

Although educators frequently try to teach children how to resist victimization, children's responses to actual threats and their perceptions of the effectiveness of those behaviors have not been systematically examined. In this national telephone survey, 1,011 boys and girls between the ages of 10 and 16 were questioned about how they responded to threatened assaults. Boys, especially those in their teens, used more aggressive forms of resistance and felt those strategies had been more effective, relative to younger children and girls. Children advised by their fathers to stand up and fight also felt more successful using aggressive resistance. The findings from the present analysis suggest that different children may feel more successful with different protection strategies. As such, this argues against a unifaceted or "one size fits all" approach to victimization prevention. Prevention educators are encouraged to consider tailoring their messages to different subgroups of children.

What Works for Children in Resisting Assaults?

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As a result of increasing public and professional concern about the problem of sexual abuse and other kinds of child victimization, many schools and other community institutions have implemented programs to help children prevent assaults and their effects. Such programs have proved very popular. According to recent studies, almost 88% of elementary school districts in the United States offer such instruction (Breen, Daro, & Romano, 1991) and two thirds of all American children have had some exposure (Finkelhor & Dzuiba-Leatherman, 1995). The programs try to help children recognize dangerous situations and also teach them what to do to thwart or escape from assaults and threats. Frequently they recommend very specific strategies, such as saying no, yelling and screaming, threatening to tell, and trying to run away.

These strategic recommendations, as far as we can tell, have not been derived from actual systematic research on how children avoid victimization. Rather, they appear to be formulated largely on the basis of professionals' beliefs about what ought to work in situations of threat or by anecdotal analyses of some situations where children were victimized. They may also

have been influenced by the research on adult women that demonstrates that aggressive resistance responses tend to facilitate the avoidance of rape (e.g., Ullman & Knight, 1991, 1992, 1993). However, there are obviously many questions about whether the conclusions of that research apply to children.

It is unfortunate that there has been so little research on how children respond to victimization and how effective that response is. The topic is obviously very important given current estimates of the scope of child victimization (Finkelhor & Dzuiba-Leatherman, 1994b). The improvement of children's ability to avoid victimization could result in enormous benefits for children's safety and mental health.

The present research was undertaken in part to try to rectify this gap in knowledge. The specific goals of this research were to find out (a) what children do when faced with victimization and (b) what they perceive as most protective. Children may have a perspective on victimization prevention that differs from that of adults, even sympathetic adults. As such, it is important to understand how children subjectively evaluate different responses to victimization irrespective of the objective outcomes of those incidents (i.e., whether the attack was completed or prevented, whether an injury was incurred). For example, a child may become injured in the course of fighting off an attacker but still feel a greater sense of personal control and, in turn, self-efficacy, than a child who offers no resistance and escapes injury. In this article, we compare various victimization prevention strategies primarily on children's subjective ratings of the effectiveness of their self-protection responses, in part because we felt they provided a more child-centered alternative to other measures of protection success.

Our interest in subjective efficacy perceptions is also rooted in the belief that these perceptions have important emotional and behavioral consequences. The enhanced sense of personal control that feelings of self-efficacy foster have been shown to buffer the emotional trauma that people suffer after being victimized. They also diminish the sense of personal vulnerability to future attacks (cf. Janoff-Bulman & Lang-Gunn, 1988). Knowing what types of behaviors enhance efficacy/feelings may inform efforts to promote adaptive coping among children who experience victimization.

However well they work, children's subjective perceptions of past success also influence whether they will use that response in the future or look for different strategies. Thus to better anticipate how children will behave in situations involving threat, it is important to understand which responses they regard as having been more or less helpful in the past. For these reasons, the present research sought to solicit what children themselves thought was and was not effective in thwarting danger. In doing so, however, we do not wish to imply that the objective outcomes associated with different self-protection

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strategies are unworthy of consideration. Important questions remain about which strategies are most likely to minimize injury or prevent threatened attacks from turning into completed victimizations, regardless of how children evaluate them.

Another goal of the research was to see if different children benefited from different protection responses. Children are not a homogeneous group. They vary a great deal in terms of their size, strength, knowledge, social power, and the variety of victimizations they suffer. It would seem that many prevention programs have adopted a generic "one size fits all" approach to prevention avoidance, recommending similar strategies to children of all types in all situations. In the present study, we grouped children on the basis of several characteristics—gender, age at victimization (teen vs. preteen), father's preferred victimization response, and perpetrator identity (adult vs. nonadult)—that we thought might influence self-protection responses. Our objective was to determine whether the use and perceived effectiveness of the various protection strategies differed as a function of these groupings.

METHOD

Study Design

The National Youth Victimization Prevention Study consisted of telephone interviews with a nationally representative sample of 2,000 young people between the ages of 10 and 16 and their caretakers. Households were contacted and screened for the presence of appropriate-age children through random digit dialing. Interviewers spoke with the primary caretaker in each household, asking him or her some questions relevant to child victimization prevention and explaining the objectives of the study. They then obtained parental permission to interview the child. Speaking to the children, the interviewers again explained the study and obtained the children's consent, and proceeded with an interview that lasted between 30 minutes and an hour.

The participation rate was 88% of the adults approached and 82% of the eligible children in the households of cooperating adults, despite the fact that the study involved children, a potentially sensitive topic, used a lengthy interview, and required the consent of two individuals. About four fifths of child nonparticipation came from caretakers who denied permission to interview the child; the rest of the nonparticipation was due to the children themselves not wishing to be interviewed. The parents of the youngest children (10-11 years) were somewhat more likely to deny permission. Participating households did not differ from nonparticipating households on

any demographic dimension but were slightly more sensitive to issues related to violence (e.g., parents from the former were somewhat more concerned about violence and perceived the threat of violence as higher).

The sample of participating children included 1,042 boys and 958 girls and generally matched U.S. Census Bureau statistics for the population of this age: about 10% Black, 7% Hispanic, 3% other races including Asian and American Indian. Fourteen percent came from families with incomes of under \$20,000. Fifteen percent were living with a single parent, another 13% with a parent and stepparent, and 3% with some nonparental caretaker.

Instrumentation

Victimization experiences. Children were asked about a wide range of actual or attempted victimizations, including assaults and attempted assaults by peers, gangs, or family members; kidnappings by persons in cars; sexual victimizations. The study asked 12 separate questions about possible victimizations. Two examples are as follows: "Sometimes kids get pushed around, hit, or beaten up by members of their own family, like an older brother, or sister, or parent. Has anyone in your family ever pushed you around, hit you, or tried to beat you up?" and "Has there ever been a time when an older person tried to feel you, grab you, or kiss you in a sexual way that made you feel afraid or bad?" (information on victimization types and rates are available in Finkelhor & Dzuiba-Leatherman, 1994a). The analyses reported here used data on the most recent victimization experience reported by 423 girls and 588 boys.

Prevention responses. Children who reported a victimization or an attempted victimization were also asked whether they engaged in each of 10 actions during the episode in an attempt to prevent the attack or protect themselves from their attacker(s) (see any table for the list of actions). In addition to examining these behaviors separately, we calculated a composite score for each child representing the total number of prevention responses used. Children received one point on this index for each prevention response they reported using. Scores on this index could thus range from 0 to 10. Most children reported using more than one type of prevention response ($M = 4.43$). Only 1.6% of all children in the study (1.3% of males and 2.0% of females) reported that they did not use any of the 10 actions listed.

Protective efficacy. Our measure of protective efficacy was based on children's subjective perceptions of the effects of their prevention responses. Specifically, we asked whether any of the things they did (a) helped to protect

them, (b) kept things from getting worse, or (c) kept them from getting injured. A majority of children in the sample responded affirmatively to each of these items (62%, 69%, and 68%, respectively). We created an index (0 to 3) of protective efficacy by assigning one point for each affirmative response to these items. A reliability assessment of this index showed that it was internally consistent (Cronbach's $\alpha = .74$).

Victimization context. Children were also asked a detailed set of questions about their victimization experience, including the number of perpetrators involved, the age of the perpetrator (the oldest perpetrator in cases of multiple perpetrators), and their relationship to that perpetrator. In the present analysis, perpetrator age was coded as either over 18 or under 18 and perpetrator relationship was coded as either stranger or nonstranger. These variables, along with the child's weight and age at victimization,¹ were used as covariates in our multivariate analyses so that we could statistically control for contextual differences in children's victimization experiences.

Victimization-related injury. Information regarding victimization-related injury was obtained by asking children whether they suffered any injuries as a result of the incident, such as cuts or bruises.

Father's preferred victimization response. We reasoned that parental advice regarding appropriate responses to victimization would be an important influence on a child's actions and subsequent efficacy feelings. As such, we asked children whether they thought that, when faced with someone who insulted or tried to pick a fight with them, their fathers (or male guardians) would want them to either stand up and fight or avoid fighting. Because of limited questionnaire space, we could include only one question about parental attitudes. We asked about paternal rather than maternal attitudes because we thought that fathers would assume a greater role in advising children on how best to respond to threat.

RESULTS

Protective Strategy Usage

The percentage of boys and girls using each prevention response is shown in the first column of Tables 1 and 2, respectively. The most frequent response used by boys was getting angry followed by demanding to be left alone, and fighting back. Interestingly, however, over half of all males also reported

trying to be nice and agreeable. Only a minority of boys did what their attackers wanted, screamed and yelled, threatened to hurt the perpetrator, threatened to disclose the incident, cried, or ran away. Among girls, the most frequently used prevention responses included getting angry, demanding to be left alone, being nice and agreeable, fighting back, and threatening to disclose the incident. Running away, screaming and yelling, crying, complying with the perpetrator, and threatening to hurt the perpetrator were less commonly used forms of self-protection.

Although each response was used by children of both genders, there were some predictable gender differences. Girls were more likely than boys to use nonphysical forms of protection, such as screaming and yelling, threatening to tell, and crying. Girls also engaged in significantly more self-protection strategies relative to boys. In contrast, boys were more likely than girls to threaten to hurt the perpetrator and to physically fight back (all tests of gender differences were significant beyond the $p < .05$ level).

Perceived Protective Efficacy

We calculated Pearson product-moment correlations (r s) between protective efficacy ratings and self-protection responses separately for boys and girls. Among boys, higher protective efficacy ratings were most strongly associated with the more frequently used strategies of fighting back, getting angry, and demanding to be left alone (see the second column of Tables 1 and 2). In addition, the more self-protective behaviors that boys used, the more successful they felt in dealing with their victimization incidents.

The second column of Table 2 shows a different pattern for girls. The most frequently used protection responses did not necessarily promote higher levels of perceived protective efficacy. Overall, girls appeared to experience less efficacy than boys from their actions in victimization situations. Their ratings of protective efficacy, on average, tended to be lower than those of boys ($p = .07$) and their perceptions of success were less dependent on the type and number of responses they used to protect themselves from attack. The analyses below indicate that this gender difference is not an artifact of girls being confronted with more serious or threatening victimization experiences (e.g., more motivated, adult perpetrators).

Injury and Victimization Context

As expected, self-protection responses were related to injury as well as to contextual aspects of victimization experiences (see, e.g., the third column of Tables 1 and 2). To the extent that perceived efficacy is lower among

TABLE 1: Protective Strategy Use and Association with Efficacy and Injury for Males (N = 588)

Prevention strategy	Percentage Using	Efficacy Controlling for				
		Efficacy	Injury	Injury	Threat	Injury and Threat
		r	r	β	β	β
Nice/agreeable	58.7	.09*	.01	.08	.08	.08
Do what was wanted	19.2	-.05	-.06	-.05	-.04	-.04
Tell to leave alone	73.5	.09*	.08	.08	.09*	.09*
Scream and yell	16.7	-.04	.06	-.03	-.01	-.02
Threaten to hurt perpetrator	25.0	.08*	.06	.09*	.09*	.09*
Threaten to tell someone	27.0	.07	.09	.07	.10*	.09*
Fight back	68.2	.15**	.18**	.14**	.16**	.15**
Get angry	84.9	.11**	.17**	.10*	.11**	.10*
Cry	11.6	-.08*	.04	-.07	-.06	-.06
Run away	35.7	.04	.07	.02	.04	.04
Mean number of strategies used	4.26	.12**	.17**	.12**	.15**	.14**
Episode characteristic						
Age at victimization			.07			
Victim weight			.08			
Adult perpetrator			-.05			
Stranger perpetrator			.07			
Number of perpetrators			.18**			

* $p \leq .05$; ** $p \leq .01$.

children who have been injured, or for that matter, among children who faced more threatening victimization experiences, the failure to statistically control for injury and victimization context may obscure the true strength of associations between protection responses and efficacy perceptions. We assessed this possibility empirically by using injury, along with each of the victimization experience variables, as covariates in our analyses of efficacy ratings.

Tables 1 and 2 show that controlling for injury, victimization context, or both did not substantially alter the strength or direction of the bivariate associations between prevention responses and efficacy perceptions. These findings indicate that the effects of various self-protection responses on efficacy perceptions were not muted by the use of those responses in more dangerous or injurious victimization situations. All subsequent analyses were therefore conducted at a bivariate level without statistical controls for injury or victimization threat.

TABLE 2: Protective Strategy Use and Association With Efficacy and Injury for Females (N = 423)

Prevention strategy	Percentage Using	Efficacy Controlling for				
		Efficacy	Injury	Injury	Threat	Injury and Threat
		r	r	β	β	β
Nice/agreeable	63.1	.07	-.002	.08	.06	.06
Do what was wanted	20.8	-.06	.13**	-.001	-.001	.01
Tell to leave alone	77.8	.07	.07	.04	.02	.03
Scream and yell	31.0	-.06	.20**	-.06	-.07	-.05
Threaten to hurt perpetrator	13.9	-.01	.15**	.02	.01	.03
Threaten to tell someone	43.5	-.001	.25**	.01	-.02	.01
Fight back	58.6	.06	.21**	.06	.04	.06
Get angry	84.4	.15**	.11*	.14**	.13**	.14**
Cry	27.0	-.07	.18**	-.07	-.05	-.04
Run away	36.6	.09	.11*	.14**	.13*	.15**
Mean number of strategies used	4.66	.05	.30**	.10	.06	.10
Episode characteristic						
Age at victimization			.06			
Victim weight			.01			
Adult perpetrator			-.08			
Stranger perpetrator			-.17**			
Number of perpetrators			.06			

* $p \leq .05$; ** $p \leq .01$.

Age at Victimization

Like gender, age is another factor that might influence the use and perceived effectiveness of different prevention responses. As shown in Table 3, age differences in protection responses were apparent among all children, especially boys. Teenage boys were more likely than younger boys to respond to victimization with active, physical, and aggressive resistance. For example, they were more likely to both threaten and use physical force against a perpetrator. In contrast, younger victims were more likely to use passive or escape forms of protection (e.g., being nice and agreeable, crying, running away) and engaged in a greater number of self-protection behaviors overall. This pattern of age differences was generally similar among female victims.

In addition to affecting the use of protection strategies, age also affected perceptions of effectiveness (see Table 4). For example, the relatively aggres-

TABLE 3: Frequency of Prevention Response Usage Among Boys and Girls Who Were Victimized Before and After 13 Years of Age (in percentages)

	Boys		Girls	
	1-12 (n = 361)	13-16 (n = 199)	1-12 (n = 195)	13-16 (n = 204)
Prevention strategy				
Nice/agreeable	65.2	53.6***	65.8	62.4
Do what was wanted	21.2	17.9	17.0	23.9*
Tell to leave alone	79.1	64.5***	80.4	76.4
Scream and yell	18.7	12.7	37.8	26.5**
Threaten to hurt perpetrator	17.3	38.1***	10.4	17.7**
Threaten to tell someone	34.3	14.2***	51.0	36.8***
Fight back	66.7	72.8*	58.0	59.8
Get angry	84.2	87.8	86.0	83.8
Cry	14.5	6.6***	32.1	21.6**
Run away	43.1	25.9***	46.2	28.9***
Mean number of strategies used	4.42	4.00**	4.92	4.41**

* $p < .10$; ** $p < .05$; *** $p < .01$.**TABLE 4: Zero-Order Correlations (rs) Between Prevention Strategies and Perceived Success Among Boys and Girls Who Were Victimized Before and After 13 Years of Age**

	Boys		Girls	
	1-12 (n = 361)	13-16 (n = 199)	1-12 (n = 195)	13-16 (n = 204)
Prevention strategy				
Nice/agreeable	.04	.15*	.03	.10
Do what was wanted	-.08	-.01	-.09	-.01
Tell to leave alone	.09	.14	.02	.08
Scream and yell	-.09	.03	-.02	-.07
Threaten to hurt perpetrator	.12*	.04	-.08	.01
Threaten to tell someone	.06	.09	.02	-.03
Fight back	.13*	.23**	.04	.07
Get angry	.10	.17*	.26**	.04
Cry	-.11*	-.02	-.07	-.01
Run away	.05	.03	.14*	.07
Total number of strategies used	.07	.26**	.04	.07

* $p < .05$; ** $p < .01$.**TABLE 5: Zero-Order Correlations (rs) Between Prevention Strategies and Perceived Success Among Boys and Girls Whose Fathers Instructed Them to Either Fight or Avoid Fighting in Response to Victimization**

	Boys		Girls	
	Avoid Fighting (n = 391)	Fight (n = 166)	Avoid Fighting (n = 319)	Fight (n = 81)
Prevention strategy				
Nice/agreeable	.13*	-.06	.14*	-.05
Do what was wanted	-.02	-.13	-.001	-.14
Tell to leave alone	.07	.14	.10	-.06
Scream and yell	-.07	-.001	-.03	-.17
Threaten to hurt perpetrator	.05	.18*	-.06	.29**
Threaten to tell someone	.08	.02	-.04	.07
Fight back	.11*	.27**	.08	.03
Get angry	.08	.20**	.17**	.10
Cry	-.09	-.11	-.04	-.08
Run away	.04	.03	.12*	.03
Total number of strategies used	.09	.17*	.09	.01

* $p \leq .05$; ** $p \leq .01$.

sive responses of fighting back and getting angry were more strongly associated with protective efficacy among older boys than among younger boys. This may be attributable to the fact that older boys are larger and stronger, and therefore more objectively successful in aggressively resisting perpetrators. Among girls, perceptions of the effectiveness of most prevention responses did not vary greatly as a function of age. However, contrary to expectation, getting angry and running away were significantly associated with higher efficacy ratings only among girls who were victimized in their preteen years.

Father's Preferred Victimization Response

An additional factor that might influence children's perceptions of efficacy is the consistency between what they do and what they have been advised to do by their fathers. Not surprisingly, boys (30%) were more likely than girls (20%) to have been encouraged to stand up and fight ($p < .001$), and such advice was associated with a greater frequency of aggressive self-protection responses.

To further assess the influence of paternal advice, we reanalyzed bivariate associations between prevention responses and perceived efficacy separately for boys and girls in each paternal advice group (see Table 5). In one expected finding, the positive association between fighting back and perceptions of

success was nearly three times greater among boys who had been advised to stand up and fight. However, it was strong even among those counseled against fighting. It is possible that the intense socialization pressures on boys to respond aggressively to attack or threat overrode paternal advice about fighting and was responsible for the significant positive association between fighting back and protective efficacy perceptions among boys in the "avoid fighting" group.

Perpetrator Age

Finally, we examined the data to see if children's responses and perceptions differed when they were confronted by adult ($n = 206$) or nonadult ($n = 805$) perpetrators. As might be expected, children were less aggressive (e.g., fighting back or getting angry) in dealing with an adult perpetrator. Incidents perpetrated by adults generally elicited more passive or escape forms of protection such as crying, compliance, and running away.

But in spite of behaving differently with adults, boys still thought the more aggressive strategy of fighting back was more successful in dealing with both adults and nonadults. Likewise, girls still found less aggressive strategies efficacious with adults and nonadults. Thus, although victimizations perpetrated by adults and nonadults present vastly different challenges to children, and children adapt their behavior to meet those challenges, the responses that promote feelings of protective efficacy in boys and girls do not appear to depend on the nature of the perpetrator.

DISCUSSION

Our examination of victimization prevention behavior in a nationally representative sample of 10- to 16-year-old children showed that the most frequently used self-protection responses were generally not those recommended by victimization prevention educators. For example, most boys and girls got angry and fought back against their attackers. Only a minority of children reported using strategies typically preferred by adults, such as screaming and yelling, threatening to disclose the incident, and running away.

These patterns were not, however, uniform across all groups of children. We observed substantial variability in the use of self-protection strategies as a function of gender, age, parental advice, and perpetrator age. Nonaggressive strategies similar to those recommended by prevention educators were more common among girls, younger children, those advised by parents to avoid violent confrontations, and those threatened by adults. More aggressive strate-

gies involving threats of harm to the perpetrator and fighting back were used more frequently by boys, especially teenage boys and those either threatened by peers or advised by a parent to stand up and fight in the face of attack.

The types of behaviors that promoted greater self-perceived protective efficacy were also found to depend on a number of child characteristics. For instance, efficacy feelings were more closely tied to the use of physical aggression among boys (particularly teenage boys) than among girls. Because boys see an aggressive response as positive, fighting may engender a sense of success regardless of the consequences of that behavior. Alternatively, it may be that older boys feel more successful in responding aggressively because they actually are more effective given their greater strength or practice in fighting. Their efficacy perceptions may therefore accurately reflect greater objective success in dealing with victimizations.

The perceived efficacy of particular protection responses also depended on the type of prevention advice children received from fathers. For example, when advised to stand up and fight in the face of threat, using physical aggression against a perpetrator promoted efficacy feelings in boys and threatening to use physical aggression against a perpetrator promoted efficacy feelings in girls. When encouraged not to fight, strategies such as being nice and agreeable, running away, and getting angry were associated with stronger feelings of protective success.

Taken together, these findings suggest that the physical and emotional consequences of prevention recommendations will likely depend on the type of audience to which that advice is directed, and therefore argue against a unifaceted or one-size-fits-all approach to victimization prevention that may possibly be the current practice among prevention education programs. The responses educators have traditionally encouraged children to adopt were not consistently associated with higher efficacy ratings. In fact, no one response emerged as a consistent predictor of perceived protective efficacy. Prevention programs (those with a more comprehensive curriculum) have been shown to impact the responses children use to protect themselves in victimization incidents (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995a, 1995b). But to translate those program effects into feelings of greater protective efficacy, the prevention messages sent by educators may need to be tailored to specific subgroups of children, such as boys and girls and younger and older children.

It may also be important for educators to take parents into account when developing curricula for victimization prevention programs. Finkelhor et al. (1995a) reported that parental prevention instruction influences how children protect themselves from attack or threats of attack. Findings from the present analysis demonstrate the impact of paternal advice on the way children respond to and evaluate their behavior in victimization situations.

Unfortunately, we were not also able in the present analysis to examine the impact of maternal advice. Mothers may have a very different perspective than fathers on how children should respond to threat. It would be interesting to assess those differences as well as to find out if either parent plays a more active role in providing victimization prevention advice, if the advice provided by one or the other parent is more influential, or whether the relative impact of maternal and paternal advice depends on the child's gender.

At a minimum, educators might want to survey parents (both mothers and fathers) about the type of prevention guidance they provide to their children. Such information would give educators a better sense of the kinds of messages children are receiving from other sources and might serve as a springboard for their own efforts. Alternatively, prevention programs might incorporate joint parent-child meetings where parents and outside educators could work collaboratively in teaching children how to safely and effectively ward off attack.

Although the use of aggressive protection behaviors predicted higher levels of perceived efficacy among certain groups of children, those behaviors were also associated with a greater likelihood of physical injury. Injury was more likely to occur among boys who, for example, got angry and fought back. Among girls, injury was associated with the use of all forms of prevention except being nice and agreeable and demanding to be left alone.

It is possible that the same behaviors that enhance efficacy perceptions in some children also increase their risk of being physically harmed in victimization situations. That is, aggressive resistance may lead boys to feel more successful in their self-protection efforts but it may also cause them greater injury. However, the relationship between injury and aggressive resistance is complex (cf. Ullman & Knight, 1991, 1992, 1993). Children who become injured may be more likely to respond with aggressive resistance or there may be a reciprocal relationship between aggressive self-protection and injury. In the absence of temporal sequencing data, we are unable to disentangle these possibilities and therefore cannot unequivocally conclude that aggressive resistance is an antecedent of physical injury. Our multivariate analyses of efficacy ratings, which controlled for injury and victimization threat, showed only that the relationship between protection responses and perceived efficacy was not distorted by injury and threat.

Nevertheless, our finding that children, particularly boys, perceive fighting back to work for them raises difficult ethical issues for educators. Should educators encourage it? First, there is the concern that, even if they feel more effective, fighting back may put children at greater risk for injury. Second, there is the concern that teaching children to fight back may indirectly

promote the very aggressive and pro-violence orientation that educators are trying to combat.

Advocates for fighting back may argue that the benefits of aggressive resistance greatly outweigh the risks. As in the rape avoidance field, educators may conclude that the likelihood of injury, although increased, is small, and serious injuries not that common. Meanwhile, the benefits of avoiding victimization and feeling good about protecting oneself may be very substantial. Better research is needed to assess the relative importance of the various correlates of fighting back.

Others may argue that potential negative consequences of fighting back can be minimized. For example, children can be taught to be selective about fighting back and avoiding additional injuries. They can also be taught that fighting back is only justified under conditions of serious threat, so that the message will not promote aggression under other circumstances. If research shows that these possibly negative consequences to fighting back can be minimized by proper education, then teaching aggressive self-defense may indeed be desirable.

However, there are other educators strongly opposed to fighting back who may question the strategy's apparent efficacy in spite of research findings such as those presented here. In support of their point of view, it is possible that fighting back is perceived by boys as "working" only because it is so endorsed by cultural norms. Thus because boys are expected and encouraged to fight back, they feel better and more successful when they do, whatever the outcome. If less aggressive strategies, such as running away, were more valued, children might see them as effective too.

Consistent with this view, research by Slaby and Guerra (1988) suggests that the use and endorsement of aggression as a first response to conflict and threat may reflect deficient problem-solving skills and a lack of awareness of alternative coping strategies. Slaby and Guerra found that, relative to their nonviolent counterparts, violent teens tended to interpret interpersonal problems in a hostile manner and adopted aggressive solutions consistent with those interpretations. The violent teens in that study also neglected to seek out additional information that might have mitigated a hostile interpretation, and had difficulty generating nonaggressive behavioral strategies for dealing with the problems. Such information-processing biases and skill deficits may make aggressive responses appear more successful to children than they actually are.

As children develop more sophisticated cognitive skills, they may become more advanced in their thinking about potential negative consequences of aggressive behavior and in their ability to generate nonaggressive responses to problem situations. As such, the reliance on physical aggression may

naturally decrease with age. However, interventions focused on enhancing nonaggressive social problem-solving skills and modifying belief systems regarding the value of interpersonal aggression have proven effective in reducing teen violence (Guerra & Slaby, 1990). Prevention educators wishing to orient youth away from aggressive responses to threats may need to institute similarly designed programs that focus both on changing values and teaching problem-solving skills.

This debate highlights the problem in this analysis of using as an outcome measure only children's subjective perceptions of how well they protected themselves. These subjective measures may bear little relationship to some objective observer's judgment of whether the child was successful in avoiding victimization or protecting him- or herself. They may reflect only cultural expectations, judgments based on deficient cognitive processes, or even an element of psychological rationalization, as children come to view a response as effective in an attempt to justify their use of that response.

On the other hand, a subjective measure of success has a great deal of psychological relevance, and may possibly be more important than some external indicator. Other research has suggested that in assaultive or other traumatic situations, perceptions of control and successful avoidance are among the most important factors in determining the degree of trauma and speed of recovery (Janoff-Bulman & Lang-Gunn, 1988). So feelings of success may be a crucial outcome measure and may, in fact, be one of the most important goals for prevention educators to target. However, whether the best strategy for promoting feelings of success is to encourage boys to fight back or to learn to value other prevention techniques is a question that needs a great deal of additional research.

Conclusion

The victimization of children is a problem whose broad scope and serious effects are increasingly being identified. Estimates derived from this study and reported elsewhere suggest that a quarter of all youth experienced victimization in the previous year and over 1 in 10 experienced a victimization-related injury (Finkelhor & Dzuiba-Leatherman, 1994a). Such victimizations take a toll in psychological impact as well (Boney-McCoy & Finkelhor, in press).

How victims react in the face of threat can possibly reduce both the likelihood of being assaulted and the impact of the victimization. Obviously, then, teaching children how best to respond to threats should be a major public health priority. But this is no easy task. Responding to threats of victimization is clearly challenging and difficult. Different children in different circum-

stances have different resources and different possibilities. The complexities are very daunting. Nonetheless, this research strongly suggests that different children benefit from different strategies, and such differences ought to be taken into consideration in our study of the problem and the recommendations we give to children. We need to move beyond simple solutions. We need to provide them with the best advice possible, based on the best research possible.

NOTE

1. Data on age at victimization were available for only 959 (560 boys and 399 girls) of the 1,011 most recent victimization cases. In an effort to minimize the loss of cases in our multivariate assessments of efficacy ratings (see Tables 1 and 2), we assigned the mean value of the victimization age covariate ($M = 12.12$) to cases with missing data on that variable. However, only the 959 cases with valid victimization age data were used in all bivariate analyses that specifically examined differences in protective efficacy as a function of age at victimization.

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