



Published in final edited form as:

Acad Pediatr. 2015 ; 15(1): 103–110. doi:10.1016/j.acap.2014.06.020.

Why Adolescents Fight: A Qualitative Study of Youth Perspectives on Fighting and Its Prevention

Rashmi Shetgiri, MD^{1,2}, Simon C. Lee, PhD³, John Tillitski, BA¹, Connie Wilson, PhD⁴, and Glenn Flores, MD^{1,2,3}

¹Division of General Pediatrics, Department of Pediatrics, University of Texas Southwestern Medical Center, Dallas, TX

²Children's Medical Center, Dallas, TX

³Department of Clinical Sciences, University of Texas Southwestern Medical Center, Dallas, TX

⁴Dallas Independent School District, Dallas, TX

Abstract

Objective—Identify risk factors for fighting, factors that protect against fighting, and strategies to prevent fighting, among adolescents who fight and those uninvolved in fighting.

Methods—Focus groups were conducted with middle and high-school students, stratified by fighting (fighter/non-fighter) status, race/ethnicity, and gender. Groups were audiotaped, transcribed, and analyzed using margin coding and thematic content analysis. Themes were independently identified by three coders; disagreements were resolved by consensus.

Results—The 65 participants in the 12 focus groups were 13–17 years old. Reasons for fighting include self-defense, to gain/maintain respect, or due to anger; having goals for the future is protective. Non-fighters state that their parents condone fighting only when physically attacked, and teach adolescents strategies to avoid fighting. Fighters describe mixed messages from parents, and pro-fighting attitudes and modeling of aggressive behavior among some family members. Non-fighters avoid fighting by ignoring insults or walking away. Fighters feel unable to use nonviolent conflict-resolution methods effectively. Peers may instigate or encourage fights. Suggested prevention strategies include anger-management and conflict-resolution programs, relationships with caring adults, and physicians counseling youth about the consequences of fighting.

© 2014 Academic pediatric Association. Published by Elsevier Inc. All rights reserved.

Address correspondence to: Rashmi Shetgiri, Division of General Pediatrics, Department of Pediatrics, UT Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas, TX 75390-9063, Rashmi.shetgiri@utsouthwestern.edu, phone: 214-648-2431, fax: 214-648-3220.

Financial Disclosure: The authors have no financial relationships to disclose.

Conflict of Interest: The authors have no conflicts of interest to disclose.

The content is solely the responsibility of the authors, and does not necessarily represent the official views of the Eunice Kennedy Shriver National Institute of Child Health & Human Development or the National Institutes of Health.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Conclusions—Non-fighters use various strategies to avoid fighting, whereas fighters are aware of few alternatives to fighting. Conflicting parental messages about fighting may enhance the likelihood of fighting. Physicians can counsel youth about the negative consequences of fighting. Interventions that teach anger management and conflict resolution, promote adolescent self-efficacy for using non-violent strategies, and address parental attitudes about fighting may be effective in preventing fighting.

Keywords

aggression; adolescent; parents; anger; peer group

One in three high-school students is involved in a fight annually.¹ Fighting is an antecedent behavior and occasional cause of homicides among adolescents,²⁻⁵ and can persist as violence in adulthood.⁶ Youth involvement in fighting and violence can be conceptualized using the social-ecological model, used by the Centers for Disease Control and Prevention as a framework for violence prevention, and derived from Bronfenbrenner's ecological model of child development.⁷ According to this model key influences on youth behavior are at the individual, relationship, community, and societal levels. Risk factors increase the odds that an adolescent will behave violently, whereas protective factors decrease these odds.⁸ Individual factors, such as depression^{9,10} and impulsivity,^{9,11} increase the risk of adolescent violence, whereas anger-control skills¹² are protective. Relationship level risk factors include parent-child conflict,¹⁰ poor parental monitoring^{9,11} and parent-child communication,¹³ exposure to violence in the family,^{10,11} delinquent peers,⁶ negative peer norms about violence,⁶ and low school connectedness^{10,14}; high family connectedness and parental support^{12,13,15,16} are protective. School and community¹¹ violence also are risk factors. Violence prevention programs are primarily school-based, and focus on addressing social skills, conflict resolution, and peer norms about violence. These programs have shown variable impacts on aggressive behavior, especially among adolescents; the reasons for this are unclear.¹⁷⁻²⁰

Qualitative research allows the examination of attitudes and behaviors, and could provide important insights into reasons for engaging in aggressive behavior.²¹ Few qualitative studies, however, have examined fighting.²²⁻²⁸ Most of these studies consist of interviews with pre-adolescents, or adolescents with assault injuries.²⁴⁻²⁸ Fighting is viewed as a problem-solving strategy and means for gaining status and respect among peers; walking away from a fight is viewed as ineffective and can lead to increased harassment and rejection by peers.²²⁻²⁸ Parental attitudes that support fighting in self-defense or retaliation²⁴⁻²⁸ increase the risk of fighting. None of these studies examine strategies to prevent fighting.

No published qualitative studies have examined adolescent perspectives on fighting and its prevention, with comparison of youth who fight and those who do not fight. Such comparisons could provide information from fighters on why they engage in fighting, and from non-fighters on strategies they use to effectively avoid fighting. Focus-group methodology provides insight into participants' attitudes, experiences, knowledge, and motivations within the participants' cultural context, and allows for group interactions to

facilitate discussion.²¹ The aim of this study was to examine fighters' and non-fighters' perspectives on fighting and strategies to prevent fighting, using focus groups.

METHODS

Study Design

Focus groups were conducted with adolescents 13–17 years old, six groups with adolescents who have been in a fight (fighters), and six with adolescents who have not been in a fight (non-fighters). Students self-reported participation in a physical fight in the past 12 months. Groups were stratified by gender and race/ethnicity. Participants were recruited at two urban middle schools and three high schools, using flyers and in-person visits to classrooms by study personnel, who stated that the purpose of the study was to understand youth involvement in fighting, from the perspectives of both involved and uninvolved students. Students were eligible to participate if they were 13–17 years old and English or Spanish was their primary language. Written informed consent was obtained from parents and assent from students. Students took consent documents home, and returned signed documents and contact information to study personnel at school. Students were asked about fighting status in private, by phone; no formal assessment of fighting status was conducted. Six to eight participants were recruited per group.²¹ Focus groups were conducted as they accrued, and although categories of data collection were pre-determined (fighters/non-fighters), there was no structured pattern in the order in which focus groups were conducted. A trained research assistant moderated the groups, using a semi-structured format, with a moderator's guide of open-ended questions and probes to stimulate discussion (Table 1). Fighters and non-fighters were asked the same questions in each domain; probes varied based on the discussion in each group. All groups were conducted in English, due to participant preference. Groups were 60–90 minutes in duration. Participants completed a self-reported questionnaire about demographics and involvement in fighting and received a \$30 participation honorarium. Participant engagement and non-verbal interactions were similar across most groups, except for one group of female non-fighters, in which participants were less interactive. This study was approved by the UT Southwestern Institutional Review Board.

Analysis

Focus groups were audiotaped and professionally transcribed, and the accuracy of the transcripts was verified by reading the transcript while listening to the audiotape. Transcripts were independently analyzed by three coders,²⁹ who met to resolve differences by consensus. Participant perspectives were compared and contrasted using thematic content analysis. Inductive analysis was conducted using open-coding of the transcripts to identify concepts stated by the participants.³⁰ Similar codes were aggregated into broader themes. A coding scheme was developed after the initial three focus groups were analyzed, and was modified as subsequent focus groups were analyzed. Upon coding the 12 focus groups, we found no new codes emerging, and determined that thematic saturation had been achieved. The coders examined the inductive themes against the social-ecological framework, categorizing themes into risk and protective factors at individual, relationship, community, and societal levels. Themes were compared to identify differences based on fighting status.

Frequencies for themes are not reported, as the primary aim of focus groups is to qualitatively identify themes.²¹

RESULTS

There were 65 participants in 12 focus groups. The mean age was 15.7 years (Table 2a), most identified English as the primary language spoken at home, and 32% of fighters and 82% of non-fighters lived in two-parent homes. Among fighters (Table 2b), 79% had hurt someone badly enough to need medical care in the prior year, 83% had been threatened by someone, over half had threatened someone, and almost 1/3 had carried a weapon and threatened someone with a weapon.

Risk Factors for Fighting

Individual—Several risk factors for fighting were identified at the individual child level (Table 3). Participants in all groups emphasized an inability to control anger and manage stress as increasing the risk of fighting. A male fighter described, “being stressed out from school, from the teachers, or the hallways are so small, so you get bumped into and pushed and shoved around a lot. Things like that would easily set somebody off.” Some non-fighters characterized fighters as impulsive, and “if their pride is injured, if someone calls them a name, they’ll get a lot more defensive.” Participants in all groups described fighters as having a need to respond physically to defend themselves or others from perceived verbal or non-verbal insults. A female fighter explained, “Someone keeps talking and pushing that button; you finally let them know I’m not gonna deal with it no more.” A minority of participants mentioned perceived discrimination and racism as leading to fighting. Some fighters stated that the urge to fight is intrinsic, with one male fighter concluding, “It’s not our choice, but we still do it, it just happens naturally.”

Peer Relationships—Peers can encourage or discourage fighting. Many fighters stated that they “don’t really know a lot of teenagers that don’t fight. Most of them fight.” Participants in all groups agreed that a desire to gain or maintain respect among peers is one of the most important reasons for fighting. Students fight because they “just want to fit in, and they’ll do whatever it takes.” One fighter described the importance of maintaining respect by stating that fighters sometimes “don’t care that it’s going to get them in trouble. They feel correcting someone who is disrespecting them is more important than someone correcting them for punching someone in the throat.” Fighters prefer to “go after somebody that has a reputation, names under their belt,” because, “you don’t get no stripes from fighting somebody that can’t fight.” Several participants also described the role of third-person “instigators” who try to provoke fights, and negative peer groups that encourage fights and prevent students from walking away from fights. One non-fighter concluded that “most fights wouldn’t even happen if there wasn’t this big ol’ crowd of people that crowds around edging them on.”

Family Relationships—Fighters receive conflicting messages from their families about the acceptability of fighting. One male fighter recalled his uncle advising him, “You can fight, but don’t get into a habit of fighting.” Fighters frequently stated that parents and other

family members encouraged fighting to maintain respect and modeled fighting behavior. A female fighter recounted, “My dad told me, if anybody disrespected me, that I should punish them, and if I get punished for punishing them, then that’s not my fault. He’s like, “if they are going to start something with you, then you’re going to be the one to finish it.” Another female fighter related, “My momma was fighting, too, and her momma, and then my auntie, and everyone else I knew. It was like a great big ol’ crowd on the street, just fighting.” Youth also state that parents threaten fighters with corporal punishment if they participate in a fight and lose, with one fighter describing, “He tells me don’t fight, but if you fight and you lose, then you’re going to get your ass whooped.” In contrast, non-fighters stated that their families condone fighting only when physically attacked. “That’s only used as a last resort. If somebody is physically hurting you, that’s what time you need to fight yourself back. Can’t run away, that’s your only choice,” stated a male non-fighter. Lack of parental involvement in school and with their children also was cited as contributing to fighting. One female non-fighter commented that parents of fighters “don’t go to school functions, they’re not involved. If the parents don’t care, then the kids won’t care.”

Community—Violence in the community was viewed as normalizing fighting. One female fighter explained, “that’s what they grew up around, so that’s all they know how to do.” Another female fighter described the competing messages from her mother and the environment, stating, “She tells me not to fight. I’m listening to what they (parents) have to say, but at the same time, because I see a lot of it, I guess I’m used to it.”

Societal—Some participants stated that media violence, violent video games, and music glamorizing delinquency and violence are viewed as encouraging fighting only among younger children. These participants clarified that parental involvement and monitoring of children’s media use can neutralize this influence; however, parents often are noted to be uninvolved with their young children. A male fighter explained, “When you’re younger, you process information differently, because you’re seeing it for the first time. A movie with violence or murder, when you’re exposed to that at a very young age, that’s what your mind remembers. It doesn’t necessarily tell if it is right or wrong, that would depend on the factor of what your parents tell you.”

Factors Protective Against Fighting

Individual—Fear of negative consequences may protect against fighting (Table 4). These consequences include retaliation or injury, as illustrated by a fighter stating, “If you fight against another person, they may not fight with their hands. He may have a knife or a gun in his pocket and you don’t know it, and out of nowhere, he could just shoot you or stab you.” Other negative consequences include punishment, loss of electronic media use, and exclusion from sports teams or school activities. A few adolescents mentioned fear of parental disapproval, with one female non-fighter stating, “I know that my parents won’t be proud of me, so I don’t do it.”

Future orientation was viewed as being protective against fighting. One male non-fighter described the difference between non-fighters and fighters as, “ones that fight don’t have a purpose, they don’t see themselves in the future, so they just don’t care. They ain’t got no

goals, so the only goal they have is respect.” Participants in most non-fighter groups identified a desire to achieve goals and valuing education as deterrents to fighting. Non-fighters view the benefits of fighting as temporary, and negative consequences of fighting outweigh any benefits. A female non-fighter preferred to “just ignore” verbal provocation and gossip because “it’s high school, it’s not going to follow you for the rest of your life. What they say won’t follow you, but what you do will.” In comparison, participants in every fighter group expressed frustration with an inability to stop fighting, despite recognizing other life goals as more important than fighting. One fighter lamented, “I’d like to be one of them, don’t get in a fight ever, but trouble comes to me.”

Family Relationships—Youth state that parents of some fighters generally advise using verbal conflict resolution rather than fighting. Youth also report that parents of non-fighters more specifically teach ignoring gossip or verbal insults. One female non-fighter recounted her father’s advice, “If somebody saying stuff to me, my daddy say, ignore them. They can talk ‘til they die; they always talk.”

Strategies to Prevent Fighting

Participants cited effective and ineffective strategies to prevent fighting that adolescents themselves use, or that may be provided by schools and other adults (Table 4). Non-fighters identified walking away and resolving differences by talking as effective strategies to prevent fights. One female non-fighter advised to “use your words, if you really hate the person. You don’t have to fight them. Words hurt more.” Non-fighters cited several additional strategies to prevent fighting not mentioned by fighters, including avoiding fights and students who fight, and ignoring rumors and instigators of fighting. In contrast, fighters stated that, although they regret fighting, it is the only conflict-resolution strategy that they know, and most strategies to prevent fighting are ineffective. One male fighter explained, “Y’all think because of what we did, we dumb. It’s not true. We just make dumb choices, or we get caught up in bad situations. If we knew how to prevent a fight, we wouldn’t be in this predicament.” Walking away from a fight is considered ineffective, “because if you walk away, it’s a guarantee you’re gonna get slugged.” One fighter expressed an inability to walk away, stating “I guess I’m immature in the sense that I can’t brush it off. It’s like I’m better than you. If someone is challenging me, I cannot walk away.” Trying to talk things out is viewed as inappropriate in some circumstances, such as, “If they be messin’ with your little sister, or something, you ain’t gonna get to talk that over.” Participants cited that most commonly used punishments are ineffective or may worsen fighting. Fighters in every focus group view suspension as a reward, rather than a deterrent, and most fighters stated that asking teachers for help is usually ineffective, or may worsen the situation, “because you snitch, you’ll get stitches. They’ll get you back.” Some non-fighters agreed with fighters about the ineffectiveness of suspension, and that telling school officials can be harmful, but that the effectiveness of the latter strategy depends on who the official is. Many participants condone harsher punishments for fighting, but most fighters state that corporal punishment is ineffective.

Additional potentially effective strategies cited by non-fighters include caring counselors and teachers who spend more time listening to students, trying to identify the root cause for

why a student is fighting, and providing counseling for students who fight. One female non-fighter related, “It would help if more of the teachers or counselors, instead of just figuring out who hit someone, figure out why, or talk to them about it. That way, next time they know, ‘I can prevent this.’ If students felt they could come to the teachers more, let’s say, if somebody was bullying them, if they felt more comfortable going to the teachers, then they would do that, but they don’t.” Positive role models, particularly in the family, also are seen as important. Participants view physicians as having a minimal role in addressing fighting, but that it may be easier for adolescents to accept advice from a doctor than from family members. One female fighter stated that physicians could “explain how your brain works, with your emotions and thought processes and adrenaline and all that. Explain more in-depth about how it works and what you can do to prevent it (fighting).” Youth stated that physicians could help by talking to adolescents about the negative long-term consequences of fighting, identifying and addressing exposure to trauma and abuse, diagnosing and treating mental-health problems, referring adolescents for therapy, and referring fighters to anger-management programs.

The main differences in themes between fighters and non-fighters are listed in Table 5. An intrinsic desire to fight is cited by fighters as a risk factor for fighting. Fighters report receiving conflicting messages from their families about the acceptability of fighting, and modeling of aggression by family members, whereas non-fighters state that their parents condone fighting only in self-defense. Non-fighters state that instruction from their parents on strategies to avoid fighting is protective, as is future orientation. Non-fighters identify many strategies to avoid fighting, whereas fighters state it is the only conflict-resolution strategy they know.

DISCUSSION

This is the first qualitative study, to our knowledge, to compare the perspectives of adolescent fighters and non-fighters about fighting and strategies to prevent fighting. Themes were examined in the social-ecological framework of risk and protective factors for fighting at the individual, relationship, community, and societal levels. Risk factors exist at all levels; however, protective factors were identified primarily at the individual and family relationship levels.

Parent-child communication and parental support^{12,13,15,16} have been shown to influence youth fighting. Our qualitative study demonstrates processes through which these family influences may operate. Fighters receive conflicting messages from their families about the acceptability of fighting as a conflict-resolution strategy. Some family members condone fighting in self-defense, whereas others support fighting to maintain respect, and model fighting behavior. Parental attitudes endorsing fighting, mixed-messages about fighting, and parental modeling of violent behaviors are barriers to implementation of non-violent conflict-resolution strategies by children, and result in higher rates of youth fighting.^{25,31–33} In a study of assault-injured youth and their parents, fewer than half of parents reported that fighting is an appropriate conflict-resolution strategy for self-defense, whereas over 75% of youth believed that their parents would condone fighting when physically attacked.²⁵ This discrepancy may be due to poor parent-child communication regarding the acceptability of

fighting. Youth perceptions of parental fighting attitudes are important predictors of youth fighting attitudes²⁸; therefore, it is critical to enhance parent-child communication about fighting and address parental support for fighting.

Fighters are aware of few effective strategies to prevent fighting. They state that most strategies are ineffective. This is consistent with studies showing that not fighting in response to teasing, disrespect to family members, or physical aggression is perceived as weakness, which may lead to increased future victimization; therefore, nonviolent strategies are viewed as ineffective in these situations.²⁶ Fighters in our study stated that the only conflict-resolution strategy that they are familiar with is fighting, and expressed a desire to learn alternative strategies. They identified anger and an intrinsic urge to fight as barriers to using non-violent strategies. Emotional regulation is necessary to effectively enact non-violent responses,²⁶ and problem-solving skills and high self-efficacy for enacting non-violent responses influence the use of non-violent responses to provocation.^{26,34} The combination of anger with poor emotional regulation and a lack of effective conflict-resolution skills can result in aggressive responses to minimal provocation. Adolescents may engage in aggressive responses because they perceive greater confidence in their abilities to engage in such behaviors than non-violent responses, such as walking away,²⁶ and they may be more likely to attempt non-violent responses if they are confident of success.^{26,34} Prevention programs that teach emotional regulation, problem-solving, and self-efficacy in using non-violent responses may therefore have a higher likelihood of effective outcomes.

Non-fighters cited a range of strategies to prevent fighting that were not mentioned by fighters. Walking away, resolving differences by talking, avoiding students who fight, and ignoring rumors and instigators of fighting were reported as effective strategies. In contrast to fighters, non-fighters stated that parents teach them non-violent strategies. The availability of caring adults at school who listen to students was identified as an important preventive strategy. Studies suggest that establishing warm and supportive relationships with teachers and school staff may prevent fighting,³¹ and that non-violent responses, such as getting help from a teacher, are viewed as ineffective, unless students have supportive, trusting relationships with teachers.^{26,31} The findings also indicate that physicians could help by talking to patients about the negative long-term consequences of fighting, diagnosing and treating mental-health problems, and referring fighters for therapy and anger-management programs.

The generalizability of the study findings may be limited because all participants were recruited from one urban school district. The findings may, therefore, not generalize to non-urban groups. Focus groups only were conducted with youth, and did not include parents. The study did not use additional data collection methods, such as interviews; triangulation through multiple methods was not conducted. Participants were youth attending school, and did not include youth who are not in school, but may be at high-risk for fighting. No explicit effort was made to blind coders to participant group status. Transcripts were, however, coded based on themes as they emerged, and comparisons between fighters and non-fighters were made only after thematic coding was completed. Students self-identified as fighters or non-fighters, rather than being classified using school records, school personnel, or parents. Although student self-reports of fighting were not validated using additional methods, self-

identification allowed for sorting of participants into groups based on participant perspectives of themselves, which could then reflect in the ways they articulate differences in perspectives about fighting. Groups were stratified but not analyzed by race/ethnicity and gender; future articles will address racial/ethnic and gender differences in detail.

Much can be learned from adolescents who fight and who do not fight about potentially-effective strategies to prevent fighting. Adolescents fight in self-defense, to gain or maintain respect, and due to anger; having goals for the future protects against fighting. Mixed messages about the acceptability of fighting and role modeling of aggression by family members may promote adolescents' use of fighting as their primary conflict-resolution strategy. Parents of non-fighters condone fighting only when physically attacked, and teach their children non-violent conflict-resolution strategies. The study findings extend the existing social-ecological framework by identifying how influences in the individual and relationship domains function and interact to impact youth fighting. The results suggest that strategies to prevent fighting may need to involve parents, including changing parental attitudes about fighting and improving parent-child communication regarding fighting alternatives. Interventions that not only teach anger-management and non-violent conflict-resolution skills, but also increase adolescents' self-efficacy in using these strategies, may also help reduce fighting.

Acknowledgments

This study was funded by the Southwest Medical Foundation Program for the Development and Evaluation of Model Community Health Initiatives in Dallas (PDEMCHID), and supported in part by Grant # K23HD068401 to Dr. Shetgiri from the Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD).

Abbreviations

UT University of Texas

References

1. MMWR-Violence-related behaviors among high school students – United States, 1991–2003. *MMWR*. 2004; 53(29):651–655. [PubMed: 15282447]
2. Valois RF, Mckewon RE, Garrison CZ, Vincent ML. Correlates of aggressive and violent behaviors among public high school adolescents. *J Adolesc Health*. 1995; 16:26–34. [PubMed: 7742333]
3. Orpinas PK, Basen-Engquist K, Grunbaum JA, Parcel GS. The co-morbidity of violence-related behaviors with health-risk behaviors in a population of high school students. *J Adolesc Health*. 1995; 16:216–225. [PubMed: 7779832]
4. Borowsky IW, Ireland M. Predictors of future fight-related injury among adolescents. *Pediatrics*. 2004; 113(3):530–536. [PubMed: 14993545]
5. Cotten NU, Resnick J, Browne D, Martin S, McCarraher DR, Woods J. Aggression and fighting behavior among African-American adolescents: individual and family factors. *Am J Public Health*. 1994; 84(4):618–622. [PubMed: 8154566]
6. Rappaport N, Thomas C. Recent research findings on aggressive and violent behavior in youth: implications for clinical assessment and intervention. *J Adolesc Health*. 2004; 35:260–277. [PubMed: 15450540]
7. Krug, EG.; Dahlberg, LL.; Mercy, JA., et al. *World Report on Violence and Health*. Geneva: World Health Organization; 2002.

8. United States Department of Health and Human Services. Youth Violence: A Report of the Surgeon General. Washington, DC: United States Department of Health and Human Services; 2001.
9. Cheng TL, Schwarz D, Brenner RA, et al. Adolescent assault injury: risk and protective factors and locations of contact for intervention. *Pediatrics*. 2003; 112(4):931–938. [PubMed: 14523188]
10. Fein JA, Mollen CJ. Interpersonal violence. *Curr Opin Pediatr*. 1999; 11:588–593. [PubMed: 10590921]
11. Singer MI, Miller DB, Guo S, Flannery DJ, Frierson T, Slovak K. Contributors to violent behavior among elementary and middle school children. *Pediatrics*. 1999; 104:878–884. [PubMed: 10506229]
12. Rew L, Horner SD. Youth resilience framework for reducing health-risk behaviors in adolescents. *J Pediatr Nurs*. 2003; 18(6):379–88. [PubMed: 15058534]
13. Fergus S, Zimmerman MA. Adolescent resilience: a framework for understanding healthy development in the face of risk. *Annu Rev Public Health*. 2005; 26:399–419. [PubMed: 15760295]
14. Lerner RM, Galambos NL. Adolescent development: Challenges and opportunities for research, programs, and policies. *Annu Rev Psychol*. 1998; 49:413–446. [PubMed: 9496628]
15. Howard DE. Searching for resilience among African-American youth exposed to community violence: theoretical issues. *J Adolesc Health*. 1996; 18:254–62. [PubMed: 8860789]
16. Mytton JA, DiGiuseppi C, Gough D, Taylor RS, Logan S. School-based secondary prevention programmes for preventing violence. *Cochrane Database Syst Rev*. 2006; 3:CD004606. [PubMed: 16856051]
17. Multisite Violence Prevention Project. The ecological effects of universal and selective violence prevention programs for middle school students: a randomized trial. *J Consult Clin Psychol*. 2009; 77(3):526–42. [PubMed: 19485593]
18. Harrington NG, Giles SM, Hoyle RH, Feeney GJ, Yungbluth SC. Evaluation of the All Stars Character Education and Problem Behavior Prevention Program: Effects on mediator and outcome variables for middle school students. *Health Educ Behav*. 2001; 28:533. [PubMed: 11575684]
19. Pantin H, Prado G, Lopez B, et al. A randomized controlled trial of Familias Unidas for Hispanic adolescents with behavior problems. *Psychosom Medicine*. 2009; 71:987–995.
20. Cooper WO, Lutenbacher M, Faccia K. Components of effective youth violence prevention programs for 7- to 14-year-olds. *Arch Pediatr Adolesc Med*. 2000; 154(11):1134–9. [PubMed: 11074856]
21. Kitzinger J. Qualitative research: introducing focus groups. *BMJ*. 1995; 311:299–302. [PubMed: 7633241]
22. Johnson SB, Frattaroli S, Wright JL, Pearson-Fields CB, Cheng TL. Urban youths' perspectives on violence and the necessity of fighting. *Inj Prev*. 2004; 10:287–291. [PubMed: 15470008]
23. Rich JA, Stone DA. The experience of violent injury for young African-American men: The meaning of being a “sucker”. *JGIM*. 1996; 11:77–82. [PubMed: 8833014]
24. Quinn GP, Bell-Ellison BA, Loomis W, Tucci M. Adolescent perceptions of violence: Formative research findings from a social marketing campaign to reduce violence among middle school youth. *Public Health*. 2007; 121:357–366. [PubMed: 17335861]
25. Solomon BS, Bradshaw CP, Wright TL. Youth and parental attitudes toward fighting. *J Interpers Violence*. 2008; 23(4):544–560. [PubMed: 18276845]
26. Farrell AD, Erwin EH, Bettencourt A, et al. Individual factors influencing effective nonviolent behavior and fighting in peer situations: A qualitative study with urban African American adolescents. *J Clin Child Adolesc Psychol*. 2008; 37(2):397–411. [PubMed: 18470776]
27. Sheehan K, Kim LE, Galvin JP. Urban children's perceptions of violence. *Arch Pediatr Adolesc Med*. 2004; 158:74–77. [PubMed: 14706962]
28. Copeland-Linder N, Jones VC, Haynie DH, Simons-Morton BG, Wright JL, Cheng TL. Factors associated with retaliatory attitudes among African American adolescents who have been assaulted. *J Pediatr Psychol*. 2007; 32(7):760–70. [PubMed: 17403911]
29. Bertrand JT, Brown JE, Ward VM. Techniques for analyzing focus group data. *Eval Rev*. 1992; 16:198–209.

30. Elo S, Kyngas H. The qualitative content analysis process. *J Adv Nurs*. 2008; 62(1):107–15. [PubMed: 18352969]
31. Farrell AD, Mays S, Bettencourt A, Erwin EH, Vulin-Reynolds M, Allison KW. Environmental influences on fighting versus nonviolent behavior in peer situations: a qualitative study with urban African American adolescents. *Am J Community Psychol*. 2010; 46:19–35. [PubMed: 20526663]
32. Johnson SL, Finigan N, Bradshaw C, Haynie D, Cheng T. Urban African American parents' messages about violence. *J Adolesc Res*. 2013; 28(5):511–534.
33. Smith P, Flay BR, Bell CC, Weissberg RP. The protective influence of parents and peers in violence avoidance among African-American youth. *Matern Child Health J*. 2001; 5:245–252. [PubMed: 11822526]
34. Farrell AD, Henry DB, Schoeny ME, Bettencourt A, Tolan PH. Normative beliefs and self-efficacy for nonviolence as moderators of peer, school, and parental risk factors for aggression in early adolescence. *J Clin Child Adolesc Psychol*. 2010; 39:800–813. [PubMed: 21058127]

What's New

Adolescents who fight receive mixed messages from their families about the acceptability of fighting, and have low self-efficacy for using alternative conflict-resolution strategies. Adolescents uninvolved in fighting effectively use a variety of non-violent strategies, learned from parents.

Table 1

Moderator's Guide for Focus Groups of Adolescents Regarding Fighting

Domain	Question	Probes
Risk factors for fighting	Why do you or your friends get into fights?	<ul style="list-style-type: none"> • What makes you (your friends) want to fight? • What do you (your friends) think about people who fight? • Do your friends, family, and other adults encourage you to or make you fight? • Can TV, movies, or video games encourage or make a teen fight?
Factors protective against fighting	What keeps you or your friends from fighting?	<ul style="list-style-type: none"> • Describe people who don't fight. • Why don't they get into fights? • How are teens who don't fight different from teens who fight? • What do you (your friends) think about teens who don't fight? • Who keeps you (your friends) from fighting? • Do your parents (or anyone else) tell you not to fight?
Prevention strategies	How can we keep fights from happening?	<ul style="list-style-type: none"> • How do you prevent yourself from fighting? • How do other people prevent you (your friends) from fighting? • What can parents or families do to help you (your friends) not fight? What can schools do? What can doctors do?

Table 2a

Sociodemographic characteristics of participants

Characteristic	Mean or Proportion (%)		
	Full Sample n=65	Fighters n=32	Non-fighters n=33
Age, mean (years)	15.7	15	16
Race/ethnicity			
Latino	33	34	33
Non-Latino African American	37	40	36
Non-Latino white	30	26	31
Primary language spoken at home			
English	72	76	68
English and another language	8	10	7
Language other than English only	20	14	25
Household composition			
Two parent	59	37	82
Single parent	28	40	14
Other living arrangement	13	23	4
Have doctor/nurse seen regularly for check-ups	69	67	71

Table 2b

Violence-related behaviors reported by fighters (n=32) and non-fighters (n=33)

Characteristic	Proportion (%)	
	Fighters (n=32)	Non-fighters (n=33)
Been in physical fight	100	0
Been in verbal fight	97	70
Been in physical fight someone else started	82	0
Started physical fight	63	0
Hurt someone badly enough to need medical care	79	0
Threatened by someone	83	36
Threatened someone else	55	18
Been threatened by weapon	55	15
Carried weapon	31	9
Threatened someone with weapon	31	9

Table 3

Selected Themes and Quotes for Perspectives on Risk Factors for Fighting Among Adolescent Self-Reported Fighters and Self-Reported Non-fighters

Theme	Quote
Individual	
Intrinsic desire to fight	People are just inherently territorial and they're going to do what they have to do to get what they want or what they need. (Female, white, fighter)
Need to protect self and others	I fought some boy that messing with my cousin, she's a girl. And I didn't like that and I started fighting him. He busted my lip and I made his eyes swole, and he still wanted to fight. And I don't care. (Male, Latino, fighter)
Perceived racism and discrimination	They have huge gang fights between blacks and Mexicans. They would pick a day, after school, and all the black people and the Mexicans go there just to fight. (Female, white, fighter)
Peer Relationships	
Desire to gain or maintain respect among peers	It's like a ranking in high school. If you win a fight, you up there, you big dog. If you lose a fight, you like a worm, you useless. If you win that fight, everybody gonna know you now. (Female, African American, non-fighter) When somebody put they hands on you, that's when you defend yourself. I'm still gonna defend myself if I'm being disrespected. Part of having good character is being respectful. But if I'm gonna respect you, you gonna respect me. (Female, African American, fighter)
Negative peer groups provoke and encourage fights	It's always a third person actually starting the mess. That person spreading rumors about those two people. "Oh, she said something about you," or "I heard this about you." (Male, African American, non-fighter) At first she was backing down, she didn't want to fight the girl, but then her best friend just kept pumping her up, "Girl you gonna let her charge you up like that? You better get her." (Female, African American, fighter)
Family Relationships	
Fighters receive conflicting messages about fighting from family	My daddy never encourage fighting unless he was telling me if somebody hit you, you hit them back. My momma the same way. But it's more my sisters and brothers that encourage you: "You let them talk to you like that? Go bust 'em in the mouth." (Female, African American, fighter)
Families of non-fighters condone fighting only in self-defense	My daddy told me, if somebody hit me, defend yourself. That's why I sit back and say they can talk all they want to, but when they touch me, that's when I'll take off my extensions and we go post up right here. But if they just runnin' their mouth, then whatever. (Female, African American, non-fighter)
Community	
Exposure to violence normalizes fighting	It isn't your fault if you just come from a place where a lot of violence is. Parents can have fights and stuff at home that are big, and their kids are just kinda there. Like that's normal. (Female, white, non-fighter)
Fighters view authority figures as ineffective	We don't call no law. Law ain't fixin' to do nothing. They gonna write a report, and you feel stupid for calling the law. That's why you go take upon your own hands and go get what's yours. (Male, African American, fighter)
Societal	
Violent media and music encourage fighting	That song, they play that at a party, oh, it's over! Somebody gonna fight. They heard people goin' to jail and they go "I want to be like him, this guy been in jail 2 times and they happy." (Female, African American, fighter)

Table 4

Themes and Quotes for Perspectives on Factors Protective Against Fighting and Strategies to Prevent Fighting Among Adolescent Self-Reported Fighters and Self-Reported Non-fighters

Theme	Quote
Protective Factors	
Individual	
Fear of negative consequences	They could come with all their homeboys and come and kill you, or jump you, and you could get it worse than you gave it to that person. (Male, Latino, fighter)
Non-fighters are future-oriented	I just care about my future. I'm trying to look forward to college and then after that. (Male, Latino, non-fighter)
Family Relationships	
Parents of non-fighters teach to ignore gossip or verbal insults	My parents teach me how to handle that stuff, just ignore it. You know it's not true. (Female, Latino, non-fighter) My mom says there's always a way you could talk about it or just ignore it with the person who wants to get in a fight with you. (Female, Latino, non-fighter)
Community	
Extracurricular activities deterrent for non-fighters	If I'm busy with extracurricular activities, or girls, or just doing to have fun, there's not going to be a fight around me because I'm having a good time. (Male, African American, non-fighter)
Adolescents' Strategies to Prevent Fighting	
Non-fighters prevent fighting by walking away, talking, avoiding fights	I bumped into a girl standing in the middle of the hallway, and she was like, "Girl!" I said, "I'm so sorry," and then I keep walking, power walking. (Female, white, non-fighter) It's ridiculous when a bunch of people go, they run, to see who's fighting. It's just ridiculous, because people get hurt while being there. (Female, Latino, non-fighter)
Fighting viewed as only effective conflict-resolution strategy by fighters	They didn't have the right parenting, or skills, to know when fighting is not okay. So to deal with their problems, they take it out by fighting. (Male, white, fighter)
School and Adult-motivated Strategies to Prevent Fighting	
Provide counseling for students who fight	That's probably what's wrong with a lot of kids that do a lot of fighting. They don't have nobody to talk to, they don't have anybody that understand them, or nobody that tends to them. (Female, African American, fighter) There are people with anger, and that anger has to come from somewhere, so they need to see why - where it all comes from. (Female, Latino, non-fighter)
Caring adults at school can prevent fighting	She's a really amazing teacher because she cares. She's taken me out of class before and talked to me about her concerns about me, making sure that I'm okay. At that moment, I was seriously pissed off and I wanted to sock someone in the face, but the fact that she did that and proved that she really does care about me. It's so easy to ignore your friends and not have to talk to them, just be like, "I'm mad and angry," but when there is a teacher who pulls you aside, and says, "Hey, talk to me now. What's going on?" (Female, white, non-fighter)
Positive role models can prevent fighting	If they have a good example, like parents weren't always in trouble, did graduate, did go to college, then they'll have they mind set, "I want to be like my momma instead of like this rapper or this jailbird." (Female, African American, fighter)
Doctors can identify and address exposure to trauma and abuse	A lot of kids that's out here fighting is probably emotionally abused, so maybe that's the kind of doctor they need. (Female, African American, fighter)

Table 5

Main Differences in Themes Identified by Fighters and Non-fighters

Fighters	Non-fighters
Risk Factors for Fighting	
Intrinsic desire to fight Receive conflicting messages from families about acceptability of fighting Family members model aggression	Fight only as last resort Parents condone fighting only in self defense
Factors Protective Against Fighting	
Some parents advise using verbal conflict resolution, rather than fighting	Parents teach to ignore gossip/verbal insults Negative consequences outweigh benefits Future orientation
Strategies to prevent fighting Fighting only conflict-resolution strategy fighters know; most strategies ineffective	Strategies to prevent fighting Prevent fighting by walking away, talking, avoiding fights Have caring counselors and teachers