattern in 14 to 25% of children.

The studies indicating distinct developmental trajectories stress the importance of taking a developmental perspective in examining aggressive behavior during early childhood. Previous studies mainly focused on the development of aggressive behavior during toddlerhood, preschool or school age. Although the first signs of aggression were shown to occur during infancy (Hay, 2017), not much is known about the first year of life. More research is needed to unravel whether the developmental patterns of aggressive behavior observed from toddlerhood onwards are already present in infancy. Therefore, this dissertation concentrates on the developmental patterns of aggressive behavior from infancy into toddlerhood.

### **Environmental influences**

Since the first years of life are known as a very critical or sensitive period for children's development, early experiences have a large influence on children's behavioral development (Fox & Rutter, 2010; Huizink & de Rooij, 2018). The influence of adverse environmental factors on developmental outcomes results from the interaction with children's brain development (Beauchamp & Anderson, 2010). The individual's psychophysiological systems are adapted to be able to cope with stressful environmental situations, a biological mechanism defined as allostasis (Juster et al., 2011; Sterling, 2012). When exposure to adverse environmental influences becomes intense by repeated or prolonged adversity, these adaptive systems might become dysregulated. This will have an adverse and lasting impact on the brain and body, such as prolonged alterations in the individual's stress hormone levels, and structural, functional and neurochemical changes in brain areas involved in processing emotions, such as the amygdala, hippocampus and prefrontal cortex (Ganzel, Morris, & Wethington, 2010; McEwen, 2000), resulting in dysfunctional coping with

environmental challenges. In turn, these alterations could lead to psychopathology, such as high levels of aggressive behavior (Juster et al., 2011).

Numerous environmental influences, such as adverse parenting behavior, will impact behavioral development after the child has been born. Other environmental risk factors, such as use of alcohol, drugs of nicotine during pregnancy or maternal psychopathology, can affect brain development already prenatally or pose a continued risk after birth whilst already present prenatally (LaPrairie et al., 2011). Because both prenatal and postnatal factors influence children's behavioral development, this dissertation includes studies that evaluate the influence of aspects of both prenatal risk and parenting behavior.

**Prenatal risk.** Studies so far reported several pre- and perinatal risk factors that impact children's behavioral development (LaPrairie et al., 2011). Risk factors that have been linked to externalizing behavior problems and aggression during early childhood include parental psychopathology, prenatal alcohol, drug, and tobacco use, low level of maternal education, young maternal age and being a single parent (Carneiro et al., 2016; Côté et al., 2007; de Bruijn, van Bakel, & van Baar, 2009; Garratt, Chandola, Purdam, & Wood, 2017; Huijbregts et al., 2008; LaGasse et al., 2012; Latimer et al., 2012; Tremblay et al., 2004; Velders et al., 2011). These risk factors rarely appear in isolation, but often tend to co-occur (Carneiro et al., 2016). In addition, exposure to combinations of risk factors relative to a single risk factor was shown to enlarge their negative effects on developmental outcomes (Evans, Li, & Whipple, 2013; Huijbregts et al., 2008). These findings emphasize the importance of examining the accumulation of risk factors instead of the nature or intensity of single risk factors in relation to child behavior. Studies using a cumulative risk index (an index based on the number of risk factors) demonstrated that children who have been exposed to a higher number of maternal and environmental risk factors at birth or during early childhood, showed higher levels of externalizing behavior problems (Bennett, Marini, Berzenski, Carmody, & Lewis, 2013; Calkins, Blandon, Williford, & Keane, 2007; Gassman-Pines & Yoshikawa, 2006; Northerner, Trentacosta, & McLear, 2016; Trentacosta et al., 2008). Most studies so far examined exposure to risk factors during postnatal development. The current study aims to examine the effect of prenatal risk using a cumulative risk index on aggressive behavior during infancy and toddlerhood.

**Parenting behavior and parental beliefs.** Child behavior is influenced by social interactions from birth onwards. For example, low-quality child care, peer rejection and a negative sibling-relationship are related to more externalizing behavior problems (McCartney et al., 2010; Meunier et al., 2011). Because children highly depend on, and mostly interact with their parents during the first years of life, parents may have the largest impact on children's behavioral development early in life (Pinquart, 2017). When parents try to control children's behavior problems by using parenting behavior characterized by a lack of warmth, a lack of responsiveness or harsh caregiving, this can lead to increased risk of behavior problems in children (Patterson,

1986, 2002). Many studies show associations between both low maternal sensitivity (which is the ability to detect and adequately respond to their child's signals) and high maternal hostility, and higher levels of child aggressive behavior (Campbell et al., 2010; Côté, Vaillancourt, LeBlanc, Nagin, & Tremblay, 2006; McKee, Colletti, Rakow, Jones, & Forehand, 2008).

In addition to parenting behavior, parents' subjective beliefs about parenting may have an impact on children's social behavior. Two relevant aspects of parental beliefs are parental self-efficacy (i.e., parents' perceptions of their ability to carry out caregiving tasks successfully) and perceived parental impact (i.e., parents' views on the impact of their own parenting behavior on their children's development; Boivin et al., 2005). Parental beliefs may influence children's social behavior directly: because parents serve as a role model, children may adopt their parent's beliefs and attitudes, independent of parent's behavior during caregiving situations (Ardelt & Eccles, 2001; Bandura, 1997). In addition to this direct influence, parental beliefs may have an indirect effect on children's social development via parenting behavior (Jones & Prinz, 2005). Parents with higher parental self-efficacy or with the strong belief that their behavior will have an impact on their child's development, will be more motivated to interact positively with their child and to engage in activities that foster their child's cognitive development (Sigel & Mc Gillicuddy-De Lisi, 2002). In line with the direct pathway, research showed that low maternal self-efficacy and perceived parental impact are related to high stable levels of child aggression during toddlerhood and preschool (Côté et al., 2007; Mazza et al., 2017). Research examining the indirect pathway from parental beliefs to child problem behavior via parenting behavior is scarce. One study indicated that low parental self-efficacy was related to lower parental warmth and more hostility, which in turn were related to more problem behavior during toddlerhood (Zimmer-Gembeck & Thomas, 2010). Considering the increasing evidence for an important role of parental beliefs in development of aggressive behavior, and because parental beliefs evidently influence parenting (and potentially the chances of improving parenting skills through interventions), parental beliefs and parenting in relation to aggression should be studied in conjunction. This is what is done in the present thesis and to hopefully be of added value to future studies and interventions involving parenting.

### Temperamental negative affect

Temperament refers to the initial 'state' from which personality develops (Rothbart, 2007). Temperament is defined as the make-up of several biological traits that, for a large part, determine reactivity and regulation of emotions and behavior (McCrae et al., 2000; Rothbart & Bates, 2006), and play an important role in children's social development (Sanson et al., 2004). One of the main reactive components of temperament is negative affect, which includes the tendency to experience and express negative emotions, such as sadness, frustration and anger (Rothbart & Bates, 2006; Sanson & Rothbart, 1995). These specific aspects of negative affect, as well as negative

affect in general, have been related to the development of psychopathology, including externalizing behavior problems, during early childhood (De Pauw & Mervielde, 2010; DeLisi & Vaughn, 2014; Frick, 2004; Muris & Ollendick, 2005).

In addition to the direct impact on aggressive behavior, a highly reactive temperament is also thought to increase the vulnerability for psychopathology in case of negative environmental influences (Monroe & Simons, 1991; Nigg, 2006). The diathesis-stress model suggests that individuals vary in whether and how much they are negatively affected by environmental stressors based on their individual neurobiological characteristics. This model has been supported by studies showing that parenting behavior characterized by high negative discipline and low sensitivity is related to more externalizing behavior problems, but only in children with high negative affect (Bradley & Corwyn, 2008; Van Zeijl et al., 2007). Results from studies examining environmental risk factors in interaction with negative affect are not consistent. It was found that higher risk was associated with problems in emotion regulation during preschool and lower social competence during preschool, but only in children high in negative affect during toddlerhood (Chang, Shelleby, Cheong, & Shaw, 2012). However, other studies did not find an interaction effect between the number of risk factors and negative affect (Lengua, 2002; Northerner et al., 2016). These inconsistencies in the literature might be due to differences in the examined outcome measures, such as externalizing behavior problems or broader domains of social functioning. This study examines the relation between negative affect and aggressive behavior during toddlerhood and investigates whether negative affect increases the vulnerability for aggression in case of high risk.

### Cognition

In addition to negative affect, which is the reactive component of temperament, processes of self-regulation, such as aspects of cognitive functioning also shape the development of social behavior (Rothbart, Ahadi, & Evans, 2000). It has consistently been shown that children's cognitive regulation abilities, including inhibitory control and attention, are important for adequate social functioning (Beauchamp & Anderson, 2010), whereas delays in cognitive development have been related to inadequate social functioning, and specifically higher levels of aggression and externalizing behavior problems (Chow & Wehby, 2018; Girard et al., 2014; Schoemaker et al., 2013). In addition, cognitive functions represent important mechanisms in associations between biological and environmental factors, on the one hand, and social behavior, on the other (Beauchamp & Anderson, 2010; Dodge & Pettit, 2003). In this dissertation, four domains of cognitive functioning that play a role in regulating behavior were examined during infancy and toddlerhood: executive functions, attention, language skills and social cognition.

**Executive functions.** Executive functions are cognitive processes important for regulating behavior and emotions in a goal-directed way to adapt to the social environment, especially in case of new problems or situations. Inhibitory control is one

of the first executive functions to develop and may be defined as the ability to suppress a prepotent or dominant response (Garon, Bryson, & Smith, 2008; Miyake et al., 2000). The first signs of inhibitory control are already seen during the first year of life: 8- to 10-month-old infants are able to suppress the tendency to touch an attractive object when asked by the parent (Kochanska, Tjebkes, & Forman, 1998). Inhibitory control develops rapidly in toddlerhood and the preschool years, as indicated by improvement in the abilities to wait longer periods of time for a (larger) reward and to follow arbitrary rules in conflict-tasks, in which the dominant motor or verbal responses should be suppressed in certain situations (Carlson, 2005; Kochanska, Murray, & Harlan, 2000). The ability to suppress impulses is an important process in order to inhibit inappropriate social behavior. In line with this, deficits in inhibitory control have consistently been related to more externalizing behavior problems, and particularly aggressive behavior, during preschool and school age (Ellis, Weiss, & Lochman, 2009; Olson et al., 2017; Schoemaker et al., 2013; Suurland et al., 2016).

Attention. A second domain of cognition involved in regulating behavior is attention, which includes the ability to orient to information and to focus attention in response to decisions about relevance of this information (Rothbart & Posner, 2001). Attention is largely directed by novelty of objects and events during the first months of life (Colombo, 2001). Towards the end of the first year, novelty becomes less important, resulting in more voluntary control of attention (Colombo, 2002). Children become better able to shift attention between objects and situations, and to focus attention for longer periods of time (Colombo, 2001; Ruff & Capozzoli, 2003). Sustained attention has been proposed as a necessary skill to be able to recognize and appropriately respond to social cues in interaction with others (Murphy, Laurie-Rose, Brinkman, & McNamara, 2007). Children with problems in maintaining attention will probably miss social signals, resulting in less social competence and higher levels of behavior problems. Several studies showed associations between impaired attention regulation and externalizing behavior problems during preschool and school age (Bellanti & Bierman, 2000; Towe-Goodman, Stifter, Coccia, Cox, & Investigat, 2011).

Language skills. Several aspects of communication, such as the use of gestures, the expression of affect, and receptive and expressive language skills (including vocabulary), are important for interaction with others (Beauchamp & Anderson, 2010). After the first half year of life, children are able to recognize their own name and start to link other sounds and words with objects and individuals (Delle Luche, Floccia, Granjon, & Nazzi, 2017; Gogate & Hollich, 2010). During the second half of the first year, infants start vocalizing, followed by babbling (Lee, Jhang, Chen, Relyea, & Oller, 2017) and by using gestures (Fusaro, Harris, & Pan, 2012; Tomasello, Carpenter, & Liszkowski, 2007). Subsequently, infants start to say their first words around their first birthday (Rose, Feldman, & Jankowski, 2009; Torola, Lehtihalmes, Heikkinen, Olsen, & Yliherva, 2012). From toddlerhood, children undergo a rapid development in the amount of words they can comprehend and produce (Dale & Goodman, 2005). In addition, they start combining words and using grammar during

this period (Szagun, Steinbrink, Franik, & Stumper, 2006). The studies in this dissertation focus on children's vocabulary during the first years of life. It has been suggested that children with a relatively poor vocabulary will be less able to interact with their parents and peers about their needs and desires, resulting in frustration and behavior problems (Keenan & Shaw, 1997). Consistent with this hypothesis, studies indicated associations between the extent to which children are able to comprehend and produce words and externalizing behavior problems, such as aggressive behavior, during early childhood (Estrem, 2005; Menting, van Lier, & Koot, 2011; Petersen et al., 2013).

**Social cognition.** Social cognition refers to the cognitive processes that support the perception and interpretation of social information as well as the tendency to respond, based on social decision making (Beaudoin & Beauchamp, 2020). Theory of mind is an important social-cognitive skill, which involves the ability to attribute mental states, such as, thoughts, beliefs, intentions and desires, to oneself and others (Premack & Woodruff, 1978). Traditionally, it was thought that the ability to make explicit inferences about mental states of others develops during the preschool years (Wellman, Cross, & Watson, 2001). However, the implicit understanding of beliefs, desires and intentions has been observed earlier in life: children were able to attribute false beliefs about locations and identity during the second year of life (Baillargeon, Scott, & He, 2010).

Several social-cognitive skills during infancy and toddlerhood may be considered precursors of theory of mind, which could set the base for theory of mind development. These skills include for example the ability of children to recognize themselves in the mirror, to show empathic behaviors and to follow another person's attention (Charman et al., 2000; Gallup, 1998; Roth-Hanania, Davidoy, & Zahn-Waxler, 2011). These early skills of infants and toddlers indicate an innate predisposition to give attention to social information. Two other social-cognitive abilities that are considered precursors of theory of mind are the ability to imitate and to take the visual perspective of other people (Gopnik, Slaughter, & Meltzoff, 1994; Rogers & Pennington, 1991). The ability to imitate other people is already present in newborns, who show imitation of facial mimicry (Meltzoff & Moore, 1983). The "Likeme" framework of Meltzoff (2005) describes how children's inborn biological ability to imitate behavior is related to later understanding of other's mental states. As a first step, imitation indicates that children are at a certain age able to couple observed behavior and their own behavior. Based on their experiences in daily life and maturation of the brain, toddlers learn to link their behavior to their own underlying mental states. Understanding of other people's mental states develops when children are able to project their own mental states onto the other individual.

Another established precursor of theory of mind is visual perspective-taking (Barnes-Holmes, McHugh, & Barnes-Holmes, 2004; Laranjo, Bernier, Meins, & Carlson, 2014). The ability to take another's visual perspective gradually develops into the ability to understand mental states of others. During the second year of life,

children first learn to recognize when another person does or does not see an object (Flavell, Everett, Croft, & Flavell, 1981; Liszkowski, Carpenter, Striano, & Tomasello, 2006) and that persons can observe the same object or situation differently from another perspective (Barnes-Holmes et al., 2004). Next, children become aware that someone's knowledge depends on his or her visual perspective. Finally, behavior of another person based on their knowledge can be predicted. Children's social cognition has been shown to be important for adequate social behavior: children who are less able to understand other's mental states and predict their behavior, will show less adequate social behavior (Baron-Cohen, Leslie, & Frith, 1985). A lack of theory of mind understanding has consistently been related to the development of psychopathology (Brune & Brune-Cohrs, 2006), including higher levels of aggressive behavior during preschool (Capage & Watson, 2001; Olson et al., 2011).

Cognition in relation to aggressive behavior in infancy and toddlerhood. Although the relations between cognitive regulating skills and externalizing behavior problems have extensively been studied, most studies focused on preschool or school age. Some evidence also exists for the relation between the cognition constructs and externalizing behavior problems earlier in life: low inhibitory control, inattention, and low vocabulary during the second year of life have been related to higher levels of externalizing behavior problems (Dionne, Tremblay, Boivin, Laplante, & Perusse, 2003; Girard et al., 2014; Hill, Degnan, Calkins, & Keane, 2006; Kochanska et al., 2000; Olson et al., 2011). Despite these findings, it should be noted that research into the relation between early cognition and externalizing behavior problems, and especially aggressive behavior, during infancy and toddlerhood is still scarce. Therefore, this dissertation focuses on the role of cognition during infancy and toddlerhood in an attempt to gain more understanding of the underlying early mechanisms associated with aggressive behavior.

### Mediating and moderating role of cognition

Cognitive functions may serve as mechanisms explaining how the influence of environmental factors impacts on children's social behavior (Beauchamp & Anderson, 2010; Dodge & Pettit, 2003): for example, adverse environmental conditions may have a negative impact on brain development and cognitive functions related to regulating behavior, which in turn may result in higher levels of aggression. Consistent with this mediation model, previous studies showed that environmental influences such as high maternal risk and inadequate parenting behaviors are related to impairments in cognitive development during early childhood (Holochwost et al., 2016; Hughes & Ensor, 2005; Pavarini, Souza, & Hawk, 2013). Subsequently, relatively poor child cognition, such as low inhibitory control or theory of mind understanding, has consistently been related to externalizing behavior problems (Olson et al., 2011; Schoemaker et al., 2013). In line with these studies, some support for a mediating role of cognition was found during preschool: lower levels of children's executive functioning mediated the relation between maternal risk factors, such as depression

and low education, and externalizing behavior problems (Hughes & Ensor, 2009; Roman et al., 2016).

It has also been proposed that the impact of negative environmental influences (Masten, 2001) and temperamental reactivity on aggressive behavior (Muris & Ollendick, 2005) depends on children's cognitive regulation abilities. Higher levels of environmental risk or high negative affect may be related to higher levels of externalizing behavior problems, but only in children with limited cognitive abilities. With regard to environmental risk, several studies showed this moderating effect of specific cognitive functions when examining adverse parenting as environmental factor (Fatima & Sharif, 2017; Karreman, de Haas, van Tuijl, van Aken, & Dekovic, 2010; van Aken, Junger, Verhoeven, van Aken, & Dekovic, 2007). However, studies examining the moderating effect of cognition in infants' and toddlers' aggressive behavior in relation to the influence of other adverse environmental influences, such as prenatal risk factors, are scarce. One study indicated that the relation between environmental risk and a combined outcome of internalizing and externalizing behavior problems was strengthened in children with low cognitive skills, specifically inhibitory control and attention regulation (Lengua, 2002).

With regard to the interaction between (aspects of) temperamental negative affect and controlling cognitive functions, it has been proposed that children who experience high negative emotions (negative affect) elicited by life events are at risk to show aggressive behavior (Muris & Ollendick, 2005). Children with high levels of cognitive regulation skills, such as inhibitory control, attention and vocabulary, will be able to regulate the emotions using effective coping skills, while children with low cognitive regulation skills will have difficulties dealing with the negative emotions and may react with aggressive behavior. Findings of studies examining this hypothesis are not consistent. Several studies showed increased effects of (aspects of) negative affect on externalizing behavior problems, and specifically aggression, when children had lower inhibitory control, attention, or vocabulary during early childhood (Gartstein, Putnam, & Rothbart, 2012; Jackson, 2017; Lawson & Ruff, 2004; Moran et al., 2013; Suurland et al., 2016). However, other studies failed to find an interaction between negative affect and cognitive functioning on externalizing behavior problems during early development (Belsky, Friedman, & Hsieh, 2001; Gartstein et al., 2012; Olson, Sameroff, Kerr, Lopez, & Wellman, 2005).

Although these studies suggest a mediating and moderating role of cognition in the relations between environmental influences and temperamental negative affect, on the one hand, and aggressive behavior on the other, it remains unclear whether these effects can already be observed during infancy and toddlerhood.

### Aims and outline of this dissertation

Children who show persistently high levels of aggressive behavior during early childhood are supposed to be at risk for several adverse outcomes later in life. Although aggressive behavior is relative common during the first years of life, research

examining the development of aggression and its affective and cognitive correlates during infancy and toddlerhood is scarce. To be better able to prevent negative developmental outcomes related to aggression, it is important to learn more about the underlying mechanisms associated with the development of aggression during the first years of life. Therefore, the first aim of the current dissertation was to examine the developmental trajectories of aggressive behavior from infancy into toddlerhood. A second aim was to examine the associations between early cognitive functions, namely inhibitory control, attention, vocabulary, and precursors of theory of mind, and (the developmental trajectories of) aggression during infancy and toddlerhood. Furthermore, this dissertation aimed to increase insights into the mediating and moderating roles of specific (self-regulatory) aspects of cognition in associations between specific environmental influences, including prenatal risk and adverse parenting behavior, and aggression. The moderating role of cognition was also examined for associations between temperamental negative affect and aggression during infancy and toddlerhood.

The studies in this dissertation are part of the Mother-Infant Neurodevelopmental Study (MINDS) – Leiden in the Netherlands. MINDS-Leiden is a longitudinal study examining the neurobiological and neurocognitive predictors of behavior problems. 275 pregnant women between 17 and 25 years old, expecting their first child, participated in this study. The study consisted of six data waves: during the third trimester of pregnancy, and at 6 months, 12 months, 20 months, 30 months and 45-48 months post-partum. For the studies described in this dissertation, we were able to use data from the first five assessment waves.

Previous studies have mainly focused on the development of aggression from toddlerhood onwards (e.g. Campbell et al., 2006; Côté et al., 2006; Mazza et al., 2017). Chapter 2 describes a study investigating the development of physical aggressive behavior from infancy into toddlerhood. Using a longitudinal design, we aimed to identify distinct physical aggression trajectories from age 12 months up to 30 months. As cognitive functions have been proposed as mechanisms explaining social behavior (Beauchamp & Anderson, 2010; Dodge & Pettit, 2003), we examined whether the development of cognition from infancy (12 months) to toddlerhood (30 months) was related to the physical aggression trajectories. In this context, the cognitive functions inhibitory control, vocabulary and attention were investigated.

Chapter 3 describes a study examining whether prenatal risk predicted aggressive behavior at 12 and 20 months. Because maternal risk factors tend to co-occur or interact (Carneiro et al., 2016), we used a cumulative risk approach focusing on the number of risk factors during pregnancy. In addition, we examined the indirect effect of prenatal risk via inhibitory control at 12 months on aggression during infancy and toddlerhood. Because it has been shown that boys typically show lower levels of inhibitory control and higher levels of physical aggression during early childhood (Alink et al., 2006; Hay, 2017; Raaijmakers et al., 2008), the moderating role of gender was examined using a moderated-mediation model: it was investigated whether the

mediating role of inhibitory control in the risk-aggression relation was different for boys and girls.

Chapter 4 describes a study examining the relations between parental beliefs, parenting behavior, precursors of theory of mind and aggression during toddlerhood (at 20 months). Based on the existing literature, parental self-efficacy and perceived parental impact were selected to represent parental beliefs. Parenting behaviors, such as maternal sensitivity, maternal intrusiveness, and positive engagement were observed during mother-child interaction tasks. Children's imitation abilities and visual perspective-taking were examined as precursors of theory of mind. First, it was examined whether parental beliefs, parenting behavior and precursors of theory of mind predicted the level of aggressive behavior at 20 months (direct relations). Because little is known about the interrelations between these concepts during toddlerhood, the indirect effects of parental beliefs, via parenting behavior, and precursors of theory of mind on aggression at 20 months were examined.

It has been suggested that the impact of maternal environmental (prenatal) risk and child temperament on social functioning partly depends on children's cognitive development (Masten, 2001; Muris & Ollendick, 2005). Therefore, Chapter 5 involves a study investigating the moderating role of cognition (inhibitory control, attention and vocabulary at 30 months), in the relations between prenatal risk, temperamental negative affect (at 6 and 20 months) and aggressive behavior during toddlerhood (at 30 months).

In Chapter 6 the main findings of this dissertation are summarized and discussed.

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